



# AUTHORIZATION FOR RESIDENCY

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***Resident's Name***

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***Date of Birth***

The Arizona Department of Health and Service requires that written authorization be provided by the primary care provider (PCP) for the resident to reside or continue to reside in the Assisted Living Home

*Please check one of the conditions below:*

- ☐ **Unable to direct self-care.**
- ☐ **Confined to a bed or chair because of the inability to ambulate even with assistance**
- ☐ **Has stage 3 or 4 pressure sore as determined by a RN or PCP.**

**Representative requests above resident to be accepted/remain in this facility.**

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Resident Signature

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Date

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Responsible Party Resident Signature

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Date

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Manager's Signature (or Authorized)

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Date