REFERENCE FOR ASSISTED LIVING HOME APPLICANT

| This is a reference for | | of | | | of Applicant | | |
|--|-------------------------|------------------------|-------------------|------------------|--------------|---------------|--------|
| | Name of Ap | | wa known for | | | tv of | |
| City | State | WHOIH I Ha | ive known for _ | Year(s) Month(s) | пе сарасі | ty OI | |
| (Friend, Co-Worker, E | Employer, etc.) NOT A I | RELATIVE | | | | | |
| I know this person: | Very Well | Casually | Not Well En | ough to Give | e a Referei | nce | |
| Please answer the fo | ollowing question | ns: | | | | | |
| Does the application | ant show any ser | ious health, ald | cohol, or drug pr | oblems? | | Yes | No |
| If Yes, Please ex | xplain | | | | | | |
| Can you attest to If No, please exp | • | • | | | | Yes | No |
| 3. How would you a | assess the applic | • | provide good ca | | sabled or e | lderly ad | ult? |
| List those qualition with the disabled | | | | | | | • |
| 5. If a vulnerable acapplicant taking | • | | sisted living hor | ne, how wou | uld you feel | l about th | 1e |
| Very Enthusias | stic Some | ewhat Enthusias | tic Wo | orried | Wouldn't | t Want | |
| Comments: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | / | |
| Print Name of Reference | | Signature of Reference | _ | Date | Area Code | Telephone Nur | nber |
| Address of Reference | | | City | | State | Zip | Code |