REFERENCE FOR ASSISTED LIVING HOME APPLICANT

Thi	s is a reference for			of	_ OfAddress of Applicant			
	City	State	whom I ha	ve known for	/ear(s) Month(s)	the capacit	y oi	
	(Friend, Co-Worker, Emp	oloyer, etc.) NOT A F	RELATIVE					
l kr	now this person:	Very Well Casually Not Well Enough to Give a Refe					се	
Ple	ase answer the foll	owing question	ns:					
1.	Does the applican	t show any ser	ious health, alc	ohol, or drug pr	oblems?		Yes	No
	If Yes, Please exp	lain						
2.	Can you attest to the lf No, please explain	C C					Yes	No
3. 4.	How would you as Check one: List those qualities with the disabled o	Excellent s which you be	Good F	air Po	or			
5.	If a vulnerable adu applicant taking ca	•		-		uld you feel	about th	 Ie
Со	Very Enthusiastic	c Some	ewhat Enthusias	tic Wo	orried	Wouldn't	Want	
	Print Name of Reference		Signature of Reference		Date	/	Telephone Nur	 mber
	Address of Reference			City		State	Zip	Code