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**CLASS III REFERENCE  
MEDICAL PROFESSIONAL REFERENCE FOR OPERATOR/RESIDENT MANAGER**

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Operator/Resident Manager

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Adult Care Home Address

The above named individual has requested a level III Adult Care Home license classification.

This requires that the Operator/Resident Manager have at least three (3) years experience providing direct care to persons dependent in at least four (4) of the following six Activities of Daily Living (ADLs):

- 1). Eating/Nutrition
- 2). Dressing
- 3). Personal Hygiene/Bathing
- 4). Mobility/Transferring
- 5). Bowel/Bladder Control
- 6). Behavior Management

Additionally, the operator must furnish satisfactory references from at least two medical professionals who have direct knowledge of the applicant's ability and past experience as a caregiver (i.e. physician and an RN or two physicians or two RNs). You are being asked to provide a reference, which allows us to evaluate the applicant's abilities.

Recommendation/Reference

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Print Name

Signature

Date

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Address

Telephone