

**CLASS 3 REFERENCE  
MEDICAL PROFESSIONAL REFERENCE FOR OPERATOR/RESIDENT MANAGER**

Operator/Resident Manager

Adult Care Home Address

The above named individual has requested a Level 3 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         | 4). Mobility/Transferring |
| 2). Dressing/Grooming        | 5). Bowel/Bladder Control |
| 3). Personal Hygiene/Bathing | 6). Behavior Management   |

The Operator/Resident Manager must furnish satisfactory references from at least two medical professionals (physicians, nurse practitioners, physician assistants or registered nurses) who have direct knowledge of the applicant’s ability and past experience as a caregivers. You are being asked to provide a reference, which allows us to evaluate the applicant’s abilities. This may include a personal interview.

**Recommendation/Reference:** Please describe how you are acquainted with the applicant and how long you have known them. Describe your direct knowledge of this applicant’s experience providing direct care to persons dependent in four or more ADL’s, and your assessment of their ability to provide care to persons with complex medical conditions and/or persons who require full assistance with 4 or more ADL’s. If necessary, please describe the knowledge or skills you believe this applicant needs to develop in order to provide this proposed level of care. Attach additional pages as needed.

Print Name & Title

Signature & Date

Address

Email Address

Telephone