

REQUEST FOR MEDICAL REFERENCE

APPLICANT INSTRUCTIONS: Please sign and give or mail this letter for the medical reference listed on your application.

DATE: _____

Dear _____,

I am applying for an apartment at *The Pines Retirement Community* (for **independent and active seniors**) in Ocean Park, Maine. I listed your name as a MEDICAL REFERENCE. Therefore, I request and authorize you to disclose and release the information requested on the reverse side of this letter. Because my application will not be considered complete until this report is part of my file, I ask that you send it at your earliest convenience to:

Carole Noel,
HUD Coordinator
PO Box 7354
Ocean Park ME 04063



Thank you for your consideration to this request.

Cordially yours,

Signature of Applicant

Applicant
Address _____

_____ Phone: _____

Office Use Only

Name _____

Date _____ Time _____

Please provide information for our Applicant's request for residency at *The Pines, A Retirement Community for Independent Living.*



1. Circle the role with which you serve our Applicant.

Physician PA Nurse Other _____

2. Based on the definition for persons with disabilities, (see attached) does the Applicant qualify as Elderly or Non-elderly person with disabilities **YES** **NO**

3. Does our Applicant require handicap accessibility features in an apartment based on the definition for persons with disabilities (see attached)? **YES**
NO

4. Does the applicant currently have a live-in aid? **YES** **NO**

5. Is the applicant current with all accounts and co-pays? **YES** **NO**

Additional comments:

PHYSICIAN PLEASE COMPLETE

Signature: _____

Print name: _____

Address: _____

Phone: _____
