Sun City Civic Association

PHYSICIAN'S CERTIFICATE FOR PERMITTED HEALTHCARE RESIDENT OR QUALIFIED PERMANENT RESIDENT (DISABLED CHILD OR GRANDCHILD)

FOR INTERNAL USE ONLY - NOT TO BE PRODUCED FOR THIRD PARTIES WITHOUT WRITTEN CONSENT OF PATIENT IDENTIFIED BELOW OR FOLLOWING PROPER SUBPOENA OF CONSUMER'S PERSONAL RECORDS UNDER CODE OF CIVIL PROCEDURE SECTION 1985.3.

DOCTOR'S CONFIDENTIAL CERTIFICATION LETTER

TO: Sun City Civic Association
26850 Sun City Boulevard
Sun City, CA 92586

I hereby declare, under penalty of perjury, that the following statements are true and correct to the best of my knowledge:

1. _____ ("Patient") is my patient whose address is _____.

2. My name, business address and business telephone number are as follows:

   Name: _____

   Address: _____

   Telephone: _____

3. I am a duly licensed physician in the State of California, and my medical license number is : _____.

4. I am also certified in the following medical specialty(ies), if any: _____
   _____
   _____.

5. I understand that California Civil Code Section 51.11 permits non-senior citizens to reside in housing for senior citizens under certain circumstances described in that statute. Civil Code Section 51.11(b)(7) defines a "permitted health care resident" as follows:

> 'Permitted health care resident' means a person hired to provide live-in, long-term, or terminal health care to a qualifying resident, or a family member of the qualifying resident providing that care. For the purposes of this section, the care provided by a permitted health care resident must be substantial in nature and must provide either assistance with necessary daily activities or medical treatment, or both.

Section 51.11(b)(3) defines a "qualified permanent resident" as including:

> a disabled person or person with a disabling illness or injury who is a child or grandchild of the senior citizen or a qualified permanent resident...who needs to live with the senior citizen or qualified permanent resident because of the disabling condition, illness, or injury.

I hereby certify that the Patient, in my medical opinion, is *[check and initial one of the following]*:

☐ _____
initials In need of the assistance of a "permitted health care resident," as defined above, or

☐ _____
initials A disabled child or grandchild "qualified permanent resident," as defined above

due to the following condition(s) or the following reasons(s): _____
_____
_____
_____.

[Complete for permitted health care resident:]
Further, I certify that the following individual _____
_____ *[name of proposed permitted health care resident]* is, in my opinion, capable of providing the substantial care needed to assist the Patient with the Patient's necessary daily activities or medical treatment or both.

6. I understand that this information is solely for the internal use of the above-named Association, that it will be kept confidential and will be provided only to authorized representatives of the above-named

Association who periodically may need to verify or revalidate that this information is correct.

7. I understand that if a dispute arises concerning these issues, I may be called upon to testify concerning the professional opinions set forth in this declaration

I understand, under penalty of perjury, under the laws of the State of California, that the foregoing statements are true and correct. Executed at _____ _____, California, on _____, 20__.

_____

Signature

[Please feel free to elaborate below or attach another page to supplement any responses above.]