

PORT MALABAR HOLIDAY PARK  
RECREATION DISTRICT MOBILE HOME PARK  
215 Holiday Park Boulevard, NE  
Palm Bay, FL 32907-2196  
District Office: 321-724-2240

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**CAREGIVER AUTHORIZATION**

To be completed by our resident who is your patient:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

We understand you are recommending the service of a Caregiver for the person named above.

Since this person lives in Holiday Park, a 55+ Senior Community, there are Rules & Regulations that require the District be notified by the physician when a Caregiver is required. In order to accommodate our resident, we're requesting you provide the following information:

My patient \_\_\_\_\_ requires medical care at home as indicated:

\_\_\_\_\_ as prescribed / when needed \_\_\_\_\_ 24 hour per day.

Type or level of service necessary requires a medical professional:

\_\_\_\_\_ Certified RN, LPN, CMA or CNA \_\_\_\_\_  
(Name)

This authorization will remain in effect for: 26 weeks \_\_\_\_\_ 6 months.

Physician: \_\_\_\_\_ Florida License # \_\_\_\_\_

Authorization beyond time indicated will require the patient or family member to obtain additional verification. It is the responsibility of the patient or family member to obtain the approved extension.

By signing this document, you as the Doctor authorize Caregiver services for your patient.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

**Physician's Stamp**