



Agreement to act on your behalf

Please sign below, indicating that you agree to let Senior Living Consultants help find and make necessary arrangements to move either yourself or the person(s) you represent into an appropriate Assisted Living or Alzheimer's Care Facility. This information includes obtaining a current physician's report, and/or other necessary medical records, from the client's Primary Care Physician and making necessary phone calls on the client's behalf.

Understanding that you pay no fees for this assistance and that the assistance provided is only given at your discretion.

Your signature below indicates that we assisted you in securing an appropriate facility according to the client's needs and will establish the date on which you requested our services.

Interested Party: (Signature)

Date:

Resident's Name: (Signature)

Date: