

Sample Home Health Care Provider Authorization Agreement

Note: An authorization agreement such as this sample should be used to document and track the presence of home health care providers in the supportive housing site outside of normal visiting hours or allowances. It may also be necessary to establish that the provider is in the building as an employee of the tenant, not as an additional tenant. All reasonable accommodation policies and forms should be reviewed by legal counsel prior to implementation.

Prope Re:	Tenant Unit #				
		(date), I [insert n nt at the above-li		l provide Home Health	Care services to
mont		a Home Health (uthorized to spendorovided documentation	
vacat ends	e the premises it for any reason, i	f my employmen including the ten	it as a Home Health C	nnager, terminate this ag are Provider to the abo g such services. I agree r on the property.	ve-named tenant
this a		esult in Managem	2	d that failure to abide b greement and requiring	•
Signa	ture			Date	
			Name of Home Hea Social Security Numl Date of Birth		
(Man Attac Gove	h copies of thes ernmental I.D. c	se documents and	d Home Health Care I	nt of Home Health Car Provider's Social Securit	
		_		f CSH's Toolkit for Developing	and Operating