

DOMICILIARY CARE HOME PROVIDER  
MEDICAL RECOMMENDATION

TO BE COMPLETED BY HOME PROVIDER

NAME OF HOME PROVIDER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ AGE \_\_\_\_\_

.....  
TO BE COMPLETED BY PHYSICIAN

1. Is the above named person in good health and has no physical condition or communicable disease that in your opinion would endanger those for whom he/she cares?

YES \_\_\_\_\_ NO \_\_\_\_\_

2. The results of a tuberculosis test are:

POSITIVE \_\_\_\_\_ NEGATIVE \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Physician Name

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The goals of the Domiciliary Care Program are:

1. To provide supportive, homelike, community-based living arrangements for adults who cannot live independently in the community.
2. To encourage and assist consumers in developing and maintaining maximum initiative and self-determination in a homelike setting.
3. To provide an alternative to institutionalization, and to help adults remain in the community or to return to the community and, if possible, to their own homes.

Per Pennsylvania Code, Title 6, Chapter 21.28(2)(vi), prospective Domiciliary Care home providers must be able to physically care for adults with difficulties in independent living and that the he or she is free from communicable diseases or a medical condition that would endanger consumers.