



CRYSTAL CARE GROUP
Caring For Our Community

Letter of Authorization

To: Whom it May Concern

The purpose of this letter is to advise you of the authority given to **CRYSTAL CARE GROUP** ("Supportive Living provider") over _____ (Resident/ legal representative") residing at _____.

The above supportive living home is authorised to attain 3rd party payments in order to cover room and board in the sum of _____ per month. Security deposit is _____.

CRYSTAL CARE GROUP shall have the absolute and final authority to:

- ___ Seek appropriate medical treatment or attention on behalf of the Resident as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits.
- ___ Authorize medical treatment or medical procedures in an emergency situation.
- ___ Make appropriate and necessary decisions regarding clothing, bodily nourishment, and shelter.
- ___ Authorise rent payment and any other expense incurred as a result of executing any of the above.
- ___ Authorise rent or room& board Payment

This grants of temporary authority shall begin on _____ and continue on a monthly basis, unless terminated by any of the undersigned.

Please note that residency at _____ is subject to a two(2)weeks observation period and the fulfillment of initial financial obligation (damage deposit, and First month rent payment).

Thank you for your understanding, cooperation and prompt adherence (see attachments for preauthorized payments, banking information and kindly make payments to:

Crystal Care Group
17215 77 Avenue
Edmonton, Alberta
T5T 0K1

Yours sincerely,

Name & Signature of
Crystal Care Group Representative

Name & Signature of
Resident/ Legal Representative

Crystal Care Group
17215 77 Avenue, Edmonton, Alberta, T5T 0K1
Phone: 780-720-5541 Fax:780-669-4870
Email: crystalcaregroup@gmail.com