

| | | | |
|--|------------------------------------|--|---|
| DISABLED CHILD/GRANDCHILD HEALTH CERTIFICATION | | MANOR ADDRESS | |
| RESIDENT'S NAME | | TELEPHONE NO. | RESIDENT'S RELATIONSHIP TO CHILD <input type="checkbox"/> PARENT <input type="checkbox"/> GRANDPARENT |
| DISABLED CHILD'S NAME | | BIRTHDATE | DISABLED CHILD'S SOCIAL SECURITY # |
| PHYSICIAN'S CERTIFICATION | | | |
| AS THE PHYSICIAN FOR THE ABOVE-NAMED DISABLED CHILD, YOU ARE REQUESTED TO PROVIDE INFORMATION RELATED TO THE PHYSICAL AND/OR MENTAL HEALTH OF THE CHILD. THIS INFORMATION WILL BE CONSIDERED BY THE HOMEOWNERS' ASSOCIATION BOARD OF DIRECTORS IN DETERMINING WHETHER THE CHILD SHOULD BE PERMITTED TO RESIDE IN THIS SENIOR CITIZENS' COMMUNITY. YOUR CAREFUL EXPLANATION OF THE CHILD'S CONDITION, REQUIREMENTS FOR CARE, AND POTENTIAL FOR DISRUPTIVE OR DANGEROUS BEHAVIOR (TO THE CHILD OR OTHERS) IS CRITICAL TO THIS DETERMINATION. | | | |
| PLEASE EXPLAIN THE NATURE OF THE CHILD'S PHYSICAL OR MENTAL IMPAIRMENT OR DISABILITY. | | | |
| EXPLAIN THE TYPES OF CARE THAT THE CHILD WILL RECEIVE FROM THE PARENTS (E.G., BEING DRIVEN, BATHING, FEEDING, MEDICATION, ETC.) PLEASE BE SPECIFIC. | | | |
| INDICATE FREQUENCY OF REQUIRED CARE: | | <input type="checkbox"/> OTHER (PLEASE SPECIFY) | |
| <input type="checkbox"/> DAILY | <input type="checkbox"/> WEEKLY | | |
| <input type="checkbox"/> SEVERAL TIMES DAILY | <input type="checkbox"/> MONTHLY | | |
| IS IMPAIRMENT OR DISABILITY PERMANENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF NO, HOW LONG WILL IT LAST? | IS CHILD CAPABLE OF LIVING INDEPENDENTLY? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| IS IT PROBABLE THAT THE CHILD'S BEHAVIOR WILL BE VIOLENT, DISRUPTIVE OR THREATENING TO THE CHILD HIMSELF OR HERSELF, TO NEIGHBORS, OTHER RESIDENTS, OR STAFF? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| IF YES, INDICATE LEVEL OF PROBABILITY <input type="checkbox"/> HIGH <input type="checkbox"/> MEDIUM <input type="checkbox"/> LOW | | | |
| DATE | PHYSICIAN'S NAME (PRINT) | | |
| TELEPHONE NO. | PHYSICIAN'S ADDRESS | CITY | STATE ZIP |
| PHYSICIAN'S LICENSE NO. | PHYSICIAN'S SIGNATURE | | |
| ACKNOWLEDGEMENT BY PARENT OR GRANDPARENT | | | |
| DATE | PARENT'S / GRANDPARENT'S SIGNATURE | | |
| DATE | PARENT'S / GRANDPARENT'S SIGNATURE | | |
| ACTION BY MUTUAL BOARD OF DIRECTORS | | | |
| I HAVE READ THE MUTUAL GUIDELINES AND POLICY PERTAINING TO AN OCCUPANCY REQUEST FOR MY DISABLED CHILD/GRANDCHILD ON THE REVERSE SIDE OF THIS FORM AND AGREE TO ABIDE BY THEM. I ATTEST THAT ALL THE INFORMATION PROVIDED IN THIS CERTIFICATION FORM IS ACCURATE AND COMPLETE. | | | |
| APPLICATION DENIED | | APPLICATION APPROVED | |
| The Board of Directors of this Mutual Corporation has reviewed this application. Based on the information provided, the application is denied . | | The Board of Directors of this Mutual Corporation has reviewed this application. Based on the information provided, the application is approved . | |
| SIGNATURE | Date | SIGNATURE | Date |
| SIGNATURE | Date | SIGNATURE | Date |
| SIGNATURE | Date | SIGNATURE | Date |



POLICY FOR CO-OCCUPANCY BY DISABLED CHILDREN/GRANDCHILDREN

It is the policy of Laguna Woods Village to provide rigorous compliance with the State of California's occupancy regulations for senior citizens' communities.

California Civil Code Section 51.3 permits a disabled person or person with a disabling illness or injury who is a child or grandchild of the senior citizen to reside in an age-restricted community. All references to "child" herein shall be deemed to include the existing resident(s) or prospective buyer(s) grandchild or grandchildren, if applicable. Persons who apply for co-occupancy under §51.3 shall submit a disabled child/grandchild health certification application, signed by physician for review by the Board of Directors.

Applicants are advised of the following:

- **The Board of Directors may deny requests for co-occupancy; therefore, prospective buyer(s) are advised to defer opening escrow until a decision is made on the application;**
- **The Board may request additional documentation in considering this application;**
- **The Mutual Member is ultimately responsible for the actions of guests, lessees, and co-occupants;**
- **Occupancy of the manor by more than two persons requires a Third-Party Fee;**
- **Health re-certification shall be required at least annually, unless waived by the Board on a case by case bases, such as for a chronic and progressive debilitating disease.**

By signing the acknowledgement on the reverse side of this form, parents/grandparents agree to hold harmless, the Mutual, Golden Rain Foundation and Village Management Services, Inc., Agent, and their respective directors, officers, agents and employees from any claims arising or based on the presence of or any alleged property damage or bodily injury or death caused in whole or in part or resulting from actions by the DISABLED child/grandchild.

PROCEDURE FOR REQUESTING CO-OCCUPANCY APPROVAL FOR DISABLED CHILDREN / GRANDCHILDREN

Following are the procedures for obtaining approval by the Board of Directors:

1. Prospective buyer or existing resident submits Disabled Child Health Certification form to the disabled child's physician for completion.
2. Physician completes Physician's Certification, explaining:
 - Nature/diagnosis of the physical or mental impairment;
 - Probable duration of the impairment;
 - Whether there is any probability of behavioral problems resulting or arising from the child's impairment which could be harmful to the child or threatening or disturbing to other residents of the community;
 - The specific care that the parents will provide to the disabled child.
3. Buyer or existing resident completes the acknowledgement of the terms and conditions of approval on the Certification form, and submits it to the Community Services Department for transmittal to the Board of Directors for review and approval or disapproval.
4. Within ten (10) business days from date of receipt of Certification form containing all the required information, the Board will make its determination. The Community Services Department will transmit the Board's decision to the prospective buyer. The buyer or resident may appeal the Board's decision by submitting a written request to the Board within 14 days from the date of the denial notice to the buyer or resident.
5. Pending Board action regarding the request, prospective buyer or existing resident must complete occupancy documents required by the association for Board review.