

# DOCUMENTATION OF RESIDENCY

(Rev. 08-2017)

To be used by residents of long-term care or residential care facilities.

Pursuant to Act 633 of 2017, a person who is a resident of a long-term care or residential care facility licensed by the state of Arkansas is not required to verify his or her registration by providing a document or identification card (as described in Act 633), but shall provide documentation from the administrator of the facility attesting that the person is a resident of the facility.

Resident's Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

\_\_\_\_\_

I attest the following:

I am the administrator of the above named facility;  
This facility is licensed by the state of Arkansas; and  
The person named above is a resident of this facility.

Administrator Name (Printed): \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_