

Family/Guardian

Date:

As guardian for \_\_\_\_\_, I am requesting your authorization for the use of a restraint device. The care plan team at the facility has assessed \_\_\_\_\_ and recommends \_\_\_\_\_ restraint for the following reasons:

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Enclosed is the Restraint Authorization Form and attached to it is “One Daughter’s Story” an information paper prepared by the Department of Health and Human Services on restraint. It defines restraint, describes the possible negative outcomes, how to avoid restraint, how restraint impacts the quality of life and how to request a restraint device.

In efforts to reduce or eliminate restraint, the care plan team will assess the need for restraint each month.

Please sign the Restraint Authorization Form and return it in the enclosed envelope to be placed in the resident’s file.

If you have questions please contact me.

Sincerely,

Social Worker