

**TRAILER ESTATES PARK & RECREATION DISTRICT  
APPLICATION FOR IN-HOME CAREGIVER**

**PP 15**

PROPERTY ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

**OCCUPANT(S):**

\_\_\_\_\_  
NAME DOB AGE

\_\_\_\_\_  
NAME DOB AGE

**PROPOSED CAREGIVER:**

\_\_\_\_\_  
NAME DOB AGE

PERMANENT ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

In accordance with the Amendments to the Deed Restrictions of TRAILER ESTATES, which are applicable throughout Trailer Estates Park and Recreation District and have been recorded in the Public Records of Manatee County, Florida, the Board of Trustees requires that the presence of an under age caregiver be reasonable required by the owner's attending physician. Furthermore, the status of the caregiver shall be subject to annual review by the Board of Trustees to determine the continuing need for same. Upon the demise or relocation of the occupant, the under age caregiver shall be required to vacate the premises within thirty (30) days. If the caregiver is a out of park person and under 55 years of age that the caregiver must live in the same dwelling as the resident needing the care.

ATTENDING PHYSICIAN: \_\_\_\_\_  
(Name of Physician) (Attach written recommendation)

\_\_\_\_\_  
Signature of Property Owner DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposed Caregiver DATE: \_\_\_\_\_

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**RULING ON APPLICATION FOR CAREGIVER**

APPROVED DISAPPROVED DATE: \_\_\_\_\_

\_\_\_\_\_  
For the Board of Trustees

\_\_\_\_\_  
For the Committee  
Conditions or stipulations of Approval/Explanation if Disapproved: \_\_\_\_\_

\_\_\_\_\_  
Schedule-- Annual Review: \_\_\_\_\_

**THIS FORM SHALL BE RETAINED IN THE HOMEOWNER'S FILE ALONG WITH AGE  
VERIFICATION INFORMATION AND RECOMMENDATIONS.**