



***CARETAKER and RESIDENCY LETTER for Applicant of Any Age
who lives in a RESIDENTIAL CARE FACILITY***

To IDNYC Program:

I write on behalf of _____ (applicant's name) and his/her application for an IDNYC card. As the signatory of this letter, I verify that I am an **executive-level official (or designee) of the residential care facility** named below. I further verify that the applicant has lived for at least 15 days at this facility, which is located within New York City and is certified, operated or funded by (choose one):

- ☐ NYS Office for People with Developmental Disabilities (OPWDD)
- ☐ NYS Department of Health (DOH)
- ☐ NYS Office of Mental Health (OMH)
- ☐ NYC Department of Health and Mental Hygiene (DOHMH)

Facility Name

Address: Number and Street

City, Borough

Zip Code

I authorize the following employee to represent the organization and accompany the applicant at the IDNYC enrollment center:

Name and Title of Employee [Employee must bring 3 points of identity documents, including a Photo ID]

Thank you,

Signature of Executive-level official or designee

Print Name and Title

Name, Telephone and Email of employee who can confirm the information in this letter

__ / __ / ____

Date signed (mm/dd/yyyy)

* This letter must be submitted at an IDNYC Enrollment Center **no more than 60 days** after the date signed.