BROWN, Tina (id #257411, dob: 08/29/1973)

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Recipient:

Phone: , Fax:

Date: 08/10/2026
RE: Tina Brown, DOB: 08/29/1973, PT ID #257411

RE: Tina Brown

DOB: 08/29/1973

To Whom It May Concern / Case Manager,

I am writing on behalf of my patient, **Ms. Tina Brown (DOB: 08/29/1973)**, who is under my medical care. This letter is submitted to support her request for **increased personal care assistance, medically appropriate housing accommodations, and consideration for relocation to a safer, ADA-accessible residence.**

Ms. Brown has multiple chronic medical and behavioral health conditions that significantly impact her daily functioning. Her documented diagnoses include **Major Depressive Disorder, Anxiety Disorder, and Post-Traumatic Stress Disorder (PTSD)**, for which she continues to receive mental health treatment. These conditions affect her ability to safely perform activities of daily living and require ongoing support to maintain her health and independence.

Based on my medical assessment, I recommend that Ms. Brown's **personal care services be increased to 40 hours per week**. Additional caregiver support is medically necessary to assist with activities of daily living, medication management, household tasks, safety monitoring, and to provide the consistency of care needed to help manage her chronic medical and behavioral health conditions.

Ms. Brown also reports that her current residence has ongoing environmental and safety concerns that interfere with her care. She reports that the home lacks equipment and accommodations necessary to support her medical needs, and that some caregivers have expressed reluctance to provide services in the residence because of safety concerns. She further reports that the current housing environment is no longer sustainable for her ongoing care.

From a medical standpoint, it is my opinion that Ms. Brown would benefit from housing that:

- Is **ADA accessible** and accommodates her functional limitations.
- Provides a **safe, clean, stable, and well-maintained environment** that supports the delivery of medically necessary personal care services.
- Has the necessary appliances, accessibility features, and adaptive technology to safely meet her daily care needs.
- Allows caregivers to provide services in an environment conducive to safe and effective care.

It is important to note that statements regarding the physical condition of the residence, neighborhood safety, or property management issues are based on the patient's report and have not been independently verified by me. My recommendation is based on the medical necessity of ensuring that Ms. Brown has an environment that adequately supports her health, safety, and continued access to medically necessary caregiving services.

Given the patient's chronic medical and mental health conditions, I respectfully request **expedited review** of her request for:

- **An increase in personal care assistance to 40 hours per week;**
- **Appropriate ADA housing accommodations; and**
- **Consideration for relocation to housing that better supports her medical needs and ongoing care.**

Thank you for your prompt attention to this medically necessary request. Please contact my office if additional clinical information is needed.

Sincerely,

Taiwo Oluyemo, MSN, APRN, FNP-C
Nurse Practitioner

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Electronically Signed by: TAIWO OLUYEMO, NP