

ALEX SINK
CHIEF FINANCIAL OFFICER
STATE OF FLORIDA

MY SAFE FLORIDA HOME .com

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www.mysafefloridahome.com

HOMEOWNER INSTRUCTIONS FOR REQUESTING MEDICAL WAIVER

Homeowners: PLEASE PRESENT THIS INFORMATION TO YOUR PHYSICIAN

(Insert your name below)

_____ is applying for a medical waiver with My Safe Florida Home (MSFH) program. This request requires hurricane panel upgrades to shutters that are permanently attached to a site-built, single-family, residential dwelling pursuant to Section 215.5586, F.S.

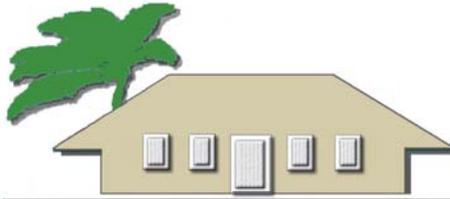
In order to be considered for a medical waiver under the program, pursuant to paragraph #3 of the Grant Agreement terms and conditions, the homeowner must submit a letter from his/her doctor, including a signed attestation describing the homeowner's current medical condition and his/her inability to install hurricane shutters.

The letter must be written by a licensed physician on the physician's official letterhead, showing their current business address, phone and license number. The physician must be licensed. Each request shall be considered on a case by case basis.

Thank you.

MSFH program

A PROGRAM ADMINISTERED BY THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES



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