

# Caregivers Application

## Training: 1<sup>st</sup> Day

<p>Caregivers Name _____</p> <p>Date _____</p> <ul style="list-style-type: none"><li>• On-site training video _____ (initial)</li><li>• Reviewed visitor policy _____ (initial)</li></ul>	<p>Caregivers Name _____</p> <p>Date _____</p> <ul style="list-style-type: none"><li>• On-site training video _____ (initial)</li><li>• Reviewed visitor policy _____ (initial)</li></ul>
<p>First week of the month</p> <p><u>I verbally attest I have re-read the visitor policy</u></p>	
<p>Name _____</p> <p>Initial</p> <p><input type="checkbox"/> November 2020</p> <p><input type="checkbox"/> December 2020</p> <p><input type="checkbox"/> January 2021</p> <p><input type="checkbox"/> February 2021</p> <p><input type="checkbox"/> March 2021</p> <p><input type="checkbox"/> April 2021</p> <p><input type="checkbox"/> May 2021</p> <p><input type="checkbox"/> June 2021</p> <p><input type="checkbox"/> July 2021</p> <p><input type="checkbox"/> August 2021</p> <p><input type="checkbox"/> September 2021</p> <p><input type="checkbox"/> October 2021</p> <p><input type="checkbox"/> November 2021</p> <p><input type="checkbox"/> December 2021</p>	<p>Name _____</p> <p>Initial</p> <p><input type="checkbox"/> November 2020</p> <p><input type="checkbox"/> December 2020</p> <p><input type="checkbox"/> January 2021</p> <p><input type="checkbox"/> February 2021</p> <p><input type="checkbox"/> March 2021</p> <p><input type="checkbox"/> April 2021</p> <p><input type="checkbox"/> May 2021</p> <p><input type="checkbox"/> June 2021</p> <p><input type="checkbox"/> July 2021</p> <p><input type="checkbox"/> August 2021</p> <p><input type="checkbox"/> September 2021</p> <p><input type="checkbox"/> October 2021</p> <p><input type="checkbox"/> November 2021</p> <p><input type="checkbox"/> December 2021</p>

## Caregivers Application

**Name of Resident** (as capable of decision making)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Resident Room # \_\_\_\_\_

**Power of Attorney/Decision Maker**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Contact Information (phone/email) \_\_\_\_\_

**Name of Caregiver(s)**

Examples; family member, private hired caregiver, paid companion & translator

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Contact Information (phone/email) \_\_\_\_\_

2. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Contact Information (phone/email) \_\_\_\_\_

**Notes:**

1. A resident and/or substitute decision maker may change a designation in response to
    - a. Resident care needs
    - b. Availably & designated caregiver (temp or permanent)
  2. There is no schedule or restricted length or frequency of visits
- 

## For Office Use

**Approval by:**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Resident/POA/Decision Maker notified