

Healthwin
Essential Family Caregiver Application Form

APPLICANT INFORMATION	
First & Last Name	
Address	
Phone Number	
Email	

RESIDENT/PATIENT INFORMATION	
Name of Resident	
Relation to Applicant	
List the care you provided prior to visitation restrictions	<input type="checkbox"/> Meal set-up/cueing <input type="checkbox"/> Assist with personal hygiene/grooming <input type="checkbox"/> Companionship <input type="checkbox"/> Other _____
How many hours per week do you expect to provide care?	<input type="checkbox"/> 1-2 hours per week <input type="checkbox"/> 2-4 hours per week <input type="checkbox"/> 4-8 hours per week <input type="checkbox"/> Other _____

I attest that if this application is approved and I am designated as an essential family caregiver, I will adhere to the following rules and requirements:

- * I understand that if more than one caregiver, one will be appointed as the primary point of contact.
- * I am able and willing to take and pass any screening tests or other testing required by the facility during a public health emergency. If I test positive, I will not be permitted to serve as an essential family caregiver for a period of time, as determined by federal and/or state guidelines.
- * I will follow precautionary measures such as appropriate hand hygiene, use of masks or other protective measures as required by the facility.
- * I agree to facility visitation rules and agree to abide by them.
- * I agree to only enter the specific resident's room and any other designated areas of the facility.
- * I understand the resident or their designated representative must agree to me being an essential family caregiver, which can be revoked by the resident or their designated representative at any time. I further understand that the administrator, or their designee, may revoke the status of essential family caregiver if I do not adhere to the requirements of the EFC program.

_____ Applicant Signature	_____ Date
_____ For Office Use Only	

_____ Date Application Received	_____ Date of Determination
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- Application approved by Administrator/designee
- Application denied by Administrator/Designee with written rationale provided to applicant

_____ Administrator/Designee Name	_____ Administrator/Designee Signature
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