

Caregivers Application

Name of Resident	Last Namo	
	Last Name	
Resident Room #		
Power of Attorney/Decision Maker		
First Name	Last Name	
Contact Information (phone/email)_		
Name of Caregiver(s)	regiver poid companies 9 translator	
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. These is no cash club, or restricted low oth on frequency of visits 		
2. There is no schedule or restricted length or frequency of visits		
Ear Office Llee		
For Office Use		
<u>Approval by:</u>	Print Name	
	Signature	
	Date	
Resident/POA/Decision Maker notified		





Training: 1st Day

Caregivers Name Date • On-site training video (initial) • Reviewed visitor policy (initial)	Caregivers Name Date • On-site training video (initial) • Reviewed visitor policy (initial)
First week of the month	
I verbally attest I have re-read the visitor policy	
Name	Name
Initial	Initial
November 2021	November 2021
December 2021	December 2021
January 2022	January 2022
February 2022	February 2022
March 2022	March 2022
April 2022	April 2022
May 2022	May 2022
June 2022	June 2022
July 2022	July 2022
August 2022	August 2022
September 2022	September 2022
October 2022	October 2022
November 2022	November 2022
December 2022	December 2022