

Application to become an Essential Caregiver

Date of Application: _____

Resident Name: _____

Name of the Proposed Caregiver: _____

Phone number: _____

Email: _____

Did you provide/receive Essential caregiving duties prior to COVID if so what and when: _____

What Essential Caregiving duties are you coming to provide (please include detail of all tasks): _____

What days and times would you like to come to provide the proposed cares: _____

*Note frequency & timeframe must match necessary cares with a maximum of 2 days per week, 3 hours per day

Please initial understanding of the following requirements:

I understand that if I begin to show any symptoms as defined by the CDC that resemble COVID -19 or have had contact with someone with confirmed COVID -19 I will immediately notify Engel Haus RN or Administrator and put my visits on hold through the exposure/illness period.

Initial: _____

I understand that I must complete an initial COVID Testing with this application and submit negative results to Engel Haus AND I may be asked to periodically re-test for the safety of the community if I am exposed or develop any symptoms or the community is completing testing site wide. Initial: _____

I understand that while I'm at home or out in the community, I must follow the governor's standard for facemask and social distancing. Initial: _____

I understand that if there are positive COVID 19 cases Essential caregiving may be put on hold until all community cases are determined to be resolved or over the exposure risk period. Initial: _____

This application is applicable to the MDH Guidelines released 7/10/20 and maybe subject to updates and changes as necessary

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I understand I must pass the communities screening requirements and maintain a 6 foot distance with all staff and all other residents in and outside of the building. Initial: _____

I understand I must remain only in resident room for duration of caregiving. I may not seek out staff in offices/hallways for discussions while in the building as this is a breach of social distancing and infection control. Initial: _____

I understand I must provide and wear eye protection (safety glasses, google or a face shield) and a surgical or cloth face mask at all times while in the building and around anyone I'm providing care to. Initial: _____

I understand that if I do not have appropriate PPE I will not be allowed to enter the building.

Initial: _____

I understand that I must define a caregiving schedule and will not be able to enter the building at other times unless authorized by the clinical coordinator or Administrator in advance.

Initial: _____

I understand that by entering the community I may be inadvertently exposed to known or unknown cases of COVID-19 in residents, staff or other essential caregivers. It is my responsibility to utilize all PPE to minimize my exposure as well as potential transmission to others should I be asymptomatic or contagious.

Initial: _____

The Administrator/RN may restrict or revoke essential caregiver status if the essential caregiver fails to follow social distancing, does not wear proper PPE, or does not follow other pandemic related rules in the community. Initial: _____

Signature: _____ Date: _____

Thank you for your application! You will be contacted via phone for a brief discussion as part of the review for essential caregiving.

Please allow for up to 5 business days from the receipt of this application to be processed.

FOR INTERNAL USE ONLY:

Schedule of visits (days/times): _____

Resident agrees to applicant providing essential tasks indicated on application: _____

Signature of person verifying resident agreement: _____

Profile added to Essential caregiver book: _____

Nursing reviewed care plan/need for essential cares: _____

COVID -19 test results received dated within 10 days prior to caregiving: _____

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