

Caregiver's Designation Form

Resident Name: _____ Rm #: _____ Date: _____

Designation by (Name): _____ Relationship: _____

Caregiver Name: _____ Phone #: _____

List Care Services that will be provided for the resident by the above named caregiver:

Specify Visit time (optional): Start time: _____ End Time: _____

Specify Day of the week: Mon Tue Wed Thru Fri Sat Sun

I understand that caregiver will:

- Proof of a Negative COVID -19 test result on weekly basis (every 7 days)
- Attestation to have NOT visited another LTC Home within 7 days
- Will provide support ONLY to one resident at a time on one Resident Home Area (RHA)
- Will complete education on COVID related material provided in Shepherdvillage.org website/policy
- Will adhere to Public Health guidance if/when the Home is in outbreak
- Will comply with Shepherd Village infection, prevention and Control (IPAC) protocols, including proper use of masks

I, Resident/POA Name: _____ understand that non-adherences to the above requirements will result in the discontinuation of the services.

Office Use Only

Received by (Name): _____

Signature: _____ Date: _____

