GENERATIONS
MEMORY CARE HOMES

Essential Caregiver Designation

Under section 408.823, Florida Statutes, a resident may designate a family member, friend, guardian, or other individual as an essential caregiver. The Community will allow in-person visitation by the essential caregiver for at least two (2) hours daily, in addition to any other visitation.

Resident's Name (printed): _____

Essential Caregiver's Name (printed): _____

Relationship: [ ] Family member [ ] Friend [ ] Guardian [ ] Other: _____

Caregiver's Phone: _____ Caregiver's E-mail: _____

Effective Date: _____ [ ] New designation [ ] Replaces prior designation

Essential Caregiver Acknowledgment

I understand that I am not required to provide any care to the resident, and that the Community will not require me to provide care. I have received a copy of the Visitation and Guest Policy, and I agree to follow it, including the infection control and safety practices in Section 4. I understand that if I violate the policy, the Community may suspend my in-person visitation.

Essential Caregiver's Signature: _____ Date: _____

Resident / Legal Representative Signature: _____ Date: _____

Community Rep's Signature: _____ Date: _____

The resident may change or revoke this designation at any time by notifying the Administrator in writing.