Essential Family Caregiver
Application Form

Indiana Department of Health

APPLICANT INFORMATION	
First & Last Name	❑ I am 18 years or older
Address (street address, city, state, ZIP)	
Phone	
Email	

RESIDENT/PATIENT INFORMATION	
Name of resident/patient	
Relation to applicant	
List the care you provided prior to visitation restrictions	❑ Meal set-up/ cueing ❑ Assist with personal hygiene/grooming ❑ Companionship ❑ Other _____
How many hours per week do you expect to provide care?	❑ 1-2 hours per week ❑ 2-4 hours per week ❑ 4-8 hours per week ❑ 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 there is 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 _____

Determination must be made within seven (7) calendar days of the receipt of the application.

❒ Application **approved** by administrator/designee

❒ Application **denied** by administrator/designee with written rationale provided to applicant

_____ _____

Administrator/designee name Administrator/designee signature