

“A Country Inn that happens to be a Nursing Home”



Nursing & Convalescent Home

78 Sliker Road, PO Box 398, Califon, (Hunterdon) NJ 07830

phone: 908-832-2220

fax: 908-832-6565

website: www.littlebrooknursinghome.com

Little Brook Nursing and Convalescent Home ESSENTIAL CAREGIVER APPLICATION

Resident Name _____

Essential Caregiver Applicant Name _____

Date Application Submitted _____

Recognizing the critical role family members and outside caregivers often have in the care and support of residents, and pursuant to the New Jersey Department of Health Executive Directive No, 20-026, this facility will permit approved outside Essential Caregivers to assist in the care of individual residents.

As an Essential Caregiver, please describe:

1. How you feel you were actively engaged with the resident/patient prior to the COVID-19 pandemic (i.e., what care did you previously provide and during what time-period) _____

2. How you will support and encourage the above-named resident with activities of daily living or other care needs _____

Signature of Applicant _____ Date _____

For office use only:

Resident/patient (or rep when applicable) consulted; they

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Agree to designation this EC

Don't agree to designation of this EC (this results in automatic denial)

Application approved

Application denied (explain if reason is other than resident not authorizing the designation) _____

Printed Name of Staff _____

Signature of Staff _____ Date _____