

**Hamilton Continuing Care Center**  
**UMC ESSENTIAL CAREGIVER APPLICATION**

Resident Name:

Resident Room Number:

Essential Caregiver Name: \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_

Recognizing the critical role family members and other outside caregivers (e.g., friends, volunteers, private personal caregivers) often have in the care and support of residents, and pursuant to the New Jersey Department of Health (NJ DOH) Executive Directive No. 20-026, Hamilton Continuing Care Center will permit outside Essential Caregivers to assist in the care of individual residents.

**As an Essential Caregiver, please explain how you will support and encourage the Resident with activities of daily living (ADLs) or other care needs and have an essential purpose.**

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**For the safety of our residents, staff, and your loved one, we strongly recommend that Essential Caregivers demonstrate results of two negative COVID-19 tests before providing care to the resident: the first negative COVID-19 test should occur seven (7) days prior to the second test. The second test should occur no more than five (5) days prior to the visit to the UMC community. The Essential Caregiver should thereafter continue to demonstrate negative COVID-19 tests on a weekly basis or two (2) negative COVID-19 tests prior to returning to provide care within our center (Hamilton Continuing Care) community.**

Essential Caregivers can undergo COVID-19 testing through their own healthcare providers or at Hamilton Continuing Care. Essential Caregivers can undergo COVID-19 testing at Hamilton Continuing Care Center by providing valid insurance information; Essential Caregivers are responsible for the unpaid costs of any COVID-19 testing at Hamilton Continuing Care Center. **If you wish to undergo COVID-19 testing at Hamilton Continuing Care Center, please attach a copy of your insurance card to this Application.**

**We also strongly recommend that Essential Caregivers provide proof of having received a flu vaccination to Hamilton Continuing Care staff by November 1, 2020.**

**Please return this Application to Mellissa Salyerds CSW.**

\_\_\_\_\_  
Essential Caregiver Applicant  
Printed Name

\_\_\_\_\_  
Essential Caregiver Applicant  
Signature

\_\_\_\_\_  
Dated

Circle one: **APPROVED / DENIED**

\_\_\_\_\_  
Administration

\_\_\_\_\_  
Dated