



SERENITY

Essential Caregiver (EC) Designation

Client's Name: _____

Essential Caregiver Name: _____

***Only one Essential Caregiver per client.*

Essential Caregiver Email Address (required): _____

Essential Caregiver Phone (required): _____

- Submit headshot of Essential Caregiver to Serenity Nurse, preferably via email.

By signing this form, I acknowledge that I read the Essential Caregiver Policy, asked any questions I had, and understand and agree to follow the guidelines.

Essential Caregiver Signature: _____

Date: _____

Representative of Serenity Name (Print): _____

Representative of Serenity Signature: _____

Date: _____

<p>For Office Use Only:</p> <p>Essential Caregiver has completed training on their responsibilities and policy guidelines on:</p> <p>_____</p> <p style="text-align: center;"><i>(Date)</i></p>
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