



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: _____

For Office Use Only:

Essential Caregiver has completed training on
their responsibilities and policy guidelines on:

(Date)

Last Updated: 7/23/2020