

HOLIDAY PARK, PARK AND RECREATION DISTRICT

APPLICATION FOR IN HOME CAREGIVER

A \$50.00 non-refundable application fee is due when forms are submitted to office

Dear Applicant:

Attached are three forms, which must be filled out in their entirety. All three forms must be signed and notarized.

If for any reason you have selected another caregiver or physician, you must fill out and update forms numbered Caregiver 127C and Caregiver 127P.

It may be necessary for the person requesting a Caregiver and the Caregiver to be present at a meeting in which a decision will be made.

Please read the Section below, which refers to Caregivers and is a part of Holiday Park, Park and Recreation District's Deed Restrictions.

Page 3 Section J of the Deed Restrictions

In accordance with the Deed Restrictions of HOLIDAY PARK, UNITS ONE AND TWO, which are applicable throughout Holiday Park, Park and Recreation District and have been recorded in the Public Records of Sarasota County, Florida, the Board of Trustees requires that the presence of an underage caregiver be reasonably required by the occupant's attending physician. Furthermore, the status of the caregiver shall be subject to periodic review by the Board of Trustees to determine the continuing need for same. Upon the demise or relocation of the occupant in need of care, the caregiver, if still less than 55 years of age at the time, shall be required to vacate the premises within thirty (30) days.

Thank you.
Board of Trustees

HOLIDAY PARK, PARK & RECREATION DISTRICT
APPLICATION FOR IN-HOME CAREGIVER

LOT NO. _____; UNIT NO. _____ DATE: _____

PROPERTY ADDRESS: _____

OCCUPANT(S): _____

NAME	DOB	AGE
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NAME	DOB	AGE
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PROPOSED CAREGIVER:

NAME	DOB	AGE
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PERMANENT ADDRESS: _____

TELEPHONE NO.: (____) _____

ATTENDING PHYSICIAN: _____

I have read and understand Page 3, Paragraph (J) in the Deed Restrictions as it relates to Caregivers.

Signature of Property Owner Date: _____

Signature of Proposed Caregiver Date: _____

RULING ON APPLICATION FOR CAREGIVER

For Board of Trustees APPROVED DISAPPROVED Date: _____
(Circle One Choice Above)

For Board of Trustees

Conditions or stipulations of Approval/
Explanation if Disapproved:

Schedule of periodic Review (select one): [] Monthly [] Quarterly [] Semi-Annually

HOLIDAY PARK, PARK AND RECREATION DISTRICT

APPLICATION FOR CAREGIVER

This application must be completed by the Caregiver

Name _____ Date _____
Address _____ State _____
Phone No. _____ DOB _____

Name of Patient _____
Are you licensed Caregiver Nurse Therapist

Are you employed by anyone else? Yes No

Name of Employer _____

How many hours per day will you be required to provide Caregiver Service to the applicant? _____ hours. Will this be..... permanent temporary
Are you related to the applicant? Yes No

What is your relationship? _____

If you are approved for Caregiver Service you will be required to agree to the Rules and Regulations of Holiday Park, Park and Recreation District.

Signature of Caregiver

State of _____
County of _____

Notary

My Commission Expires _____

HOLIDAY PARK, PARK AND RECREATION DISTRICT

APPLICATION FOR IN HOME CAREGIVER

This application must be completed by the Physician

Physician Name _____ Date _____
Address _____ City _____ State _____
Phone # _____

Please provide a description of the patients medical condition that warrants reasons for a Caregiver.

Physicians Comments:

Will the patient require.....

- Constant Care giving Service Yes No
- A few hours per day Yes No
- Can the patient be left alone Yes No
- Will the patient in time
function without a caregiver Yes No

The period of Care giving is From _____ To _____

The Board of Trustees may require an update on the patients' medical condition from time to time.

Physicians Signature