

Implemented 02/2020

Holiday Park Caregiver Additional Guidelines

Holiday Park Park and Recreation District recognizes that as home owners age there may be a need to engage a *Caregiver* to provide *care* for a resident who is unable to reasonably function without the *caregiver's* services. Provisions have been put into place to authorize and monitor such Caregivers. This document is meant to further define the relationship between Holiday Park Park and Recreation District and such Caregivers.

According to Chapter 825 of the Florida Statutes a "Caregiver" means a person who has been entrusted with or has assumed responsibility for the care or the property of an elderly person or disabled adult. "Caregiver" includes, but is not limited to, relatives, court-appointed or voluntary guardians, adult household members ..."

Typical duties of a Caregiver usually include personal care, medical care, household management, and supervision.

Caregiver ID tags (light blue with red lettering) will be distributed to each Caregiver when the Caregiver duties are approved by the Board of Trustees. The Caregiver is required to pay for such Caregiver ID tag and such ID tags must be returned to the Park Office when the Caregiver is relieved of Caregiver responsibilities,

As such, a Caregiver is not entitled to any of the amenities eligible to owners, residents, or renters. A Caregiver may attend Park functions and make use of Park amenities only when escorting the resident for whom they are the Caregiver, except that a Caregiver may make use of the pools without the presence of the resident for whom care is given. Both Caregiver and resident must pay admission to events when tickets or admission is required.

A Caregiver is not entitled to Homeowner Association Membership nor may they vote in the place of the homeowner for whom they are caretaking. A Caregiver may not be a member of any standing committee.

A Caregiver is eligible for a barcode when approved by Trustees to be residing with the resident. When a Caregiver is not residing with the resident, the Caregiver may purchase a proximity card which must be returned to the Park Office when the Caregiver is relieved of Caregiver responsibilities.

If a Caregiver is a Lot Owner – Owner privileges are in place.

If a Caregiver is a Lot Renter – Renter privileges are in place.

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. Also attached are the Holiday Park Caregivers Additional Guidelines.

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 will be necessary for the person requesting a Caregiver and the Caregiver to be present at a meeting with the Park Manager and one Trustee in which a decision will be made. Caregivers may not move in prior to approval.

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

NAME DOB AGE

PROPOSED CAREGIVER:

NAME DOB AGE

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? _____

Will you be residing in the patient's home? Yes No

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.

*Caregiver is required to be 25 years of age or older unless they are a licensed caregiver.

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

Is the caregiver required to reside in the resident's home? 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