



STATE OF MINNESOTA DEPARTMENT OF VETERANS AFFAIRS
MINNESOTA VETERANS HOMES



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Request for Essential Caregiver Visits (form date: 9/2/20)

Qualifications for Essential Caregiver Visits:

- **Identified by the resident or resident representative as the Essential Caregiver, and**
- **Has provided regular care and support to the resident prior to or during the pandemic**
- **Only one essential caregiver per resident**

Prior to completing the form, the MN Veterans Homes Family Visitation Resource Guide will be reviewed and agreed upon.

Name of Resident: _____

Name of Essential Caregiver: _____

Date of Request: _____

Caregiver Tasks or Support provided prior to the pandemic:

Essential Caregiver Tasks/Reason for Visit:

Requested Schedule for Visit:

Interdisciplinary Team Review/Administrator (facility will review all requests and document agreement below)

___ *Resident is agreeable to Essential Caregiver Visit*

___ *Schedule that is approved:*

___ *Essential Caregiver Tasks approved:*

___ *Essential Caregiver designation completed in electronic medical record*

___ *Essential Caregiver Form and Agreement scanned into Miscellaneous tab – PCC*

Administrator/Designee Signature: _____ *Date:* _____