

# Family Enlistment Form

We, the undersigned agree to help in the care of our parent(s) \_\_\_\_\_  
\_\_\_\_\_. We agree we will do our best to assist each other and our parent(s) in all  
situations. We will call upon each other for emotional support, financial help, and physical help, within reason.

We agree to each take part in key decisions involving our parent(s) care, either by telephone, or if possible, by being  
there in person. If we are not unanimously decided on what course of action to take regarding our parent(s) health or  
maintenance care, we will each have a vote in the decision and the majority will prevail. We agree to abide by the majority  
decision.

Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_