

**FAMILY INVOLVEMENT IN CARE (FIC) INTERVENTION  
FAMILY-STAFF PARTNERSHIP AGREEMENT**

**Resident/Client Name:** \_\_\_\_\_

**Family Member Name:** \_\_\_\_\_

**Staff/Organizational Leader Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Other Partnership Members:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Family and staff caregivers have agreed that they are partners in planning, providing, and evaluating care for \_\_\_\_\_ (Person with Dementia)**

**Partnership GOALS include the following:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**To help reach these goals \_\_\_\_\_ (family caregiver) will do the following activities:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Staff caregiver(s) will do the following activities:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Comments and Explanations:** \_\_\_\_\_

\_\_\_\_\_

**Family Caregiver Signature(s)**

**Staff Caregiver Signatures**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_