



Eldercare Application Form

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Applicant Information

Name of applicant: _____

Address: _____

E-mail address: _____

Home phone: _____

Business phone: _____

Cell phone: _____

Fax number: _____

Relationship to person requiring care: _____

Information about the person requiring care

Name: _____

Male Female

Address (if different from above): _____

Age: _____

Birthdate: _____

Please describe the character and personality of this person: _____

Are there any specific medical conditions diagnosed by a doctor? _____

Will the caregiver be required to administer medication? If so, please describe. _____

Please describe any other conditions that will require special attention: _____

Please describe the general duties of the caregiver regarding this person and his/her daily care: _____

Pet Care

Do you own pets? Yes No

If so, what type: _____

What pet care duties would you request your nanny to perform? _____

Caregiver Requirements

What are the most important qualities you wish for your caregiver to possess (Patient, musical, firm, active, creative, cheerful, consistent, well-spoken)

Would you prefer full-time or part-time? Part-time Full-time

If you selected part-time, please indicate the numbers of hours per week: _____

If you selected full-time, would the nanny be working regular days, or would there be evening and weekend work, or combination? Please explain: _____

Would the nanny be required to drive? If so, please briefly describe the driving duties: _____

Please indicate the following additional expectations you will have of your nanny:

- Laundry
- Ironing
- Housekeeping
- Meals
- Grocery shopping