



All Nations Nannies

Senior Assistance and Elderly Care or Care for Persons with Disabilities Application

Please fill in the fields that pertain to your needs

Contact details _____

First name _____ Last name _____

Middle name _____

Phone # of person in need of care _____

Address of person in need _____

If someone else is filling out this form.....

What is your relationship to this person? _____

Name and phone # _____

Address _____

Care Related Questions _____

Next of kin _____ Phone _____

Next of kin _____ Phone _____

Emergency contact _____ Phone _____

Emergency contacts address _____

Do you prefer a male or female caregiver? _____

Do you have any mental health concerns such as depression or anxiety? _____

Do you have any on-going medical conditions? _____ if so explain _____

Are you able to walk on your own without help? _____

Do you need help with transferring to a chair? _____ bed? _____ bath? _____

Do you need help with personal care and bathing? _____

Is therapy needed if so, what kind? _____

Do you have special dietary needs? If so what are they? _____

Do you require the caregiver to assist you with needles, feeding tubes, or other medical procedures? If so please explain _____

What languages are spoken in your household? _____

What are some of your activities you enjoy attending? _____

What are some of your hobbies? _____

Who else will be living in your home with the caregiver? _____

What will a typical work week schedule look like for the caregiver?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



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Are you willing to cover any additional first aid or any related courses? _____
Ideal caregiver qualities you would like? _____

Is there anything you would like to add that may help us find the most suitable caregiver for you?

