

CAREGIVER APPLICATION



Fields with * are required.

APPLICANT'S CONTACT INFORMATION

| | | | |
|---|----------------|----------------------|-----------------|
| Last Name * | First Name * | Middle Initial | Date of Birth * |
| Home Address * | Town * | Zip Code * | |
| Home Phone * | Business Phone | Your Email Address * | Consumer Email |
| How did you hear about the AFC program? | | | |

HOUSING INFORMATION

Directions to your home: give directions to locate your home from some main highway or the center of town and some identifying features of your house *

| | | |
|--|---|---|
| Do you own or rent a house or apartment? If other, please specify * | Number of floors * | On which floor is the participant's bedroom? * |
| Size of participant's bedroom * | Number of bathrooms * | How many people use participant's bathroom? * |
| Do you have liability and fire insurance for your home? * | Do you have another source of income? * | |
| Please list all family members living in your home * Include their name, age, relation to you, and time regularly spent out of home | | Please list other persons living in your home * Include their name, age, relation to you, and time regularly spent out of home |

EMPLOYMENT INFORMATION

| | | |
|--|-----------------------------|--|
| Are you presently working? * | If so, type of employment * | What is your work schedule? * |
| Is your spouse working? * | If so, type of employment * | What is your spouse's work schedule? * |
| Do you or your spouse have physical limitations or are you presently under the care of a physician for treatment of a condition? * | | |
| What experience have you had in the care of elderly, frail, or disabled persons? Describe those experiences * | | |
| Why are you interested in this program? * | | |

PERSONAL REFERENCES

Please name three references (not related to you) whom we may contact, one of whom is your **family doctor**

Reference #1

| | | |
|----------------|----------------------|-----------------------|
| Name * | Address & Zip Code * | Relationship to you * |
| Phone Number * | Fax Number | Email * |

Reference #2

| | | |
|----------------|----------------------|-----------------------|
| Name * | Address & Zip Code * | Relationship to you * |
| Phone Number * | Fax Number | Email * |

Reference #3

| | | |
|----------------|----------------------|-----------------------|
| Name * | Address & Zip Code * | Relationship to you * |
| Phone Number * | Fax Number | Email * |