

# 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 *