

“Family Care Options Care Request Form”

(Please complete application and email to info@familycareoption.com)

Employer's Name: _____

Address: _____ City: _____ Zip: _____

Phone #: Home _____ Cell: _____ Work: _____

Fax # _____ Email: _____

How did you hear about Family Care? _____

Position Needed (please circle):

Sitter/Nanny/Tutor/Dog Sitter/Dog Walker/

Note: For convenience, all positions will hereinafter be referred to by ‘Caregiver’ within this application.

Position: Full Time or Part Time

Position: Live Out Live In

Position: Perm Temporary

Start Date for Employment: _____ End Date(if temporary): _____

Expectations of Employer and/or Family:

The Family Agrees to Provide for Caregiver: By checking the boxes below you agree to the terms and conditions stated:

Access to the child/pet family physician regarding health concerns and overall well being and development.

Adequate funds will be provided to cover developmentally appropriate games, books, learning aides and/or outside activities/food. Please specify the weekly amount of funds will be left and when the funds should be used.

Meet with Caregiver ____ time(s) per month to discuss job performance and the events since the last meeting.

Expectations of Caregiver:

. To promote physical, emotional, intellectual and social development of the child/pet/

. Comply closely with Family’s preferences regarding child rearing and discipline.

. Tend to children/pet/adult personal hygiene, health and welfare.

. Flexible regarding emergencies or unexpected changes in schedule.

. Responsible, reliable, and punctual each work day and/all appointments/activities.

. Efficient management of care and tasks and all other related duties.

. Read/review any pertinent instructions provided by the employer in order to promote broader knowledge of families philosophy, education and psychology.

Household Information:

- 1. Our home is child-proofed Yes No
- 2. The caregiver will have a set schedule Yes No
- 3. The Caregiver will receive a set of keys to the home. Yes No
- 4. The Caregiver will be expected to set our home alarm. Yes No

5. What is the procedure to follow if the caregiver is locked out of the house? _____

6. The following areas are off-limits to the caregiver, please specify: _____

7. We would prefer the caregiver to address our family by our first name or family name. Please specify: _____

8. We would like the caregiver to answer the telephone in the following manner:

9. Our home has smoke detectors: _____

10. Our fire extinguisher is located: _____

11. Our family television/music/internet/electronic rules are: example: how many hours, what channels/shows are permitted, time of day/and extent of usage_____

12. Is the caregiver expected to do light house cleaning? If yes, please describe specifically what is expected, please note caregivers are not required to perform deep housecleaning duties other than minimal daily upkeep of the household:____

Family Life and Request for Part Time/Full Time care:

- 1. The parent that works the *least*, works? Full-Time Part-Time
- 2. Is there a parent and that works from home? Yes. No
- 3. Will there be anyone home with the caregiver? If yes, please specify who will be home and how often? _____

4. How many children/pets are needing care? Please specify if twins or triplets:

Age of Child/Pet

Male

Female

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.	.
.	.
.	.
.	.

5. If pet care, please specify Name/Breed/Age of pet:_____

6. What type of pet care is needed:_____

7. How many walks for the pet is preferred: _____How long of a walk:_____

8. What is daily schedule for the child/ren/pet:

Monday:

Mornings:_____

Afternoons:_____

Evenings:_____

Tuesday:

Mornings:_____

Afternoons:_____

Evenings:_____

Wednesday:

Mornings:_____

Afternoons:_____

Evenings:_____

Thursday:

Mornings:_____

Afternoons:_____

Evenings:_____

Friday:

Mornings:_____

Afternoons:_____

Evenings:_____

Saturday:_____

Mornings:_____

Afternoons:_____

Evenings:_____

Sunday: _____

Mornings _____

Afternoons: _____

Evenings: _____

9. Are there areas the Child/Pet is not allowed? _____

10. Please specify where the dog walker/sitter is allowed to walk the pet: _____

11. How many times needed to walk: _____ How long for each walk: _____

12. Is the pet friendly: _____

13. Please specify if there is an area that is sensitive on the pet: _____

14. Are there toys available for the dog walker/sitter to engage in play: _____

15. Do you require the caregiver to drive? . Yes . No

16. Will you provide a car to use during work? . Yes . No

17. Is it mandatory for the caregiver to drive? . Yes . No

18. Do you prefer a non-smoker? . Yes . No

19. Do you require a caregiver that swims? . Yes . No

20. Please list all pet(s) in the home, please specify the type of pet:

21. Do the pets have their own bed or sleeping quarters: _____

Preference and Needs:

Our caregivers are required to do light housekeeping — cooking for the children and/or adult, straightening the house throughout the day: dusting, sweeping,

Vacuuming and bathrooms once a week as needed. The pet caregivers are required to walk, feed, exercise, throw away waste and change wee wee pads. They are required to: do laundry for the children and/or adults if needed, schedule play dates, the park, doctor's appointments, escort and supervise events, parties, activities, and school.

Please specify in this application any other jobs and duties required.

1. Is the caregiver required to cook for the entire family? . Yes No

If yes, how often, _____

13. Is the caregiver required to cook? If yes, please be specific in expectations such as: how often, for whom shall the food be prepared, what type of meals should be prepared:

14. What is the daily needs and required tasks:

15. When is meal time: _____

16. When is play time: Is TV or electronics allowed? If so please be specific of time allowed and the type of electronics allowed: _____

16. Is the caregiver required to do the laundry? . Yes . No

If so, how often? _____

17. All of our caregivers speak english, do you prefer the caregiver to speak a second language? . Yes . No

If yes, please specify the language _____

18. Will there be any traveling with the family required? . Yes . No

If yes, please specify location, length of stay and frequency: _____

19. Is the caregiver expected to take vacation the same time as Family . Yes . No

20. Please describe to the best of your ability what qualities and experience you are looking for in a candidate that would best describe the ideal caregiver for your family and this position:

Health and Emergencies:

1. You agree to inform the caregiver ,in the event of an Emergency, who should the caregiver contact, where are the emergency numbers kept?

Name: _____ Phone Number: _____

2. What is your family emergency plan to follow?

3. You agree to inform where the first aid supplies kept upon hiring caregiver: _____

4. Is there any medication(s) currently being taken? If yes, please specify: _____

5. Are there any pre-existing health or mental conditions or concerns, if yes, please specify: _____

6. Caregiver is not permitted unless ordered by physician to administer medication; the caregiver can give medicine reminders and provide appropriate follow up. Frequency of dosage with instructions and information will be given to caregiver and kept in the home for caregiver to follow up and give medicine reminders, Please specify if needed:

7. Name and contact number of the person authorized to give permission to caregiver to administer medication: _____

8. In the event of an emergency, is written authorization on file for the doctor or vet's office giving permission to the caregiver to take the child/pet/ adult for medical treatment if needed? Please specify, and provide contact information of doctor's office:

Please show the caregiver where the health insurance identification will be kept for caregivers to access if needed.

Live In Position:

1. What are the living accommodations provided for caregivers and approximate square feet?

Are the accommodations located in the home or on property: _____

2. Will the Caregiver have his/her own bathroom? . Yes. No

3. Do you prefer the Caregiver to leave on his/her days off? . Yes. No

4. Artwork is allowed on the walls of the Caregiver's quarters? . Yes. No

5. May the Caregiver rearrange the furnishings in the quarters? . Yes. No

6. The Caregiver is to provide their own meals? . Yes. No

7. The Caregiver is allowed to have visitors in his/her quarters. . Yes. No

If yes, please specify when _____

8. The caregiver will have all utilities paid for? . Yes. No

9. Foods or items the caregiver may not consume or bring into the home, please specify: _____

10. The caregiver will be responsible to buy their own food? . Yes. No

Please specify: _____

11. The caregiver can use the employer's phone? . Yes. No

12. Please specify any requirements of the job not mentioned above: _____

Interviewing and Procedures:

1. Please provide the start date for interviewing _____
2. What is the best schedule for you to interview? _ _____
3. Will the interview take place in the home or alternate location? _____
4. Please provide the address where the interviews will be held? _____

5. Please provide the salary range offered for this position: If full time, what is the weekly salary offered, if part time, what is the hourly salary offered:

6. Please provide any additional job duties or responsibilities or requirements of the job that is not covered in this application:

Temporary Placements: The caregivers timesheet must be signed at the end of each shift, if the job is a weekly schedule, the time sheet will be signed at the end of the completed week and the credit card provided will be billed upon the end of the shift according to the signed timesheet.

Part Time/Full Time Temporary Placement: The client agrees to complete the schedule above and pay with credit card for 2 weeks prior to starting. The credit card on file will be billed once a week for the said schedule. If there are any changes or additional hours rendered, the client understands and agrees that the credit card provided will be billed according to the hours of service rendered.

Permanent Placements: In the event the employer stated above or any person in the household other than the stated name stated above wishes to hire the caregiver referred by Family Care Options for a permanent job, or wishes to change the request from a temporary job to a permanent job, the client understands that

Family Care Options will charge the client /family a one time placement fee of 15% of the caregiver's annual net salary. This placement fee provides a 3 month replacement of the caregiver in the event the family wishes to terminate the caregiver or the caregiver wishes to leave the job. The placement fee is due upon the confirmation of hiring the caregiver. The placement fee is due in full 24 hours prior to the start date of any full time or part time permanent employment of the Family Care Options referred caregiver.

I understand and agree by signing below that all the above information provided is said to be true and will be used by Family Care Options as a request to refer candidates for the position stated in the above application. If I choose to hire the candidate referred by Family Care Options, Incorporated for a permanent placement, I understand I am liable for any and all placement fees stated above.

Employer's Name (Please Print) _____ Phone# _____

Address _____ Apt# _____

City: _____ State _____ Zip _____

Employer's Signature: _____ Date: _____

Employers Email Address: _____

AGREEMENT:

I hereby authorize Family Care Options, Incorporated to charge my Credit Card account for any and all services rendered by Family Care Options, in such a manner as if I were paying in person and signing a transaction slip. There is a 3% charge for all telephone and internet orders paid by credit card.

Name as it appears on card:: _____

Account number: _____ 3 digit security code: _____

Expiration Date: _____

Cardholder's Signature: _____

Billing Address: _____ Apt#: _____

City: _____ State: _____ Zip Code _____

Email Address: _____