

## Caregiver Questionnaire

Family Private Care is looking for experienced and qualified care providers. Our qualifications include, but are not limited to:

- Proof of Legal authorization to work in the United States
- High School Diploma or Equivalent
- Minimum of two years' experience as a care provider
- Passing a Caregiver Knowledge Assessment Test
- Clean National Criminal Background Screen
- Reliable transportation & proof of auto insurance

If you are interested in pursuing an opportunity of joining our team of quality, compassionate, and dedicated care professionals providing caregiving services to individuals, then please complete the following information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

How did you hear about Family Private Care: \_\_\_\_\_

Please give a brief description of your experience as a caregiver: \_\_\_\_\_

Please state why you believe you are such an excellent caregiver & that FPC should hire you: \_\_\_\_\_

**I have the following qualifications** (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> CPR                                | <input type="checkbox"/> Companion                                    |
| <input type="checkbox"/> First Aid                          | <input type="checkbox"/> Special Needs Provider                       |
| <input type="checkbox"/> TB Test Results (within last year) | <input type="checkbox"/> Babysitter                                   |
| <input type="checkbox"/> Chest X-Ray                        | <input type="checkbox"/> CNA License # _____ Received what Year _____ |
| <input type="checkbox"/> Driver's License                   | <input type="checkbox"/> LPN License # _____ Received what Year _____ |
| <input type="checkbox"/> Proof of Auto Insurance            | <input type="checkbox"/> RN License # _____ Received what Year _____  |
| <input type="checkbox"/> Social Security Card               | <input type="checkbox"/> Additional Certification _____               |
| <input type="checkbox"/> Permanent Resident Card or         | <input type="checkbox"/> Additional Training _____                    |
| <input type="checkbox"/> Resident Alien Card or             |   |
| <input type="checkbox"/> Work Authorization Card            |   |

**Please select your availability** (check all that apply):

Range of times	Mon	Tue	Wed	Thu	Fri	Sat	Sun	<i>(area below for office use)</i>
Early Morning (6am - 9am)								
Late Morning (9am - 12pm)								
Early Afternoon (12pm - 3pm)								
Late Afternoon (3pm - 6pm)								
Early Evening (6pm - 9pm)								
Late Evening (9pm - 12am)								
Overnight (12am - 6am)								
Available any hours this day								
Live-In (24 hr)								

How many hours are you willing to work **per day?** \_\_\_\_\_ **per week?** \_\_\_\_\_

# Caregiver Opportunities

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**I have experience with the following age groups** (check all that apply):

- Infant – Premies
- Infant – Newborn up to 12 months
- Toddlers – 1 to 4 years old
- Youth – 5 to 11 years old
- Teen – 12 to 17 years old
- Adult – 18 to 64 years old
- Senior – 65+

**I have experience with the following diagnoses** (check all that apply):

**Social, Emotional, Behavioral:**

- ADD
- ADHD
- Asperger's
- Autism Spectrum Disorder
- Sensory Integration Disorder

**Physical:**

- Amputation
- Blindness/Visual Impairment
- Central Auditory Processing Disorder
- Cerebral Palsy
- Developmental Delays
- Fetal Alcohol Syndrome
- Hearing Impairment
- Mobility Challenges
- Multiple Sclerosis
- Neuromuscular Scoliosis
- Orthopedics
- Spinal Cord Injury

**Developmental:**

- Developmental Delays
- Down's Syndrome
- Dyslexia
- Mental Illness
- Mentally Challenged
- Pervasive Developmental Disorder
- Speech Delay

**Medical:**

- Alcoholism
- Alzheimer's
- AIDS/HIV
- ALS
- Anemia
- Arthritis
- Asthma
- Cancer
- Celiac
- Circulatory Problems
- COPD
- Dementia
- Diabetes
- Drug Dependency
- Epilepsy
- Food Allergies
- GI Disturbance

- Heart Disease
- Hospice
- Hydrocephaly
- Hypertension
- Incontinence Bowel/Bladder
- Liver Disease
- Obesity
- Paralysis
- Parkinson's
- Renal Disease
- Seizure Disorder
- Stroke
- Terminal Illness
- Thyroid Condition
- Tuberculosis
- Other: \_\_\_\_\_

**I have experience with the following** (check all that apply):

- Ambulation
- Apical Pulse
- Bathing/Grooming/Hygiene
- Bed Baths
- Behavioral Support
- Blood Sugar Testing
- Body Lifting
- Congestive Heart Failure
- EPI Pen Injections
- Feeding
- Feeding Pumps
- Foley Catheter Care
- G-Tubes & J-Tubes
- Hoyer Lift
- Infection Control Protocol
- Insulin Injections
- I.V. Administration
- I.V. Flow Rate Calculations
- I.V. Starts
- Open Heart Surgery
- Oral Hygiene
- Ostomies
- Oxygen Concentrators
- Peri Care
- Pacemakers
- Portable O2
- Radial Pulse
- Repositioning
- Respiratory Care
- Seizure Attendance
- Sign Language
- Special Dietary Requirements
- Trach Care
- Transfers
- Ventilators
- Wound Care
- Other: \_\_\_\_\_

# Caregiver Opportunities

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**Additional Services I am willing to perform** (check all that apply):

- Appointment Transportation
- Animal Care
- Dishes
- Errands/Shopping in my car
- Errands/Shopping in the client's car
- Grocery Shopping
- Ironing
- Laundry
- Linens Changed
- Light Housekeeping
- Meal Preparation

**I have a dependable car at my disposal at all times.**

- yes     no

**The make/model is** \_\_\_\_\_

**The year is** \_\_\_\_\_

- It has 2 doors
- It has 4 doors

**I am willing to travel up**

**to:**

- 10 miles
- 15 miles
- 20 miles
- 25 miles
- 30 miles
- Other: \_\_\_\_\_

**The languages I speak are;** (check all that apply):

- Chinese
- Creole
- English
- French
- Italian
- Russian
- Spanish
- Other: \_\_\_\_\_

**Following are my related hobbies and interests:**

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**Are you able to work in the home if there are:**

- Cats             yes     no  
Dogs             yes     no  
Smokers          yes     no

**Other allergies or fears we need to be aware of?** \_\_\_\_\_

**Any limitations (lifting, transferring, meal preparation, vehicle accessibility, etc.)?**

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**Is there anything else you would like to tell us about yourself that is not covered on these forms?**

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