

Thank you for your interest in Eden Brook Care. There is a non-refundable application deposit fee of \$250.00 to register with us. Correspondence with your prospective Caregiver would be forwarded through Eden Brook Care until both parties agreed to disclosure of personal contact information. Only non-identifying information will be released to the Caregivers. Once you select one of our Caregivers, you will be required to pay our organization an agency fee of \$750.00 when the candidate selected accepts your offer of employment. We trust that you will give us the opportunity to work with you in finding a suitable candidate to satisfy your needs.
Please fill out all applicable fields in the form below.

Contact Information

Full Name:		
Surname (Last name)		
First name (Given name)	Middle initial(s)	
Spouse's Name:		
Surname (Last name)		
First name (Given name)	Middle initial(s)	
Home Address:		
No. Street Apt./Suite No.		
City	State/Province	ZIP/Postal Code
Home Location: City Suburb		
Country district		
Telephone No (with area code):		
Home:	Business:	ext.:
Spouse's Business: ext.:		
e.mail Address:		

Type of Care Required

What type of Caregiver are you seeking?	
Who is this care for?	
Age of person needing care:	
Gender:	
When do you require the Caregiver to commence working?	
If care is required for your child(ren)	
How many do you have?	How old are they?
Boys Ages: years old	Boys less than one year of age: months old
Girls Ages : years old	Girls less than one year of age: months old
What are the required hours of work?	Total hours per week:
Proposed Wages:	
What are the required working days per week?	
What is most important to you? I.e., Atmosphere/Comfort Level, Equipment & Amenities, Financial Considerations, Safety Provisions, Services & Activities, Staff	

How long do you need this care?

Family Schedule

Do you work on a shift basis?

If "yes", please provide details regarding your work hours for each work day:

What are your days off from work?

How many days off from work do you have each month?

What are your family's interests and activities, apart from work?

Special Needs

Does this person/child(ren) have special needs? If "yes", please provide details:

What existing medical conditions does this person/child(ren) have?

<input type="checkbox"/> None	<input type="checkbox"/> Alzheimer's/Dementia	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Cancer	<input type="checkbox"/> Depression	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Eye Disease	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> HIV/AIDS
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Incontinence	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Parkinson's
<input type="checkbox"/> Respiratory Disease	<input type="checkbox"/> Stroke	<input type="checkbox"/> Surgery
<input type="checkbox"/> Other:		

Have you had a live-in Caregiver before? If "yes", what is his/her current status?

Please indicate by checking the applicable boxes at right the duties that your Caregiver will be required to perform regarding your child(ren):

<input type="checkbox"/> Prepare their meals	<input type="checkbox"/> Feed them	<input type="checkbox"/> Bathe and dress them
<input type="checkbox"/> Read with them	<input type="checkbox"/> Play with them	<input type="checkbox"/> Do crafts with them
<input type="checkbox"/> Do laundry	<input type="checkbox"/> Clean bedroom(s)	<input type="checkbox"/> Clean playroom(s)
<input type="checkbox"/> Clean bathroom(s)	<input type="checkbox"/> Teach them numbers and alphabet	

Are there any other duties that your Caregiver will be required to perform regarding your child(ren)? If "yes", please list them:

Do any of them attend preschool or nursery school? If "yes", please provide details:

Will your Caregiver be required to perform any other duties for the rest of the household?

If "yes", please list:

Your Caregiver

Will your Caregiver have separate accommodation from the rest of the family, e.g. basement apartment or separate section of the house?

If "yes", please describe briefly:

Will your Caregiver have a private bathroom?

If "no", with whom will s/he share a bathroom?

Must your Caregiver be a licensed driver?

Will s/he be required to drive anywhere, e.g. to and/or from school, to and/or from activities outside your home, etc?

If "yes", please provide details:

Will your Caregiver have access to a vehicle owned by you or a family member for her personal use?

Must your Caregiver be a non-smoker?

Do you or any member(s) of your household smoke?

Is there a swimming pool at your home? Must your Caregiver be able to swim?

If yes, to what degree?

Do you have pets? If yes, what kind?

Will your Caregiver be required to look after your pet(s)?

Other Information

Is there any information that we have not requested but which you think we should know?

You have the opportunity to ask questions, related to your request, that we will answer in our response.

Question #1:

Question #2:

Question #3:

Method of Payment

We offer several Easy and Convenient ways to pay your application fee. Please note:

Applications will not be processed without payment.

Secure order processing through PayPal: This is a premier secure credit card transaction service.

We accept all major credit cards through PayPal.

Faxed Credit Card Form: Fax: (647) 439-1548

Pay by Mail - using personal checks, money orders, cashiers checks or company checks.

Mail:

Eden Brook Care
545-3364 Keele Street,
Toronto, Ontario
M3J 1L5, Canada

Please indicate method of Payment

Legal Waiver

I fully understand and agree to the terms and conditions of the services offered by Eden Brook Care. I agree to submit the following documents to Eden Brook Care, which will be kept in the strictest of confidence when requested:

1. Copies of proof of residency for the person to be cared for must be provided and may include: Birth Certificate, Proof of Citizenship, Passport, or where applicable, Drivers license, copy of tax bill with care recipient's name and address, or pension stub.
2. Social Security Number or Social Insurance Number for Canadian & U.S. clients.

It is understood and accepted that Eden Brook Care will perform a background check on all employers and their spouse when a match is found.

I agree to the fees, guarantee, refund and confidentiality policies.

I fully understand that only non identifying information will be used to search for a caregiver.

When a match is successful and both parties agree Eden Brook Care will be permitted to disclose to the selected caregiver the contact information. All communications prior to selection will be through Eden Brook Care.

I agree to pay all fees in Canadian funds.

I accept the terms and conditions stated above by signing this application and submitting to Eden Brook Care Consulting Service.

Signature:

Date:

Please return using one of the methods below:

Mail: **Eden Brook Care**

545-3364 Keele Street,
Toronto, Ontario
M3J 1L5, Canada

Telephone: (416) 876.1770
Fax: (647) 439.1548
e.Mail: info@edenbrookcare.com