

# Family Questionnaire

Please complete and return to Reponte Care Services Inc.  
601 West Broadway, Suite 400, Vancouver B.C. V5Z 4C2 or Fax 1-604-707-0640

Dear Family:

Please complete and mail or fax back to us as soon as possible. This questionnaire is for you to let us know about your family so we can carefully match the proper caregiver to best suit your needs.

Last name \_\_\_\_\_ First name \_\_\_\_\_  
Spouses name (if Applicable) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number Day \_\_\_\_\_

Evening \_\_\_\_\_

Cell Phone \_\_\_\_\_

Fax number \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Spouses occupation \_\_\_\_\_

Do you require live in \_\_\_\_\_ or Live out caregiver \_\_\_\_\_ Female \_\_\_\_\_ or Male \_\_\_\_\_

When do you need your nanny/caregiver to start \_\_\_\_\_

Description of Home: apartment \_\_\_\_\_ House \_\_\_\_\_ Townhouse \_\_\_\_\_

Square footage \_\_\_\_\_ Number of rooms \_\_\_\_\_

*\*It is required that the live in caregiver must have their own room.*

Household pets, if any please indicate \_\_\_\_\_

\_\_\_\_\_

Is smoking allowed in your home. Yes \_\_\_\_\_ No \_\_\_\_\_

Hours of employment Daily \_\_\_\_\_ Weekly \_\_\_\_\_

Days of work per week \_\_\_\_\_

Employee will normally have these days off \_\_\_\_\_

Caregiver categories Childcare \_\_\_\_\_ Elderly \_\_\_\_\_ Disabled \_\_\_\_\_

If caregiver will be responsible for children answer questions 1 to 4, if not go to question 5.

1. How many children living in your home? \_\_\_\_\_

List names, ages and sex.

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2. Are you expecting a new child? \_\_\_\_\_ If yes, due date \_\_\_\_\_

3. Do your children require any special care?

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4. Description of duties involved in care for children. Please list.

Babies

Change diapers \_\_\_\_\_ Prepare baby food \_\_\_\_\_ Feeding \_\_\_\_\_ Dressing \_\_\_\_\_  
Nursery clean up \_\_\_\_\_ Walk with children in stroller \_\_\_\_\_ Toy pick up \_\_\_\_\_  
Reading \_\_\_\_\_ Bathing \_\_\_\_\_

Other requirements \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Children

Bedroom clean up \_\_\_\_\_ Dressing \_\_\_\_\_ Meals \_\_\_\_\_ Play with children \_\_\_\_\_  
Reading \_\_\_\_\_ Take to school \_\_\_\_\_

Other requirements \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of duties involved in the care of the elderly and disabled. (Questions 5 to 6)

5. Is assistance required in the following area's.

Meal preparation \_\_\_\_\_ Accompany to activities or appointments \_\_\_\_\_ Run household  
errands \_\_\_\_\_ Companionship \_\_\_\_\_ Dressing \_\_\_\_\_ Bathing \_\_\_\_\_ Toilet \_\_\_\_\_  
Give medication \_\_\_\_\_

Other requirements \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. If lifting is required please indicate weight of person receiving care \_\_\_\_\_

7. Is the caregiver required to drive Yes \_\_\_\_\_ No \_\_\_\_\_

8. Description of other general household duties

Vacuuming\_\_\_\_ Laundry\_\_\_\_ Ironing\_\_\_\_ Dusting\_\_\_\_ Bathroom  
Clean up\_\_\_\_ Bedroom clean up\_\_\_\_ Household care of plants\_\_\_\_  
Household care of pets\_\_\_\_ Setting table\_\_\_\_ General cleaning\_\_\_\_  
Meal preparation Breakfast\_\_\_\_ lunch\_\_\_\_ Dinner\_\_\_\_ Snacks\_\_\_\_  
Grocery shopping\_\_\_\_ Run Household errands\_\_\_\_ Entertaining\_\_\_\_

Other requirements\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Is the caregiver required to accompany the employer on vacation Yes\_\_\_\_ No\_\_\_\_

10. List any other requirements for your live in caregiver

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_