



Select.  
Connect.  
Eldercare.

[www.ChoiceEldercare.org](http://www.ChoiceEldercare.org)

First **FREE** Eldercare Coordination Service in 50 states

Inexpensive dignified aging now is available at home!  
Our coordinators match families with qualified direct hire  
caregivers and we do it **FREE**.

## Homecare Initial Intake

Private pay and long term insurance **ONLY!** Fax to (201) 663-6106

The care is needed for [ M ] [ F ] who is my			
circle one	relationship		
He/She is _____ years old and requires [live in] [visiting] non-medical care			
specify age	circle one		
The care needed in _____ weeks in _____ zip			
specify	city, state zip		
Requirements (select all that is required):			
<input type="checkbox"/>	A non-smoking caregiver is required		
<input type="checkbox"/>	Caregiver with valid driver license is required		
<input type="checkbox"/>	Caregiver with car is required		
<input type="checkbox"/>	Certified caregiver is required (CNA, HHA, etc.)		
Information of the contact person (not the care recipient)			
First name	Last name		
please print	please print		
Street address			
please print <u>your</u> address			
City	State Zip		
please print <u>your</u> address			
Medical conditions of care recipient (check all that apply)			
<input type="checkbox"/>	Alzheimer's/Dementia	<input type="checkbox"/>	Parkinson's Disease
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Quadriplegia/Paraplegia
<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Respiratory Problems
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Cancer
<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Respiratory Problems
In addition to English the caregiver should speak			
specify language, if any			

This form is available at <http://www.choiceeldercare.org/subscribe/>