



FAMILY APPLICATION

Staffing for your *home* | Coaching for your *life* | Essentials for your *health*

Please Fill In Application Completely

A. CONTACT INFORMATION

Your Name: _____ Today's Date: _____

Your Phone #(day): _____ Your Cell Phone #: _____

Your Fax #: _____ Your Email: _____

Your Employer's Name: _____

Your Occupation: _____

Spouse's Name: _____

Spouse's Phone #(Day): _____ Spouse's Cell Phone #: _____

Spouse's Fax # _____ Spouse's Email: _____

Spouse's Employer's Name: _____

Spouse's Occupation: _____

Home Address: _____

How did you hear about Indigo Lifestyle Solutions Inc. (please give name if referred to us by someone)?



FAMILY APPLICATION

Staffing for your *home* | Coaching for your *life* | Essentials for your *health*

B. POSITION INFORMATION

Employer is seeking (circle one): Nanny/Baby Nurse/Mother's Helper

Approximate start date for

position: _____

Position is: ___ Live In ___ Live Out ___ Full Time ___ Part Time

Position is: ___ Permanent ___ Temporary ___ Summer Only

If Position is Temporary, approximately how many months: _____

C. CAREGIVER WORK SCHEDULE

Please check the days the Caregiver will be needed to work and fill in the hours in the space provided after (e.g., 9a-5p).

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____ Sunday: _____

Total Hours Per Week: _____

D. FAMILY INFORMATION

1. Number of Adults in Household: _____

2. The parent that works the least hours works: ___ full time ___ part time ___ Does not work

3. Does at least one parent work from home: ___ Yes ___ No

4. Will there be anyone home with the caregiver? If yes, who? _____

5. Is English the primary language spoken in the home? ___ Yes ___ No

6. Are there any other languages spoken? ___ If yes, please list: _____

7. Are there any diet restrictions in the family? _____ If yes, please explain:



FAMILY APPLICATION

Staffing for your *home* | Coaching for your *life* | Essentials for your *health*

8. Do you have pets in your household? _____ Yes _____ No
9. Is the Caregiver required to feed, care, and/or petwatch? _____ Yes _____ No
10. Does anyone smoke in your household? _____ Yes _____ No
11. Do you currently employ a housekeeper or engage in a maid service? _____ Yes _____ No

E. CHILD RELATED INFORMATION

1. How many children will be responsible by the caregiver? _____

2. List Name, Age, Sex, Grade, School Hours and Interests of each child:

3. Are there any children with special needs? _____

4. Is a new child expected? _____ If yes, estimated birthdate: _____

5. Does your child/children take any prescribed medication? _____

6. Does your child/children have any illnesses, allergies, syndromes, emotional behavior, or physical disabilities that the nanny will have to be alert for, care for, or specially trained for? _____

F. POSITION REQUIREMENTS AND DETAILS

1. Do you require the caregiver to have a valid driver's license? _____ own car? _____
2. Will a car be provided to caregiver for errands and childcare duties? _____ yes _____ no
If so, is it automatic or manual? _____
3. If there is a car available for caregiver to use, and if caregiver is live-in, will it be available for her/him to use on evenings/weekends? _____ yes _____ no



FAMILY APPLICATION

Staffing for your *home* | Coaching for your *life* | Essentials for your *health*

4. If caregiver brings her/his own car, will you reimburse her/him for insurance and/or gas if caregiver uses it for errands and car pools for childcare duties? _____ yes _____ no
5. If the caregiver is commuting by train/bus, which train/bus should be taken and which station is closest to your home? _____
6. If the caregiver is driving, what are the directions to your location? _____

G. SALARY AND BENEFITS

1. Are there any benefits you would like to offer the caregiver, such as health insurance, tuition reimbursement, bonuses, family vacations, tennis/health club membership, days off during holidays, sick days, personal days, one/two week vacation, etc. _____

2. What is your weekly proposed salary based on full time? _____
3. What is your hourly wage proposed based on full time? _____
4. Will there be any overtime? _____
5. If overtime is needed, what is the hourly rate? _____



FAMILY APPLICATION

Staffing for your *home* | Coaching for your *life* | Essentials for your *health*

H. PREFERENCE AND NEEDS

1. In addition to childcare, the caregiver will be expected to: (circle choices)

- Perform light housekeeping Do family laundry Run errands
- Perform full housekeeping Do children's laundry Grocery shopping
- Prepare meals for children Ironing children's clothes Record telephone messages
- Prepare meals for family Transporting of children Travel with family
- Accompany family on outings Assist with birthday parties

2. All of our Nannies speak English fluently. Is a foreign accent okay? Yes No

3. Do you prefer a caregiver that swims? ____yes____ no

4. If applicable as per above, we would like the caregiver to answer the telephone in the following manner: _____

5. Describe your ideal nanny candidate? _____

I. HOUSEHOLD INFORMATION

1. Will the caregiver receive a set of keys to the home? _____yes____no

2. Will the caregiver be expected to set the home alarm? _____yes____no

3. Is the home child-proofed? _____yes____no



FAMILY APPLICATION

Staffing for your *home* | Coaching for your *life* | Essentials for your *health*

4. What is the procedure if the caregiver is locked out of the house?

5. What areas are off-limits to the caregiver and children, if any?

6. We would prefer the caregiver to address us by our (first or family) name. (circle one)

7. Our smoke detectors are located:

8. Our fire extinguishers are located:

9. Our family TV and music rules are: _____

J. HEALTH AND EMERGENCIES

What are the phone numbers to reach the parents in case of emergency? _____

1. Where are the emergency phone numbers kept? _____

2. If an emergency arises, what is the escape plan? _____

3. Where are the first aid supplies kept? _____

4. What medications does the child take? _____

5. Where is the health insurance ID card kept? _____

6. Who is the pediatrician and preferred hospital for medical treatment?



FAMILY APPLICATION

Staffing for your *home* | Coaching for your *life* | Essentials for your *health*

7. What is the phone number of the pediatrician? _____

8. What is the phone number of the preferred hospital? _____

Please complete the authorization forms for caregiver to take the child for medical treatment if needed. This form can be found in the “Medical Forms” section of the website. Please make sure to give an authorized form to the CAREGIVER.

K. LIVE-IN CAREGIVER POSITION (IF APPLICABLE)

1. Please describe the Caregiver’s accommodations.

(Private bedroom? Own TV? Cable? Own Phone?)

2. Will the Caregiver have to pay for his/her private telephone line and/or telephone connection? _____ long distance calls? _____

3. Will the Caregiver have his/her own bathroom? _____

4. Please describe your home, number of bedrooms, bathrooms, location of home.

(rural, quiet residential, busy residential, main road), neighborhood, security systems)

4. Will the caregiver be allowed visitors? _____

5. Do you prefer the caregiver leave on his/her days off? _____



FAMILY APPLICATION

Staffing for your *home* | Coaching for your *life* | Essentials for your *health*

6. Is artwork allowed on the walls of the caregiver's bedroom? _____

7. May the caregiver rearrange the furnishings in his/her bedroom? _____

8. Briefly describe those activities in which you would include your caregiver: (i.e., meals, TV watching, outings, vacations, etc.) and those you would keep separate:

L. Live-In or Live-Out Position

1. The Caregiver will eat his/her evening meal with (circle one):

the family / the children / by him/herself.

2. Special items that the caregiver may not consume or bring into the home: _____

3. All food consumed by the caregiver will be furnished by the family. Any specially requested items must be agreed upon and in writing in the agreement between the family and the caregiver.

4. Long distance charges will be deducted from the caregiver's paycheck. Agreed? Yes or No.



FAMILY APPLICATION

M. Additional information

Please describe any additional job duties and responsibilities or other pertinent information not covered in this application: _____

By signing this FAMILY APPLICATION document, I hereby certify that the above answers to all the questions are true and that we, (Client), agree to the terms set forth in the employer agreement. I agree to release and promise to hold Indigo Lifestyle Solutions, Inc. harmless for any act of the Caregiver. I also agree to hold Indigo Lifestyle Solutions, Inc. harmless of any claim as a result of the placement.

Signature: _____ Date: _____