



convalescent/elderly care profile

The Family Tree Care Services provides for the assistance of convalescent/elderly care clients who do not require medical care. The Family Tree providers are willing to assist with the personal care of the individual as well as some light housekeeping, cooking, shopping, laundry and errand running. Some providers are also available to transport clients to doctor appointments, beauty shop appointments, errand, etc... Please complete the form below and return to us with the \$30.00 enrollment fee. Please be as specific as possible about the conditions of the individual and their needs.

13117 Eastpoint Park Blvd.
 Ste. H
 Louisville, KY
 (502) 895-9998
 (502) 895-6035 fax
 After Hours: (502) 541.6441

Owners Kevin and Laura Hall
 info@FamilyTreeCareServices.com

1. CLIENT INFORMATION

NAME _____ DOB _____

CONDITIONS AND NEEDS

MEDICATIONS

2. HOME INFORMATION

CLIENT HOME PHONE NUMBER _____

ADDRESS (please include zip code) _____

DIRECTIONS (from downtown, using landmarks)

3. CONTACT INFORMATION

Name: _____ Home Phone: _____

Work Phone: _____

Second Contact: _____ Home Phone: _____

Work Phone: _____





4. MILEAGE

Will you reimburse the Provider at \$.45 cents a mile for expenses if using her car for family business? Yes _____ No _____

5. PETS

Please check if you have household pets:

Dogs _____ Cats _____ Other _____

Upon the filing of my profile and receipt of my \$30.00 enrollment fee, I fully understand and accept that The Family Tree Care Services is a company in the business of recruiting and registering quality elderly care providers for families to hire by the day, week, or on a permanent basis. I know and understand that all requests/placements must be made through The Family Tree Service's office and not on an individual basis. It is to my advantage to inform The Family Tree Care Services of my needs as soon as possible.

I understand, if I hire a Family Tree provider on a temporary basis, that the provider is an independent agent of The Family Tree. The provider is responsible for his/her own actions and for the payment of any and every tax incurred while in my employment as per their contract with The Family Tree Care Services.

Signature: _____

Date: _____