

Polish Helping Hands

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QUESTIONNAIRE

Date _____/_____/2003

Referred by:

Name of Caller _____

Street Address _____

Town _____ Zip Code _____

Cleaning

Elderly Care

Nanny

Date of Appointment or Interview _____/_____/2003 M TU W TH F SAT SUN

Information:

Start Date: _____/_____/2003

HOURS _____

Days _____

Duties: Cleaning () Shower () Meal () Driving App () Dress ()
Grocery () Remind of Med () Laundry () Exercises ()

Salary _____

English Speaking _____

Car Needed _____

Age Preference _____

FOR NANNY:

Ages of Children _____

1

2

3

FOR ELDERLY:

Name of Client _____ Age _____

Address _____ Telephone _____

Medical Condition _____