



Adult & Senior Home Care LLC

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(267) 321-9167

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## NEW AIDE INFORMATION SHEET

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Address : \_\_\_\_\_ DOB : \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_

S/S # \_\_\_\_\_

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Nursing/Health Education:

\_\_\_\_\_

\_\_\_\_\_

Days of the Week Available : \_ (Sunday). (Monday). (Tuesday). (Wednesday). (Thursday). (Friday).  
(Saturday)

Amount Hours available per day: \_\_\_\_\_ . \_\_\_\_\_

\_\_\_\_\_

Working Hours. (between). \_\_\_\_\_ . \_\_\_\_\_

\_\_\_\_\_

Work Experience:

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Emergency Contact\_\_\_\_\_. Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship to the Aide: \_\_\_\_\_

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