

D Home Care – Request for Care Services Application

Caregiver Referral & Matching Service (Non-Medical)

[Download print this form and email help@dhomecare.ca, It's protected when completed](mailto:help@dhomecare.ca)

Applicant / Primary Contact Information

Full Name

Phone Number

Email Address

Relationship to Care Recipient

Care Recipient Information

Full Name

City & Postal Code

Age

Care Needs (Non-Medical)

Type of Support Needed

Preferred Schedule / Hours

Requested Start Date

Caregiver Preferences (Optional)

Language / Cultural Preferences

Legal Acknowledgement

I acknowledge that D Home Care is a caregiver referral and matching service only.

D Home Care does not employ caregivers, provide medical or nursing care,
and does not supervise caregivers. Care arrangements are between families and caregivers.

Applicant Name (Acknowledgement)

Signature (Type Full Name)

Date