

APPLICATION FORM

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Email:doxa92j@gmail.com

**Details of Client**

Name.....

Home address.....

Telephone Number.....

Email address.....

**Name of Guardian (if different from Client)**

Name.....

Home address.....

Telephone Number.....

Email address.....

**Age of Client (tick as appropriate)**

- 0-45
- 46-70
- Above 70

**Does the client have a medical condition?**

- Yes
- No

If yes, kindly indicate.....

**Does the client live alone?**

- Yes
- No

**Services required (tick as appropriate)**

- Caring for an elderly person
- Caring for a person with a medical condition
- Bathing, Cleaning & Dressing
- Feeding
- Cooking & washing
- House keeping
- Driving

Others.....

**Frequency of care**

- Daily
- Over night
- Three days a week
- Weekends

Others.....

- I confirm that the information on this form is true and correct and indemnify DOXA EMPOWERMENT FOUNDATION in the provision of services while relying on this information.
- I consent to the provision of homecare services by DOXA EMPOWERMENT FOUNDATION.