



HEALING
OPPORTUNITIES

Care for Caregivers Program Application

Name of your organization/dept? _____

Street Address: _____

City/State/Zip: _____ Company Website: _____

Contact Name: _____ Contact Email: _____

Phone Number: _____ Tax ID#: _____

Tell us more about your company and what your caregivers do: _____

How were you referred to the Care for Caregivers program? _____

Why does your group/company want to implement Care for Caregivers/Healing Opportunities Stress Relief Program? _____

If you have participated in the Care for Caregivers program before, when did you participate and what was the outcome? _____

How much do you budget for company/employee wellness monthly/annually? _____

What is your budget for the Care for Caregivers program? _____

How many staff participants? _____

Do you have a meeting room/location for the program? **Yes/No, we need a location**

What days/times are best for you?

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Please rate the stress level amongst your staff on average from 1-10

1 2 3 4 5 6 7 8 9 10

Are there any specific cases of stress in staff members, or a particular circumstance when staff experiences increased stress? _____

Please list the goals or outcomes that you anticipate from participation in this program:

What other wellness initiatives have you tried? _____

What past factors/wellness initiatives have helped to relieve/mitigate stress levels at your company? _____

Were these factors/wellness initiatives successful? Please explain.

What health benefits do you currently offer your employees? _____

Tell us more about your health/wellness goals for your company:
