

Home Care Services Checklist

Use this checklist when you interview either agencies or individual caregivers who provide home care services (simply print out one checklist for each agency or individual you plan to review). The checklist is designed to help you know what to ask and to remember specific details. Use the back of the checklist to write down any additional comments. After reviewing the agencies and/or individuals use the checklists to compare one provider with another.

Agency/Caregiver Name: _____

Owner/Administrator: _____

Address: _____

Phone: _____ **Website or E-Mail :** _____

Who is Served?

Yes **No**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Can the agency or caregiver provide the level of assistance you require, given your medical condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there medical conditions they will not accept? If yes, what are these conditions? _____ |

Services

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are a client's home care needs assessed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is a written care plan created for each client? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the care plan updated as the client's needs change? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can the caregiver(s) plan, cook and serve nutritious meals? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the caregiver(s) motivate and monitor a regular diet plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can they remind clients to take medications? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can they provide guidance and assistance with grooming and dress? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can they assist with bathing and toileting? |

Yes **No**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Can they help clients exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can they perform light domestic housework such as laundry and ironing? |

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- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are they willing to do heavy cleaning? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can they drive clients to doctors' appointments, errands and social events? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can they assist with grocery and other shopping? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can they run errands for clients? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can they help with pet care? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can they monitor conditions in and around the home? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can they help to organize and clarify the clutter of incoming information and mail? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can they help with paying bills and record keeping? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can they provide companionship and conversation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are they willing to read out loud to clients? |

Staff

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do/does the caregiver(s) have professional training? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do/does the caregiver(s) have First Aid and CPR training? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is/are the caregiver(s) experienced in any special services you require? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can the caregiver(s) speak languages other than English, if needed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can the agency or the caregiver provide references for the caregiver(s)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is/are the caregiver(s) available for emergencies and/or on short notice? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are they available on holidays? |

If you're evaluating an agency:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a program for training staff who will be caregivers? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you be able to indicate preferences for the type of caregiver you would like? (For example, male/female, non-smoking, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you have the same caregiver each time you receive services, or will this person change over time? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can the agency provide references for its caregivers? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the agency require criminal record checks for its caregivers? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the agency have a supervisor on call 24 hours a day? |

Yes **No**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are caregivers available 24 hours a day, 7 days a week? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there someone you can call with questions or complaints?
If yes, who? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the agency have procedures for resolving problems between caregivers and clients? |

Credentials (for agencies)

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the agency licensed or certified (if required in your state)? |
|--------------------------|--------------------------|--|

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Is the agency a member of any professional organizations? If yes, which?
(Contact these organizations to check accreditation standards).

Is the agency bonded?

Will the agency provide a list of references?

How many years has the agency been in business? _____

Cost

Are all costs and fees listed on a written statement?

What is the hourly or daily charge? _____

Are these services covered by your long-term care insurance policy?

Are there extra fees for some of the services you might require? If yes,
how much are they? _____

Are bills itemized?

Are payment plan options provided?

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