



## Arizona In-Home Care Association Business Member Profile

### Member Information

Business Name: \_\_\_\_\_

Registered Name (if different from above): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Counties Served: \_\_\_\_\_

### Weekly Operational Schedule:

7 days/week       Monday thru Friday only      Hours of Operation: \_\_\_\_\_

Available after hours?     Yes     No      After Hours Phone: \_\_\_\_\_

### Other business locations: .

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### Services Offered:

- Are any of your employees Registered or Licensed for the above services?     Yes     No
- Does your company have a home health license?     Yes     No
- Does your company accept AHCCCS / ALTCS Payments:     Yes     No

#### Light Housekeeping:

- Sweep/Vacuum/Mop     Yes     No
- Clean bathroom(s)     Yes     No
- Make bed     Yes     No

#### Kitchen:

- Meal Preparation     Yes     No
- Wash Dishes     Yes     No
- Menu Planning     Yes     No

#### Laundry:

- Change bedding:     Yes     No
- Laundry:     Yes     No

#### General Household:

- Assist w/organization     Yes     No
- Assist w/reading/writing     Yes     No

#### Transportation/Shopping:

- Accompany client to medical, or other, appointments     Yes     No
- Caregiver drives **clients** vehicle for such trips     Yes     No
- Caregiver drives **personal** vehicle for such trips     Yes     No
- Are caregivers who drive on behalf of your clients required to have clean driving records?     Yes     No
- Are those caregivers driving records verified via DMV?     Yes     No

Do caregivers assist in the following home care aide tasks?  Yes  No

- Bathing/Showering/Personal Hygiene
- Medication monitoring
- Transfers (to/from bed, chair, etc.)
- Dressing/Undressing
- Toileting/Peri Care
- Ambulation (assist w/walking, etc.)

Does your agency offer:

- Registered Nursing Services
- Medical Social Services
- Nutritional Services by a Dietitian
- Speech Therapy
- Respiratory Therapy
- Hospice Services
- Licensed Practical Nursing Services
- Occupational Therapy
- Physical Therapy
- Provide Medical Supplies/Equipment

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### Client/Consumer Information and Practices

**YES** **NO**

- We perform an evaluation or assessment prior to providing care for clients.
- We charge a fee for any type of evaluation or assessment prior to providing care for a client. If Yes, please indicate the amount charged for this service: \$\_\_\_\_\_
- We require a deposit from customers in order to perform services. If yes, please explain:  
\_\_\_\_\_
- We have a minimum amount of hours, whether per day, per week or per month, or minimum charge that is required of its clients. If Yes, please explain: \_\_\_\_\_
- We have a business policy regarding cancellation of services. If Yes, please explain:  
Amount: \$\_\_\_\_\_ Details: \_\_\_\_\_
- Other fees Explain: \_\_\_\_\_

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### Member's Employment Information and Practices

**YES** **NO**

- Does the business have and perform criminal background checks for all individuals who have direct contact with clients in their homes or in the community?
- Does the Member perform criminal background checks for all managers, supervisors, office personnel and volunteers?
- Does the business obtain at least two positive references from two previous employers in the past five years for each caregiver applicant?
- Does the Member validate home-making and home care skills of caregivers through demonstration and written questionnaires?
- Does the Member require all caregivers to read, write and communicate in English?
- Does the Member require its Caregivers to maintain current First Aide certification and have policies in place to ensure these are updated on a routine basis?

