Print Form

Arizona In-Home Care Association
Business Member Profile

Member Information

Business Name: 24Hr.HomeCare

Registered Name (if different from above): 24Hr. Home Care

Address: 7201 E. Camelback Rd., Suite 370 (Street) Scottsdale (City) AZ (State) 85251 (Zip)

Telephone: 480-219-4434 Fax: 480-219-7359

Email: Scottsdale@24hrcares.com Website: www 24hrcares.com

Counties Served: Maricopa

Weekly Operational Schedule:

x 7 days/week ___ Monday thru Friday only Hours of Operation: 9 AM - 6 PM, M-F

Available after hours? x Yes ___ No After Hours Phone: 480-219-4434

Other business locations: .

We have 11 locations in California; this is the first in Arizona.

Services Offered:

Light Housekeeping:

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

Kitchen:

Meal Preparation	x Yes	__ No
Wash Dishes	x Yes	__ No
Menu Planning	__ Yes	__ No

Laundry:

Change bedding:	x Yes	__ No
Laundry:	x Yes	__ No

General Household:

Assist w/organization	x Yes	__ No
Assist w/reading/writing	__ Yes	__ No

Transportation/Shopping:

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

How do caregivers assist in the following home care aide tasks?

x Complete Hands-on Assistance __ Limited Hands-on Assistance __ No Hands-on Assistance

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

Revised January 13, 2015

Other Services (check all that apply):

___ 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

Are any of your employees Registered or Licensed for the above services? ___ Yes x No

Does your company have a home health license? ___ Yes x No

Does your company accept AHCCCS / ALTCS Payments: ___ Yes x No

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Client/Consumer Information and Practices

YES	NO	
x		We perform an evaluation or assessment prior to providing care for clients.
	x	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: $_____
x		We require a deposit from customers in order to perform services. If yes, please explain: _____
	x	We charge one or more of the following fees. Set-up or Start-up fees Amount: $_____ Administrative fees Amount : $_____ Cancellation fees Amount: $_____ (see below) Other fees Explain: _____
	x	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: _____
x		We have a business policy regarding cancellation of services. If Yes, please explain: Amount: $0 Details: Client may call or e-mail to cancel services at any time.

Member's Employment Information and Practices

YES	NO	
x		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?
x		Does the Member perform criminal background checks for all managers, supervisors, office personnel and volunteers?
x		Does the business obtain at least two positive references from two previous employers in the past five years for each caregiver applicant?
x		Does the Member validate home-making and home care skills of caregivers through demonstration and written questionnaires?
x		Does the Member require all caregivers to read, write and communicate in English?
x		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?

YES	NO	
x		Does the Member require its Caregivers to maintain current CPR certification and have policies in place to ensure these are updated on a routine basis?
x		Does an employee of the Member conduct an interview with caregiver applicants that cover employment history experience, training, skills and employment preferences?
	x	Does the Member perform drug testing for all new employees?
	x	Does the Member perform random drug testing for all employees?
x		Does the Member require all caregiver employees to be tested for TB annually?
x		Are Member's Caregivers W-2 Employees. If no, please explain below.

Comments: _____

Business Information:

Name(s) of Owner(s), Officer(s), Director(s), followed by Title:

Brian Iwamoto, Owner & CMO David Allerby, Owner & CEO

Tyler Sloy, Owner & COO Alan Badger, General Manager

Operating as a Business since: AZ - November 2014 AZNHA Member Since: January 2015

Comments: In business in California since August 2008