



# 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: .

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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?

