



## Arizona In-Home Care Association Business Member Profile

### Member Information

Business Name: ABRiO Care

Registered Name (if different from above): ABRiO Care

Address: 1616 E. Indian School Rd., #460 Phoenix AZ 85016  
Street City State Zip

Telephone: 602-875-8500

Fax: 928-962-5168

Email: admin@abrioservices.com

Website: www.abriocare.com

Counties Served: Coconino, Yavapai, Maricopa, Pinal, Yuma, Mojave

### Weekly Operational Schedule:

☒ 7 days/week ☐ Monday thru Friday only Hours of Operation: 24/7  
 Available after hours? ☒ Yes ☐ No After Hours Phone: 866-712-2748

### Other business locations: .

4265 Stockton Hill Rd., #4, Kingman, 928-7692-7114	1616 E. Indian School, #125 Phoenix 602-956-3817
830 S. Main St., #2C, Cottonwood, 928-634-6758	1550 E. University Dr., Ste. K, Mesa 480-930-4881
2627 E. 7th Ave., Flagstaff, AZ 86004 928-586-3868	183 E. 24th St., #7, Yuma, 928-314-9961
2485 Great Western, G2, Prescott Valley, 928-772-8866	

### Services Offered:

#### 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

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

☒ Complete Hands-on Assistance ☐ Limited Hands-on Assistance ☐ No Hands-on Assistance

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

**Other Services (check all that apply):**

<input type="checkbox"/> Registered Nursing Services	<input type="checkbox"/> Hospice Services
<input type="checkbox"/> Medical Social Services	<input type="checkbox"/> Licensed Practical Nursing Services
<input type="checkbox"/> Nutritional Services by a Dietitian	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Respiratory Therapy	<input type="checkbox"/> Provide Medical Supplies/Equipment

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

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**Client/Consumer Information and Practices****YES   NO**

<input checked="" type="checkbox"/> <input type="checkbox"/>	We perform an evaluation or assessment prior to providing care for clients.
<input type="checkbox"/> <input checked="" type="checkbox"/>	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: \$_____
<input type="checkbox"/> <input checked="" type="checkbox"/>	We require a deposit from customers in order to perform services. If yes, please explain: _____
<input type="checkbox"/> <input checked="" type="checkbox"/>	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: _____
<input checked="" type="checkbox"/> <input type="checkbox"/>	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: _____ A minimum of 2 hours per visit
<input type="checkbox"/> <input checked="" type="checkbox"/>	We have a business policy regarding cancellation of services. If Yes, please explain: _____ Amount: \$_____ Details: _____

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**Member's Employment Information and Practices****YES   NO**

<input checked="" type="checkbox"/> <input type="checkbox"/>	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?
<input checked="" type="checkbox"/> <input type="checkbox"/>	Does the Member perform criminal background checks for all managers, supervisors, office personnel and volunteers?
<input checked="" type="checkbox"/> <input type="checkbox"/>	Does the business obtain at least two positive references from two previous employers in the past five years for each caregiver applicant?
<input checked="" type="checkbox"/> <input type="checkbox"/>	Does the Member validate home-making and home care skills of caregivers through demonstration and written questionnaires?
<input checked="" type="checkbox"/> <input type="checkbox"/>	Does the Member require all caregivers to read, write and communicate in English?
<input checked="" type="checkbox"/> <input type="checkbox"/>	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**

- |              |               |  |
|--------------|---------------|--|
| <u>  x  </u> | <u>      </u> | 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?              |
| <u>  x  </u> | <u>      </u> | Does an employee of the Member conduct an interview with caregiver applicants that cover employment history experience, training, skills and employment preferences? |
| <u>  x  </u> | <u>      </u> | Does the Member perform drug testing for all new employees?  |
| <u>  x  </u> | <u>      </u> | Does the Member perform random drug testing for all employees?   |
| <u>  x  </u> | <u>      </u> | Does the Member require all caregiver employees to be tested for TB annually?  |
| <u>  x  </u> | <u>      </u> | Are Member's Caregivers W-2 Employees. If no, please explain below.  |

Comments: \_\_\_\_\_  
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\_\_\_\_\_

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**Business Information:**

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

Rick Hargrove, CCO/Owner                      LouAnn Rickett, Controller

Cindy McClung, Founder

Operating as a Business since: 1/14/1998                      AZNHA Member Since: 1/1/2014

Comments: \_\_\_\_\_  
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