



## Arizona In-Home Care Association Business Member Profile

### Member Information

Business Name: Home Instead Senior Care, East Valley  
 Registered Name (if different from above): AZ-AHC, Inc.  
 Address: 3850 E. Baseline Road, Suite 128 Mesa AZ 85206  
Street City State Zip  
 Telephone: 480-827-4343 Fax: 480-872-1101  
 Email: mpourian@homeinstead.com Website: https://www.homeinstead.com/195  
 Counties Served: Maricopa and Pinal

### Weekly Operational Schedule:

7 days/week  Monday thru Friday only Hours of Operation: 24/7  
 Available after hours?  Yes  No After Hours Phone: 480-827-4343

### Other business locations: .

10450 E. Riggs Road, Suite 117, Sun Lakes, AZ 85248 480-895-1460  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 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):**

- 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  No

Does your company have a home health license?  Yes  No

Does your company accept AHCCCS / ALTCS Payments:  Yes  No

**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:  
Normally 2 weeks of service based on estimated hours and refunded at end of service
- We charge one or more of the following fees.  
  - Set-up or Start-up fees            Amount: \$\_\_\_\_\_
  - Administrative fees                Amount : \$ 50 (1 time)
  - Cancellation fees                 Amount: \$\_\_\_\_\_ (see below)
  - Other fees                          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: \_\_\_\_\_  
Three (3) hours per visit preferred, but not mandatory
- We have a business policy regarding cancellation of services. If Yes, please explain:  
Amount: \$ TBD                          Details: \_\_\_\_\_  
Twenty-four (24) hour notice to cancel a shift

**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?

**YES**   **NO**

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

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

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**Business Information:**

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

Operating as a Business since: 11/21/2007                      AZNHA Member Since: 9/1/2013

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