



## Arizona In-Home Care Association Business Member Profile

### Member Information

Business Name: Home Care Assistance of Greater Phoenix

Registered Name (if different from above): Home Care Assistance

Address: 3143 E. Lincoln Drive Phoenix AZ 85016  
Street City State Zip

Telephone: 602-388-1085 Fax: 602-798-9735

Email: mwallace@homecareassistance.com Website: see below

Counties Served: Maricopa <https://www.homecareassistance.com/greater-phoenix>

### Weekly Operational Schedule:

7 days/week     Monday thru Friday only    Hours of Operation: 24/7 On Call

Available after hours?     Yes     No    After Hours Phone: 602-388-1085

### Other business locations: .

Home Care Assistance at Villa Hermosa, 6300 E. Speedway Blvd., Tucson, AZ 85710    520-355-3885

This location serves only residents of Villa Hermosa

### 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
  - Medication monitoring
  - Transfers (to/from bed, chair, etc.)
  - Dressing/Undressing
  - Toileting/Peri Care
  - 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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_  
Four (4) hours per day

We have a business policy regarding cancellation of services. If Yes, please explain:  
Amount: \$TBD      Details: Twenty-four (24) hour notice or client pays for  
scheduled shift, unless health or emergency reason given.

**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:  
My-Linh Wallace, Client Care Manager

Operating as a Business since: June 22, 2012                      AZNHA Member Since: Aug. 15, 2015

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