



## 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: .

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### 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
- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>- Bathing/Showering/Personal Hygiene</li> <li>- Medication monitoring</li> <li>- Transfers (to/from bed, chair, etc.)</li> </ul> | <ul style="list-style-type: none"> <li>- Dressing/Undressing</li> <li>- Toileting/Peri Care</li> <li>- Ambulation (assist w/walking, etc.)</li> </ul> |
|---|---|

**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: \_\_\_\_\_  
\_\_\_\_\_

We have a business policy regarding cancellation of services. If Yes, please explain:  
Amount: \$\_\_\_\_\_ Details: \_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Business Information:**

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

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

Operating as a Business since: \_\_\_\_\_      AZNHA Member Since: \_\_\_\_\_

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