Print Form

Arizona In-Home Care Association
Agency Member Profile

Member Information

Business Name: AZ24 Homecare

Registered Name (if different from above): AZ24 Homecare LLC

Address: 15417 W. Mercer Lane (Street) Surprise (City) AZ (State) 85379 (Zip)

Telephone: 602-887-8256 Fax: N/A

Email: tere@az24homecare.com Website: https://az24homecare.com

Counties Served: Maricopa

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: 623-523-9506

Other business locations: .

N/A

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

Laundry:

Change bedding:	☒ Yes	☐ No
Laundry:	☒ Yes	☐ No

Kitchen:

Meal Preparation	☒ Yes	☐ No
Wash Dishes	☒ Yes	☐ No
Menu Planning	☒ 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

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: _____ Four (4) hour shift minimum
☒	☐	We have a business policy regarding cancellation of services. If Yes, please explain: Amount: $_____ Details: Cancellation must be made 24 hours prior to the next shift - notification must be made to the office, not to the caregiver.
☐	☒	Other fees Explain: _____

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 caregiver employees?
☒	☐	Does the Member perform random drug testing for cause for caregiver 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:

Tere Carranza, Owner

Operating as a Business since: June 2019 AZNHA Member Since: May 2021

Additional Information: