

Arizona In-Home Care Association Business Member Profile

Member Information Business Name: Registered Name (if different from above): Address: _____ City Telephone: _____ Fax: _____ Fax: _____ Email: _____ Website: _____ Counties Served: **Weekly Operational Schedule:** 7 days/week ___ Monday thru Friday only Hours of Operation: ____ Yes ____ No After Hours Phone: _____ Available after hours? Other business locations: Services Offered: Are any of your employees Registered or Licensed for the above services? ____ Yes ____ No No Does your company have a home health license? ____ Yes Yes Does your company accept AHCCCS / ALTCS Payments: No Light Housekeeping: Kitchen: Sweep/Vacuum/Mop __ Yes __ No Meal Preparation __ Yes __ No __ Yes __ No _ Yes __ No Clean bathroom(s) Wash Dishes Make bed Menu Planning __ Yes __ No __ Yes __ No Laundry: General Household: Change bedding: __ Yes __ No Assist w/organization __ Yes __ No Laundry: 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 __ No required to have clean driving records? Yes

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__ Yes

__ No

Are those caregivers driving records verified via DMV?

Do	caregiv	vers assist in the following home care aide tasks? Yes No
	- Me	thing/Showering/Personal Hygiene - Dressing/Undressing dication monitoring - Toileting/Peri Care
_		nnsfers (to/from bed, chair, etc.) - Ambulation (assist w/walking, etc.)
	Reg Mec Nutr Spe	agency offer: jistered Nursing Services Jical Social Services Titional Services by a Dietitian Jical Services by a Dietitian Jical Services control of the provide Medical Supplies/Equipment Jical Services control of the provide Medical Supplies/Equipment Jical Services control of the provide Medical Supplies/Equipment
Clien <u>YES</u>		umer Information and Practices
		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:
		We have a business policy regarding cancellation of services. If Yes, please explain: Amount: \$ Details:
		Other fees Explain:
 Memi <u>YES</u>	ber's E <u>NO</u>	imployment Information and Practices
		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?

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<u>YES</u>	<u>NO</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?	
		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.	
Comn	nents: _.		
		nformation: Dwner(s), Officer(s), Director(s), followed by Title:	
Operating as a Business since: AZNHA Member Since:			
Additi	onal In	formation:	

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