



# Arizona In-Home Care Association Agency 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:

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

### 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

Do caregivers assist in the following home care aide tasks?  Yes  No

- |  |                                       |
|--|---------------------------------------|
| - Bathing/Showering/Personal Hygiene   | - Dressing/Undressing                 |
| - Medication monitoring                | - Toileting/Peri Care                 |
| - Transfers (to/from bed, chair, etc.) | - Ambulation (assist w/walking, etc.) |

Does your agency offer:

- |  |  |
|--|--|
| <input type="checkbox"/> Registered Nursing Services         | <input type="checkbox"/> Hospice Services                    |
| <input type="checkbox"/> Medical Social Services             | <input type="checkbox"/> Licensed Practical Nursing Services |
| <input type="checkbox"/> Nutritional Services by a Dietitian | <input type="checkbox"/> Occupational Therapy                |
| <input type="checkbox"/> Speech Therapy                      | <input type="checkbox"/> Physical Therapy                    |
| <input type="checkbox"/> Respiratory Therapy                 | <input type="checkbox"/> Provide Medical Supplies/Equipment  |

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

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### 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:

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**Business Information:**

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

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

Additional Information: