Print Form

# Arizona In-Home Care Association
# Agency Member Profile

## Member Information

Business Name: AZ 24 Homecare

Registered Name (if different from above): AZ 24 Homecare LLC

Address: 10700 N. 85th Ave., #2679 (Street) Peoria (City) AZ (State) 85345 (Zip)

Telephone: 623-205-2671 Fax: N/A

Email: info@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

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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



Revised October 6, 2020

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

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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: 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: _____ |

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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:

Tere Carranza, Owner

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

Additional Information: