



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: _____

Please list zip codes and/or cities you serve. And if you are a franchise agency please provide the zip codes you serve. _____

Weekly Operational Schedule:

7 days/week Monday thru Friday only Hours of Operation: _____

Available after hours? Yes No After Hours Phone: _____

Other business locations: (address, phone and contact name/email)

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

Does your agency provide the following services? Yes No

Light Housekeeping:

Sweep/Vacuum/Mop

Clean bathroom(s)

Make bed

Laundry:

Change bedding:

Laundry:

Kitchen:

Meal Preparation

Wash Dishes

Menu Planning

General Household:

Assist w/organization

Assist w/reading/writing

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.)

Transportation/Shopping: Yes No

Accompany client to medical, or other, appointments

Caregiver drives **clients'** vehicle for such trips

Caregiver drives **personal** vehicle for such trips

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

Does your agency offer:

Registered Nursing Services

Hospice Services

Medical Social Services

Licensed Practical Nursing Services

Nutritional Services by a Dietitian

Occupational Therapy

Speech Therapy

Physical Therapy

Respiratory 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: _____

We have a business policy regarding cancellation of services. If Yes, please explain:

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?

YES **NO**

- ___ ___ 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?
- ___ ___ 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:

Operating as a Business since: _____ AZNHA Member Since: _____

Additional Information: _____