

# Home Care Checklist

The following list of questions should encompass most care questions that need to be asked when seeking home care. It is meant as a guide to help one find good, quality, dependable home care when appropriate.

## Business/Services Provided

How long has your company been in business? \_\_\_\_\_

Does the company have a fully staffed office?  Yes  No \_\_\_\_\_

Does the company have an automated telephone "time card" system to alert supervisors if a caregiver arrives late or leaves early?  Yes  No \_\_\_\_\_

Is a personalized plan of care developed with me during the assessment?  Yes  No \_\_\_\_\_

Is the care plan reviewed and updated with regularity?  Yes  No \_\_\_\_\_

Does this plan of care include goals and expected outcomes?  Yes  No \_\_\_\_\_

Do you provide temporary as well as long term assistance?  Yes  No \_\_\_\_\_

Do you provide special program for veterans and veterans' widows?  Yes  No \_\_\_\_\_

Does the company have the capacity to accommodate a full range of home care needs—from light duty companion care to heavy care, including end of life care?  Yes  No \_\_\_\_\_

What happens if I need different tasks done each week? \_\_\_\_\_

How many hours is a minimum shift? \_\_\_\_\_

How many hours is a maximum shift? \_\_\_\_\_

What are the pros and cons of hourly vs. live-in care? \_\_\_\_\_

How soon could your care start? \_\_\_\_\_

*Continued on reverse →*



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Is assistance on weekends available?  Yes  No \_\_\_\_\_

Are there any restrictions against accompanying the client outside the home or driving a car?  Yes  No

Are home care workers employees of the company (with benefits and insurance)?  Yes  No \_\_\_\_\_

Or contractors (e.g., private individuals on a referral registry)?  Yes  No \_\_\_\_\_

Is your company and its employees bonded and insured?  Yes  No \_\_\_\_\_

Do you have proof of liability coverage?  Yes  No \_\_\_\_\_

Is the company licensed by the state?  Yes  No \_\_\_\_\_

How are caregivers assigned? \_\_\_\_\_

Is/are the caregiver(s) available for emergencies and/or on short notice?  Yes  No \_\_\_\_\_

Are they available on holidays?  Yes  No \_\_\_\_\_

Will I be able to indicate preferences for the type of caregiver I would like? (For example, male/female, non-smoking, etc.)  Yes  No \_\_\_\_\_

### Caregiver Qualifications (Training, Licensing, Background Checks)

Are all your home care workers licensed or certified?  Yes  No If not, what minimum qualifications do workers have? \_\_\_\_\_

Do you screen your workers?  Yes  No If so, what type of background checking is done? \_\_\_\_\_

What are the qualifications of the person who will do my initial assessment? \_\_\_\_\_

Do caregivers receive a thorough orientation by a supervisor on safety issues, company procedures, and care goals and standards before placement?  Yes  No \_\_\_\_\_

Is/are the caregiver(s) experienced in any special services?  Yes  No \_\_\_\_\_

### Service Quality

Are workers supervised?  Yes  No If so, by whom? \_\_\_\_\_

Is there a written care plan specifying the home care worker's routine duties?  Yes  No If so, can the family have a copy?  Yes  No How often is the plan updated? \_\_\_\_\_

Do the elder (and involved family members) have input into the client service plan?  Yes  No \_\_\_\_\_

Do you arrange regular conversations with the family about the client's case?  Yes  No \_\_\_\_\_

Will a supervisor visit or call the client's home?  Yes  No \_\_\_\_\_

To whom can the client or family ask questions or make complaints? \_\_\_\_\_

How do you ensure your clients' confidentiality? \_\_\_\_\_

How does the company follow up on/resolve problems or complaints? \_\_\_\_\_

Can a different aide be requested, if there was a problem with the first one?  Yes  No \_\_\_\_\_

Are workers available 24 hours, 7 days a week?  Yes  No \_\_\_\_\_

Is there always someone available at your office to take a call?  Yes  No \_\_\_\_\_

Can a replacement worker be called if the worker does not come or cannot complete a shift?  Yes  No

### Financing/Payment

Do you accept long term care insurance?  Yes  No \_\_\_\_\_

Does the company pay the worker's Social Security and taxes?  Yes  No \_\_\_\_\_

What is the cost for overtime, if the worker stays late? \_\_\_\_\_

When is payment due? (e.g. at the end of each visit? Weekly? Monthly?) \_\_\_\_\_

Does payment go to the company?  Yes  No Or the home care worker directly?  Yes  No \_\_\_\_\_

Are there any additional costs for travel time or extra services (e.g. doing laundry or errands)?  Yes  No

Do you charge for the initial assessment?  Yes  No \_\_\_\_\_

Do you charge any other upfront fees or administrative costs?  Yes  No \_\_\_\_\_

Do you have a reassessment fee?  Yes  No \_\_\_\_\_

What is the hourly or daily charge for one person? \_\_\_\_\_

For a couple? \_\_\_\_\_

Do you charge mileage to and from my home?  Yes  No \_\_\_\_\_

Do you assist with billing my insurance company for home care?  Yes  No \_\_\_\_\_