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 helping one find good, quality, dependable home care when appropriate.

**Business/Services Provided**

How long has your agency been in business?

What is the background/experience of the owner?

Does the agency have satisfied, long-term employees?

Does the agency have a fully staffed office?

Can I interview the caregiver before accepting care?

How do I know I can trust your employees?

Do your employees smoke?

Will your employee call before arriving?

Is caregiver reliability guaranteed in writing?

Does the agency have an automated telephone “time card” system to alert supervisors if a caregiver arrives late or leaves early?

Is a personalized plan of care developed with me during the assessment?

Is the care plan reviewed and updated with regularity?

Does this plan of care include goals and expected outcomes?

Does the agency coordinate care with other healthcare services?

Do you provide temporary as well as long term assistance?

---

**DIGNITY, CHOICE, QUALITY & SAFETY**

5 West Second Street • Suite 4 • Hinsdale, IL 60521
(630) 323-4665 • info@independence4seniors.com • www.independence4seniors.com

Specializing in Customized, Non-Medical, Home Care Services for Seniors. Licensed, Bonded and Insured. RN Supervised.
Home Care Checklist

Does the agency 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 kind of care is provided?  ○ Nursing care  ○ Non-medical care  ○ Personal care  ○ Chores  ○ Companionship

What happens if I need different tasks done each week? ________________________________

How many hours is a minimum shift? ________________________________

How many hours is a maximum shift? ________________________________

Can a shift be split (e.g., two hours in the morning and two in the evening)?  ○ Yes  ○ No ________________________________

How soon could your care start? ________________________________

Is assistance on a weekend available?  ○ Yes  ○ No ________________________________

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

Are home care workers agency employees (with benefits and insurance)?  ○ Yes  ○ No ________________________________

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

Is your agency bonded (insured against theft)?  ○ Yes  ○ No ________________________________

Are the workers who come into the home bonded?  ○ Yes  ○ No ________________________________

Do you have proof of liability coverage?  ○ Yes  ○ No ________________________________

If I need a ride to a doctor appointment or shopping, is there insurance coverage for that?  ○ Yes  ○ No ________________________________

Is the agency licensed or certified (if required in your state)?  ○ Yes  ○ No ________________________________

Is the agency a member of any professional organizations?  ○ Yes  ○ No  If yes, which?______________________________

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)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are all your home care workers licensed or certified?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are all your home care workers licensed or certified?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you require that your employees renew their state licenses (if appropriate), keeping them current?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you screen your workers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What are the qualifications of the person who will do my initial assessment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the agency require yearly physicals/TB tests, drug and alcohol screening and CPR training?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do caregivers receive a thorough orientation by a supervisor to safety issues, agency procedures, and care goals and standards before placement?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do caregivers write daily care notes with a copy left for the client and eligible family members?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are care notes reviewed regularly?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the agency have a quality care program to ensure the highest standards of care?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are workers trained, and is training ongoing? If so, does the training include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe bending and lifting practices?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPR/first aid?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection control?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing incontinence?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catheter care?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicating with someone who is confused or forgetful?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing difficult behaviors (e.g. wandering, paranoia, or memory loss)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathing someone in the tub/shower or in bed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preserving client dignity?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is/are the caregiver(s) experienced in any special services?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can the caregiver(s) speak languages other than English, if needed?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Independency-4-Seniors  •  (630) 323-4665  •  www.independence4seniors.com
Can you furnish references for your workers that I can check? If not, do you have any client satisfaction survey results you can share with me?  ○ 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?

Does 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 agency follow up on/resolve problems or complaints?

Can a known agency worker be requested by name?  ○ Yes  ○ No

Can a different worker be requested, if there was a problem with the first one?  ○ Yes  ○ No

How fast can your agency respond to an emergency need?

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  If so, how long does it usually take to get a replacement?
Financing/Payment

Do you accept private health care or long term care insurance?  ○ Yes  ○ No  __________________________

Does the agency pay the workers’ Social Security and taxes?  ○ Yes  ○ No  __________________________
If not, do I need to pay this?  ○ 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 agency?  ○ 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  __________

Are all costs and fees listed on a written statement?  ○ Yes  ○ No  __________________________

What is your initial registration fee?  __________________________

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 charge for staff time to and from my home?  ○ Yes  ○ No  __________________________

What is the mileage charge for trips to the doctor or shopping?  __________________________

Are there extra fees for some of the services I might require?  ○ Yes  ○ No  If yes, how much are they?  __________________________

Are bills itemized?  ○ Yes  ○ No  __________________________

Are payment plan options provided?  ○ Yes  ○ No  __________________________

Do you assist with billing my insurance company for home care?  ○ Yes  ○ No  __________________________