

AGENCY CHECKLIST

Name of Agency			
Telephone #			
Website			
Name of Person You Spoke To			
Accept Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accept Long Term Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Care Offered	<input type="checkbox"/> Companion <input type="checkbox"/> PCA/CNA/HHA	<input type="checkbox"/> Companion <input type="checkbox"/> PCA/CNA/HHA	<input type="checkbox"/> Companion <input type="checkbox"/> PCA/CNA/HHA
Are they Licensed by the State for Personal Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Background Checks Performed	<input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Nationwide	<input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Nationwide	<input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Nationwide
DMV Report Check	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do I have to provide a car for transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer
Drug Testing	<input type="checkbox"/> None <input type="checkbox"/> Pre-Hire <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Periodically without notice	<input type="checkbox"/> None <input type="checkbox"/> Pre-Hire <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Periodically without notice	<input type="checkbox"/> None <input type="checkbox"/> Pre-Hire <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Periodically without notice
Reputation	<input type="checkbox"/> Google <input type="checkbox"/> BBB <input type="checkbox"/> Facebook <input type="checkbox"/> Other	<input type="checkbox"/> Google <input type="checkbox"/> BBB <input type="checkbox"/> Facebook <input type="checkbox"/> Other	<input type="checkbox"/> Google <input type="checkbox"/> BBB <input type="checkbox"/> Facebook <input type="checkbox"/> Other
Date Business Opened			
Ongoing Employee Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How are Employees Supervised	<input type="checkbox"/> None <input type="checkbox"/> Spot Checks <input type="checkbox"/> Other	<input type="checkbox"/> None <input type="checkbox"/> Spot Checks <input type="checkbox"/> Other	<input type="checkbox"/> None <input type="checkbox"/> Spot Checks <input type="checkbox"/> Other
Employees covered by Workman's Comp insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are Caregivers Employees or Contractors?	<input type="checkbox"/> Employees <input type="checkbox"/> Contractors	<input type="checkbox"/> Employees <input type="checkbox"/> Contractors	<input type="checkbox"/> Employees <input type="checkbox"/> Contractors
Minimum Hours Required Per Visit to Home	<input type="checkbox"/> No Min <input type="checkbox"/> 4 Hours <input type="checkbox"/> 8 Hours	<input type="checkbox"/> No Min <input type="checkbox"/> 4 Hours <input type="checkbox"/> 8 Hours	<input type="checkbox"/> No Min <input type="checkbox"/> 4 Hours <input type="checkbox"/> 8 Hours
Minimum Hours Required Per Week / Month	<input type="checkbox"/> No Quotas <input type="checkbox"/> _____W _____M	<input type="checkbox"/> No Quotas <input type="checkbox"/> _____W _____M	<input type="checkbox"/> No Quotas <input type="checkbox"/> _____W _____M
Rate for 24/7 Care			
Hourly Rate for Day Hours Monday—Friday			
Hourly Rate for Night Hours Monday—Friday			
Hourly Rate for Weekends			
Charges for schedule changes			
Deposit Required			