



## Choosing an Agency

Before signing an agreement for home health care, get as much information as you can about the services, fees, terms, and restrictions. You can use this worksheet to help you collect information about each service you're considering.

## Contact Information

Agency Name: \_\_\_\_\_

Agency Phone: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

## Questions for the Agency

1. Is your service licensed and accredited by the state or local government and/or a professional association? Search for the service on the Pennsylvania Department of Health Quality Assurance Facility Directory.
2. How long have you been providing caregiving and/or in-home services?
3. What are your fees? Will you provide information on fees in writing prior to starting services?
4. What is included and not included in your services?
5. How many days per week and hours per day will a care provider come to my home?
6. Is there a minimum number of hours required?
7. Will it be the same provider each time?
8. How do you check the background and experience of your care providers? Can you provide references?
9. How do you train your care providers?
10. Are you available for emergencies around the clock? What types of emergency care can you provide?
11. How will you communicate information to me?
12. Who do I contact if there is a problem?
13. If I wish to discontinue services, how much notice do you require?
14. Other questions to ask: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Home Health Hiring Worksheet



**PA CareKit**

## Aide Tasks & Expectations

Identify the tasks and expectations of a home care worker. For each question, answer if help is needed and indicate how often.

## Contact Information

Agency Name: \_\_\_\_\_

Agency Phone: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

Worker's Name: \_\_\_\_\_

Worker's Phone: \_\_\_\_\_

### Bedroom

Task	Yes	No	Notes
Assist with getting in/out of bed			
Make bed			
Change bed linen			

### Bathroom

Task	Yes	No	Notes
Help with bathing			
Help with toileting			
Help with grooming			
Clean sink, tub, toilet, and surfaces			

### Personal Care

Task	Yes	No	Notes
Help with dressing			
Help with transferring			
Help with walking			

**Notes:** \_\_\_\_\_

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# Home Health Hiring Worksheet

**PA CareKit**



## Health

Task	Yes	No	Notes
Manage medications			
Nursing care			
Occupational therapy			
Physical therapy			
Speech therapy			

## Meals

Task	Yes	No	Notes
Plan menus			
Prepare and serve meals			
Help with feeding			
Wash, dry, and store dishes and utensils			
Clean sink, stove, counters, refrigerators			

## Household

Task	Yes	No	Notes
Wash, dry, and fold clothing and linens			
Empty and take out trash			
Clear, dust, and organize surfaces			
Vacuum carpets			
Sweep floors			
Wet or dry mop floors			
Complete yard work			

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Home Health Hiring Worksheet

**PA CareKit**



## Shopping

Task	Yes	No	Notes
Prepare list			
Run errands			
Buy food and supplies			
Store items as requested			

## Transportation

Task	Yes	No	Notes
Transport to and from social activities			
Transport to and from medical appointments			
Transport to and from other activities			

## Social Activities

Task	Yes	No	Notes
Reading			
Games			
Conversation			

## Other

Task	Yes	No	Notes

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sources: [www.nia.nih.gov](http://www.nia.nih.gov) and [claritylegalgroup.com](http://claritylegalgroup.com)

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Pennsylvania Department of Health Quality Assurance Facility Directory: <https://sais.health.pa.gov/CommonPOC/dohQALocatorcommon.asp>