



## Home Care Provider Questionnaire

To be completed by individuals seeking to become Independent Home Care Providers

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Before the Consumer Moves In

1. How did you find out about our services?

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2. Have you previously worked as a home care provider?  Yes  No

3. Do you own or rent your residence?  Own  Rent

4. Are smoke detectors installed in your home?  Yes  No

5. Are the smoke detectors hardwired or interconnected?

6. Do you have a fireplace in your home?  Yes  No

7. If yes, is the fireplace currently in use?  Yes  No

8. Is your house or apartment accessible for individuals with disabilities?  Yes  No

9. Please describe the composition and ages of your household:

10. Is your sewer system public or private?  Public  Private

11. Do you have a preference for male or female clients?  Male  Female  No Preference

12. Do you prefer to work with verbal or nonverbal clients?  Verbal  Nonverbal  Either

13. Are you open to working with clients who have high personal care needs or require independent assistance?  Yes  No

14. Are you comfortable assisting clients with behavioral challenges?  Yes  No

15. On a scale of 1 to 10 (1 being the lowest, 10 being the highest), how would you rate your patience?  1  2  3  4  5  6  7  8  9  10



16. How soon can you start if a suitable match is found?

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17. Is your furnace maintenance up to date? Has it been cleaned recently?  Yes  No