



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?

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?

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