

**HOME CARE AGENCIES**  
**“QUESTIONS TO ASK”**  
**COMPARISON WORKSHEET**

**CONTACT YOUR TOP 3 CHOICES AND EVALUATE**

The following is a questionnaire for home care services. Use this checklist when interviewing prospective home care agencies. The services and products needed to be able to allow someone to live in their home can be numerous and diverse. This worksheet will help you evaluate whether or not the agencies you are considering can meet your care needs. Not all questions will be relevant to your particular situation based on the type of home care needed.

Fill in the information below for each agency/provider. On the following pages, circle Y or N for each question. This worksheet will give you a direct comparison for each agency/provider.

<b>1</b>	Agency/Provider: _____ Date: _____
	Address: _____
	Administrator: _____
	Phone: _____ E-mail / Website: _____
	Advantages: _____
	Disadvantages: _____
	Overall Rating (Circle one)    Excellent    Good    Fair    Poor
<b>2</b>	Agency/Provider: _____ Date: _____
	Address: _____
	Administrator: _____
	Phone: _____ E-mail / Website: _____
	Advantages: _____
	Disadvantages: _____
	Overall Rating (Circle one)    Excellent    Good    Fair    Poor
<b>3</b>	Agency/Provider: _____ Date: _____
	Address: _____
	Administrator: _____
	Phone: _____ E-mail / Website: _____
	Advantages: _____
	Disadvantages: _____
	Overall Rating (Circle one)    Excellent    Good    Fair    Poor

AGENCY ONE	AGENCY TWO	AGENCY THREE	
Y N	Y N	Y N	<b>ABOUT THE AGENCY</b>
Y N	Y N	Y N	Can your agency provide all of my care needs?
Y N	Y N	Y N	If No, will your agency help coordinate or help find the additional services or products I need?
Y N	Y N	Y N	Is there an additional charge to help coordinate or help find those services or products?
Y N	Y N	Y N	Is the agency: Licensed, Bonded & Insured?
Y N	Y N	Y N	Does your agency carry malpractice insurance?
Y N	Y N	Y N	Is the owner of the agency local?
—	—	—	How long has the agency been in business in my community?
Y N	Y N	Y N	Is the agency JCHAO (Joint Commission on Accreditation of Healthcare Organizations) accredited?
Y N	Y N	Y N	Is the agency a member of any professional organizations?
Y N	Y N	Y N	Does the agency get inspected by an outside organization?
Y N	Y N	Y N	May I see the inspection results?
Y N	Y N	Y N	Am I able to reach someone from your agency at all hours?
Y N	Y N	Y N	Does your agency have a client list of references I can call?
Y N	Y N	Y N	Does my caregiver get evaluated on the care I receive?
Y N	Y N	Y N	Have the agency's caregivers passed criminal background checks & drug screening?
Y N	Y N	Y N	Have personal references been secured on all caregivers?
Y N	Y N	Y N	How is my caregiver supervised?
Y N	Y N	Y N	Am I able to talk to my caregiver's supervisor if needed?
Y N	Y N	Y N	Will I always have the same caregiver?
Y N	Y N	Y N	Has my caregiver been trained in giving the care I need?
Y N	Y N	Y N	Do your caregivers receive continuing education & training?
Y N	Y N	Y N	Will I be able to choose my caregiver?
Y N	Y N	Y N	Can I request an alternative caregiver if I am unhappy?
Y N	Y N	Y N	Does your agency provide full-time "Live In" caregivers?
Y N	Y N	Y N	And if Yes, is there a discounted rate for care services?
			<b>ABOUT THE CAREGIVER</b>
Y N	Y N	Y N	Is the caregiver an agency employee or an independent contractor with a registry?
Y N	Y N	Y N	Are the caregiver's: Licensed, Bonded & Insured?
Y N	Y N	Y N	Does the caregiver have workers' compensation coverage?
Y N	Y N	Y N	Does the agency do a background screening on caregivers?
Y N	Y N	Y N	Are caregiver's driving record and driver's license checked?
Y N	Y N	Y N	Will my caregiver speak my language?
—	—	—	How many years of experience does my caregiver have in the kind of care I will be receiving?
Y N	Y N	Y N	Will my caregiver be fully informed of my care needs and limitations?

AGENCY ONE		AGENCY TWO		AGENCY THREE		
Y	N	Y	N	Y	N	<b>ABOUT THE CARE</b>
Y	N	Y	N	Y	N	Will your agency design a care plan for me?
Y	N	Y	N	Y	N	Is my care plan put into writing?
Y	N	Y	N	Y	N	Does the agency consult my family when designing my care plan?
Y	N	Y	N	Y	N	Does the agency consult my doctor when designing my care plan?
Y	N	Y	N	Y	N	How often is my care evaluated by your agency?
Y	N	Y	N	Y	N	Is my care reviewed regularly with me and family members?
Y	N	Y	N	Y	N	Is my caregiver able to take me to my doctor/medical appointments?
Y	N	Y	N	Y	N	Is there an additional cost for transportation?
Y	N	Y	N	Y	N	Is my caregiver insured by your agency to provide transportation?
						<b>ABOUT THE CONTRACTS &amp; COSTS</b>
Y	N	Y	N	Y	N	Is there a written document that shows your agency's fees for services and products?
Y	N	Y	N	Y	N	Is there a written agreement on the care I am going to receive?
Y	N	Y	N	Y	N	Can my agreement be cancelled?
Y	N	Y	N	Y	N	Does the agency require a service deposit?
Y	N	Y	N	Y	N	Does the agency provide a payment plan for private pay?
Y	N	Y	N	Y	N	Do I pay the agency for my care services?
Y	N	Y	N	Y	N	Do I receive an itemized bill for services and products?
Y	N	Y	N	Y	N	Is the agency Medicare/Medicaid certified?
Y	N	Y	N	Y	N	Are all of my care needs covered by Medicare?
_____	_____	_____	_____	_____	_____	If Yes, for how long?
Y	N	Y	N	Y	N	If No, will I be notified prior to receiving my care?
Y	N	Y	N	Y	N	Does the agency bill Medicare or my insurance directly?
Y	N	Y	N	Y	N	Are all of my care needs covered by my private insurance?
_____	_____	_____	_____	_____	_____	If Yes, for how long?
Y	N	Y	N	Y	N	If No, will I be notified prior to receiving my care?