

## HOME CARE CHECKLIST

### A Consumer Checklist of Important Considerations When Choosing Senior Services and Care in the Home.

Quite often, an elderly individual isn't ready to leave their home for independent living, an assisted living residence, or a nursing home, but still could use some assistance in their own home. Such assistance can range from periodic health care and personal grooming services, to 24-hour in-home caregiving. There are many options available and it's best to know what they are and how they may help a senior living at home before researching particular care and service choices in your area.

No doubt, there will be many additional questions you'll have when considering senior home care and services, but this checklist can be a great help when thinking through the many options available.

Below are considerations to help you determine if senior home care is right for you.

### Is Home Care Right for You?

	YES	NO	UNSURE
I want to remain independent. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm willing to move from where I live now in my home. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have concerns about my health. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'd rather not travel to the doctor's office for wellness checkups. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General housekeeping assistance would be helpful to me. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like assistance with home maintenance and repairs. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm having trouble remembering to take my medications. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm losing track of what bills are due and how to pay them. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm losing weight or forgetting to eat meals. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm having trouble getting out of bed or moving around my home. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I forget to tend to my pet's needs. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I need 24-hour care. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **YES** to some of the above, senior home care and services may be of interest to you. Continue to the next checklist to assist you with selecting home care and service options.

## HOME CARE CHECKLIST – PAGE 2

### Do you need assistance with the following?

	YES	NO	UNSURE
Bathing, grooming, hygiene.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor visits and wellness checkups. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transferring and positioning. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting and incontinence. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating and dietary needs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry and housekeeping. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grocery shopping and errands. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home maintenance. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical reminders. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24-hour care. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **YES** to some of the above, senior home care and services may be of interest to you. Continue to the next checklist to assist you with choosing home care and service providers.

List any other thoughts or questions you may have: \_\_\_\_\_

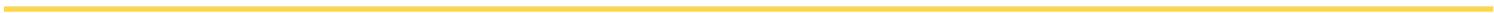
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## CHOOSING A HOME CARE AGENCY

Name of Home Care Agency: \_\_\_\_\_

### What to look for in a Home Care Service Provider

- |   | YES                      | NO                       | UNSURE                   |
|---|--------------------------|--------------------------|--------------------------|
| - Do they offer service in your area? .....                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Service area includes: _____  |                          |                          |                          |
| - Are they licensed by the state? .....                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Is the staff bonded or insured? .....                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insured or bonded by who? Agency? Service Company? _____              |                          |                          |                          |
| - Do they offer a free initial consultation? .....                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Are they trusted by clients and the community? .....                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do they have references you can contact? _____                        |                          |                          |                          |
| - Are they experienced and trained in caregiving? .....               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Do they have the proper qualifications? .....                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, what? _____  |                          |                          |                          |
| - Are your care workers legal residents of the U.S.? .....            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Has the company been in business for a long time?.....              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Does the company conduct a thorough pre-employment screening? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Are the employees supervised?.....                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| - Are you required to commit to a certain number of service hours? .. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## CHOOSING A HOME CARE AGENCY – PAGE 2

	YES	NO	UNSURE
- Is the service covered by your insurance? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Are they certified to be paid by Medicare or Medicaid?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Do they offer assistance with Veteran’s aid? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Are all cost and payment expectations in writing? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Do they offer home helper companion services? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Do they offer bathing, grooming, hygiene assistance? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Is their staff responsive?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Will the same person be attending to you (rather than rotating shifts)? ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Do they offer 24-hour in-home care? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any other thoughts or questions you may have: \_\_\_\_\_

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**Last Step:** Visit our Home Care and Services page to locate senior home care and services in your area: [www.AlternativesforSeniors.com/find-home-care](http://www.AlternativesforSeniors.com/find-home-care)