

# IN HOME CARE PROVIDER CHECKLIST

		COMPANY 1	COMPANY 2	COMPANY 3
	NAME	CARE FROM THE HEART		
1	HOW LONG HAS YOUR COMPANY BEEN IN BUSINESS?	31 YEARS		
2	IS YOUR COMPANY LICENSED, BONDED & INSURED?	YES		
3	ARE YOUR CAREGIVERS EMPLOYEES OR INDEPENDENT CONTRACTORS?	EMPLOYEES		
4	ARE YOUR CAREGIVERS COVERED BY YOUR INSURANCE POLICIES?	YES		
5	DO YOU CARRY WORKER COMPENSATION INSURANCE?	YES		
6	WHAT ARE THE MINIMUM REQUIREMENTS FOR YOUR STAFF?	*SEE NOTE 1		
7	DO YOU PERFORM BACKGROUND CHECKS ON ALL STAFF MEMBERS?	YES		
8	WHAT IS THE MINIMUM NUMBER OF HOURS PER SHIFT?	2		
9	DO YOU HAVE TERM CONTRACTS THAT HAVE TO BE SIGNED?	NO		
10	IF YES TO #9, WHAT IS THE LENGTH OF THE TERM?	N/A		
11	DO YOU REQUIRE A DEPOSIT PRIOR TO STARTING SERVICES?	NO		
12	IF YES TO #11, IS THE DEPOSIT REFUNDABLE?	N/A		
13	WHAT IS YOUR HOURLY RATE?	\$22		
14	DOES THAT RATE INCLUDE ALL SERVICES?	NO		
15	IF NO TO #14, WHAT ADDITIONAL CHARGES WILL THERE BE?	.58/MILE TRANSPORT		

**NOTES:** 1. All employees have a minimum of 2 years of verifiable geriatric care experience working either for an agency or an individual other than family members .

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