

**Home Attendant Care, Inc.
Employment Application**

1316 King St. Ste 1
Bellingham, WA 98229
Fax: 360-734-5908

204 N Skagit St.
Burlington, WA 98233
Fax: 360-707-2346

Name: _____ Date: _____

Street Address: _____ Email: _____

City & Zip Code: _____ Phone: _____

Have you ever applied to or worked for H.A.C. before? _____ When? _____

Are you eligible for legal employment in the US? _____

Date available to begin work: _____

Do you have any criminal or motor vehicle convictions? No _____ Yes _____

Availability: Circle days you can work

Days Sat Sun Mon Tue Wed Thur Fri

Times available

Types of shifts Hourly 12 hour days 24 hour NOC

Skills & Training: Previous Experience: Circle Yes or No

Bath Assist	Yes	No
Bed Bound Care	Yes	No
Catheter Care	Yes	No
Dementia Care	Yes	No
Hospice Care	Yes	No
Incontinent Care	Yes	No
Mechanical Lift	Yes	No
Full Pivot Transfer	Yes	No
NAR or NAC	Yes	No
Fundamentals	Yes	No
Aids Training / Certificate	Yes	No

Transportation:

Do you have a valid driver's license? Yes No

Do you have a vehicle to drive on the job? Yes No

Do you have automobile insurance? Yes No

How far are you willing to travel? Ferndale Blaine Lynden Deming
 Anacortes La Conner Stanwood Concrete

Education / Certifications:

Degrees/Certificates/Specialized Training: _____

Work Experience: (begin with most recent)

- 1. Employer: _____ Phone # _____
 City/State: _____
 Your Position: _____ Supervisor's name: _____
 Dates Employed _____ to _____ Salary: _____
 Reason for Leaving: _____
 If still employed, may we contact your current employer? Yes _____ No _____
- 2. Employer: _____ Phone # _____
 City/State: _____
 Your Position: _____ Supervisor's name: _____
 Dates Employed _____ to _____ Salary: _____
 Reason for Leaving: _____
 If still employed, may we contact your current employer? Yes _____ No _____
- 3. Employer: _____ Phone # _____
 City/State: _____
 Your Position: _____ Supervisor's name: _____
 Dates Employed _____ to _____ Salary: _____
 Reason for Leaving: _____
 If still employed, may we contact your current employer? Yes _____ No _____

Personal References: (Exclude family or previous employers)

- 1. Name: _____ Phone #: _____
 City/State: _____ Years known: _____
- 2. Name: _____ Phone #: _____
 City/State: _____ Years known: _____

Please initial to verify that you have reviewed the attached job description: _____

Is there any reason that would prevent you from effectively and safely performing this job?

No ___ Yes ___ If Yes, please give a brief explanation _____

.....

I authorize investigation of all statements contained in the application and understand that employment is contingent upon a Washington State Patrol criminal background check listing no convictions which would reflect upon your suitability for unsupervised work with vulnerable adults including but not limited to those listed on the DSHS secretaries list of crimes and negative actions. I understand that as a part of Home Attendant Care, Inc's hiring procedure Washington State Child Protective Services, Adult Protective Services, Washington State Patrol or other agencies as allowed by law will be checked for relevant information that may be used in Home Attendant Care, Inc's hiring decision. I also understand that Home Attendant Care, Inc. may make periodic reviews of the aforementioned agency checks for relevant information for continuing employment. I also understand that my signature below accts as my authorization for each of these agencies to release information to Home Attendant Care, Inc. I hereby understand and agree that any offer of employment with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. Further, I understand that false or misleading information or omission of facts called for in the application or interview(s) is cause for dismissal. Home Attendant Care, Inc. is an equal opportunity employer.

Signature

Date Signed



Background Check Authorization

PROCESSING CODE

SECTION 1. ENTITY INFORMATION (COMPLETED BY DSHS STAFF, PROVIDER, APPLICANT, LICENSEE, AND/OR CONTRACTOR)

1A. ENTITY REQUESTING THE BACKGROUND CHECK Home Attendant Care, Inc.	1B. ENTIRE ADDRESS OF ENTITY LISTED IN BOX 1A 1316 King Street, Suite 1 Bellingham, WA 98229	1C. NAME OF SECONDARY ENTITY
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2. REQUIRED: NAME AND SIGNATURE OF PERSON REQUESTING THE BACKGROUND CHECK

PRINTED NAME: Sharon Smith SIGNATURE: *Sharon Smith* Finger prints required

3. REQUIRED ONLY FOR DSHS STATE EMPLOYMENT

DSHS POSITION NUMBER _____ (WRITE NONE IF NONE) DSHS JOB CLASSIFICATION: _____ PERSONNEL IDENTIFICATION NUMBER: _____

Permanent appointment Non-permanent appointment Work study / student internship Volunteer Acting

4. REQUIRED: BCCU ACCOUNT NUMBER IHS.FS.00000319	5. DSHS ID NUMBER OR NAME
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SECTION 2. THIS SECTION IS FOR APPLICANT INFORMATION ONLY (THE PERSON TO BE CHECKED IS THE APPLICANT)

6. SOCIAL SECURITY NUMBER	7. REQUIRED: DATE OF BIRTH (MM/DD/YYYY)	8. PRINT YOUR E-MAIL ADDRESS
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9. REQUIRED: PRINT YOUR NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR OTHER PHOTO ID. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER.

FIRST: _____ MIDDLE: _____ LAST: _____

10. REQUIRED: PRINT ALL OTHER FIRST, MIDDLE AND LAST NAMES YOU HAVE USED. WRITE N/A IN THE BOX IF YOU DON'T HAVE A NAME TO ENTER.

FIRST: _____ MIDDLE: _____ LAST: _____

REQUIRED: SELF DISCLOSURE QUESTIONS. SEE INSTRUCTIONS.

You must answer Questions 11A through 14. Attach an additional sheet of paper if you need to list additional crimes or pending charges.

11A. Have you been convicted of any crime? If yes, fill in the blanks below. _____ Yes No
Degree: _____ State: _____ Conviction date: ___/___/___

11B. Do you have charges (pending) against you for any crime? If yes, fill in the blanks below. _____ Yes No
Degree: _____ State: _____

12. Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult? _____ Yes No

13. Has a government agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government agency was taking action against you for failing to care for children, juveniles, or vulnerable adults? _____ Yes No

14. Has a court ever entered any of the following against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile or child? _____ Yes No

- Permanent* vulnerable adult protection order / restraining order, either active or expired, under RCW 74.34.
- Sexual assault protection order under RCW 7.90.
- Permanent* civil anti-harassment protection order, either active or expired, under RCW 10.14.

See instructions for description of "permanent."

15. REQUIRED: PRINT YOUR DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER (WRITE NONE IF NONE)	REQUIRED: PRINT THE NAME OF THE STATE ON YOUR LICENSE OR ID
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16. REQUIRED

Have you lived in any state or country other than Washington State within the last three years (36 months)? Yes No

17. A. REQUIRED: PRINT YOUR MAILING ADDRESS WHERE WE CAN SEND YOU CONFIDENTIAL INFORMATION

APT. NO.	CITY	STATE	ZIP CODE
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B. REQUIRED: PRINT THE STREET ADDRESS WHERE YOU LIVE NOW (WRITE "SAME" IF YOUR STREET ADDRESS IS THE SAME AS YOUR MAILING ADDRESS)

APT. NO.	CITY	STATE	ZIP CODE
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C. REQUIRED: GIVE THE DAYTIME AREA CODE AND TELEPHONE NUMBER WHERE YOU CAN BE REACHED

18. I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles or children. I understand and agree my signature in box number 19 means:

- I give DSHS permission to check my background with any governmental entity and law enforcement agency.
- My background check result may include prior self-disclosure information and fingerprint results that are contained in the DSHS Background Check System and that this information will be reported as allowed by federal or state law.
- If a final finding is identified, DSHS will report only my name and that a final finding was identified on the background check result.
- DSHS will give my background check result to the persons or entities named in Section 1 and may release my background check results to other persons or entities when the law authorizes or requires DSHS to do so. Fingerprint rap sheets are provided if allowed by federal or state law.
- The entity requesting this background check must submit this form to the Background Check Central Unit within the timeframe required by the DSHS oversight program.

19. REQUIRED: YOUR SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18.	20. REQUIRED: TODAY'S DATE (MM/DD/YYYY)
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PROGRAM USE - FOLLOW INSTRUCTIONS PROVIDED BY YOUR DSHS OVERSIGHT PROGRAM

DSHS SECRETARY'S LIST OF CRIMES AND NEGATIVE ACTIONS FOR USE BY ALL
Programs Administered by DSHS, including DSHS State Employees in Covered Positions w/ Access to Vulnerable People
[EXCEPT programs administered by AL TSA Home & Community Services & AL STA Residential Care Services]

Crimes:

A person who has a crime listed below is denied unsupervised access to vulnerable adults, juveniles, and children.

If "(5 or more years)" appears after a crime, the person is automatically denied unsupervised access unless 5 or more years has passed since the date of conviction.

After 5 years, an overall assessment of the person's character, competence, and suitability to have unsupervised access will determine denial.

- Abandonment of a child
- Abandonment of a dependent person not against child (5 or more years)
- Abuse or neglect of a child
- Arson
- Assault 1
- Assault 2
- Assault 3 Domestic Violence
- Assault 3 not Domestic Violence (5 or more years)
- Assault 4/simple assault (5 or more years)
- Assault of a child
- Bail jumping
- Burglary (5 or more years)
- Child buying or selling
- Child molestation
- Coercion (5 or more years)
- Commercial sexual abuse of a minor/ Patronizing a juvenile prostitute
- Communication with a minor for immoral purposes
- Controlled substance homicide
- Criminal mistreatment
- Custodial assault (5 or more years)
- Custodial interference
- Custodial sexual misconduct (5 or more years)
- Dealing in depictions of minor engaged in sexual explicit conduct
- Domestic Violence (felonies only)
- Drive-by shooting
- Endangerment with a controlled substance
- Extortion 1
- Extortion 2 (5 or more years)
- Forgery (5 or more years)
- Harassment (5 or more years)
- Harassment Domestic Violence
- Homicide by abuse
- Homicide by watercraft
- Identity theft (5 or more years)
- Incendiary devices (possess, manufacture, dispose)
- Incest
- Indecent exposure/Public indecency (Felony)
- Indecent liberties
- Kidnapping
- Leading organized crime (5 or more years)
- Luring
- Malicious explosion 1
- Malicious explosion 2
- Malicious explosion 3 (5 or more years)
- Malicious harassment
- Malicious mischief (5 or more years)
- Malicious mischief Domestic Violence
- Malicious placement of an explosive 1
- Malicious placement of an explosive 2 (5 or more years)
- Malicious placement of an explosive 3 (5 or more years)
- Malicious placement of imitation device 1 (5 or more years)
- Manslaughter
- Murder/Aggravated murder
- Patronizing a prostitute (5 or more years)
- Possess depictions minor engaged in sexual conduct
- Possess explosive device (5 or more years)
- Promoting pornography (5 or more years)
- Promoting prostitution 1 (5 or more years)
- Promoting prostitution 2 (5 or more years)
- Promoting suicide attempt (5 or more years)
- Prostitution (5 or more years)

- Rape
- Rape of child
- Reckless endangerment (5 or more years)
- Registered sex offender
- Residential burglary (5 or more years)
- Robbery
- Selling or distributing erotic material to a minor
- Sending or bringing into the state depictions of a minor
- Sexual exploitation of minors
- Sexual misconduct with a minor
- Sexually violating human remains
- Stalking (5 or more years)
- Theft (5 or more years)
- Unlawful imprisonment (5 or more years)
- Unlawful use of bldg for drug purposes (5 or more years)
- Use of machine gun in a felony
- Vehicular assault
- Vehicular homicide (negligent homicide)
- Violation of child abuse restraining order
- Violation of civil anti-harassment protection order
- Violation of protection/contact/restraining order
- Violation of the Imitation Controlled Substance Act (manufacture/deliver/intent - 5 or more years)
- Violation of Uniform Controlled Substance Act (manufacture/deliver/intent - 5 or more years)
- Violation of the Uniform Legend Drug Act (manufacture/deliver/intent - 5 or more years)
- Violation of the Uniform Precursor Drug Act (manufacture/deliver/intent - 5 or more years)
- Voyeurism

Pending Crime – A person who has a pending crime on the Secretary's List is denied unsupervised access while awaiting a decision by a court, administrative entity, or governmental entity. Upon conviction or acquittal by the court, the Secretary's List is applied.

Attempt RCW 9A.28.020;
Conspiracy RCW 9A.28.030; and
Solicitation RCW 9A.28.040

These crimes may appear with a listed crime, such as Burglary. When the crime of attempt, conspiracy, or solicitation appears in conjunction with a crime on this list, it is treated the same as the listed crime.

Example: Unsupervised access is denied for Attempted Burglary for 5 years after the conviction.

Sexual Motivation – RCW 9.94A.835 –A person who has a court finding of sexual motivation is denied unsupervised access to vulnerable adults, juveniles, or children.

Bail Jumping – RCW 9A.76.170 - A person who has the crime of bail jumping is denied unsupervised access until a court decision is issued for the original crime that required bail. Upon conviction or acquittal by the court, the Secretary's List is applied.

Negative Actions are considered under individual program law and rule and may lead to denial of unsupervised access to vulnerable adults, juveniles, or children.

A **negative action** is an administrative or civil action taken against an individual and may include:

- A finding that an individual abused, neglected, exploited, or abandoned a vulnerable adult, juvenile or child issued by an agency, an Administrative Law Judge, or a court of law. A finding by an agency is not a negative action if the individual was not given the opportunity to request an administrative hearing to contest the finding
- Termination, revocation, suspension, or denial of a license, certification, and/or State or Federal contract
- Relinquishment of a license, certification, or contract in lieu of an agency negative action
- Revocation, suspension, denial or restriction placed on a professional license
- Department of Health disciplining authority finding

Disclosure Statement

I, _____ have never been:

1. Convicted of an crime against children or other persons.

Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promotion prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in **RCW 26.44.020**; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they be rename in the future.

2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult.

A conviction for first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery; or any of these crimes that may be renamed in the future. A vulnerable adult is an adult who lacks the functional, mental, or physical ability to care for themselves

3. Convicted of crimes related to drugs;

A conviction of a crime to manufacture, deliver, or possession with intent to manufacture or deliver a controlled substance.

4. Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor;

5. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;

6. Found in any disciplinary board final decision to have sexually or physically abuse or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult;

Any final decision issued by a disciplining authority under **RCW 18.130** or the secretary of the department of health for the following businesses or professions: chiropractic, dentistry, dental hygiene, massage, midwifery, naturopathy, osteopathic medicine and surgery, physical therapy, physicians, practical nursing, registered nursing, and psychology.

7. Found by a court in a protection proceeding under RCW. 74.34, to have abused or financially exploited a vulnerable adult.

The illegal or improper use of a vulnerable adult or that adult's resources for another person's profit or advantage.

Employee Signature _____ Date: _____

Witness Signature _____ Date: _____

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**HOME ATTENDANT CARE, INC.
1316 King Street, Suite 1
Bellingham, WA 98229
FAX 360/734-5908**

EMPLOYMENT REFERENCE

I hereby authorize the release of any information requested on this employment reference. Applicant fills out * items

* _____ *
Applicant's Signature Date

Dear _____,

We are a home care agency providing for both short and long-term care. Since our employees have considerable contact with clients, we attempt to hire those most suited to our work environment which is working in the homes of the elderly, handicapped, and convalescing people. A positive attitude, trustworthiness, patience, and good "people" skills are a must! Please be candid in your assessment to assist us in determining if this applicant meets our needs. All information is confidential.

As an equal Opportunity Employer, we base our hiring decisions on job-related criteria without regard to race, age, gender, national origin, religion, marital status, sexual orientation, veteran's status, and mental or physical disability. Thank you for your cooperation.

*Applicant: _____ Other Names Known By: _____

*Position Desired: _____ S.S.#: _____

~~~~~  
~

Dates in Your Employ: From: \_\_\_\_\_ To: \_\_\_\_\_

Position Held: \_\_\_\_\_

Is the Above Information Correct?: \_\_\_ Yes \_\_\_ No \_\_\_ If no, please explain: \_\_\_\_\_

Please rate the applicant on the following:

| EVALUATION                          | EXCELLENT                | GOOD                     | FAIR                     | POOR                     |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Cooperation & Teamwork              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiative & Enthusiasm             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Willingness to Accept Assignments   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attendance & Punctuality            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trustworthiness                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attitude & Cooperation              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship with Patients/Families | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall Work Performance            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Reason for leaving employment with you: \_\_\_\_\_ Would you Rehire? Yes \_\_\_ No \_\_\_

Reason: \_\_\_\_\_

Comments: \_\_\_\_\_

Name and Job Title of Person Completing This Form: \_\_\_\_\_ Date: \_\_\_\_\_





**HOME ATTENDANT CARE, INC.**  
**1316 King Street, Suite 1**  
**Bellingham, WA 98229**  
**FAX 360/734-5908**

**EMPLOYMENT REFERENCE**

I hereby authorize the release of any information requested on this employment reference. Applicant fills out \* items

\* \_\_\_\_\_ \*  
 Applicant's Signature Date

Dear \_\_\_\_\_,

We are a home care agency providing for both short and long-term care. Since our employees have considerable contact with clients, we attempt to hire those most suited to our work environment which is working in the homes of the elderly, handicapped, and convalescing people. A positive attitude, trustworthiness, patience, and good "people" skills are a must! Please be candid in your assessment to assist us in determining if this applicant meets our needs. All information is confidential.

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\*Applicant: \_\_\_\_\_ Other Names Known By: \_\_\_\_\_

\*Position Desired: \_\_\_\_\_ S.S.#: \_\_\_\_\_

~~~~~  
 ~~~

Dates in Your Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Position Held: \_\_\_\_\_

Is the Above Information Correct?: \_\_\_ Yes \_\_\_ No \_\_\_ If no, please explain: \_\_\_\_\_

Please rate the applicant on the following:

| EVALUATION                          | EXCELLENT                | GOOD                     | FAIR                     | POOR                     |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Cooperation & Teamwork              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiative & Enthusiasm             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Willingness to Accept Assignments   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attendance & Punctuality            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trustworthiness                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attitude & Cooperation              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship with Patients/Families | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall Work Performance            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Reason for leaving employment with you: \_\_\_\_\_ Would you Rehire? Yes \_\_\_ No \_\_\_

Reason: \_\_\_\_\_

Comments: \_\_\_\_\_

Name and Job Title of Person Completing This Form: \_\_\_\_\_ Date: \_\_\_\_\_





HOME ATTENDANT  
**care** inc.

1316 King Street, Suite 1  
Bellingham, WA 98229  
FAX 360/734-5908

**PERSONAL REFERENCE**

I hereby authorize the release of any information requested on this personal reference.

\* \_\_\_\_\_ \*  
Applicant's Signature Date

Dear \_\_\_\_\_

We are a home care agency providing for both short and long-term care. Since our employees have considerable contact with clients, we attempt to hire those most suited to our work environment that is working in the homes of the elderly, handicapped, and convalescing people. A positive attitude, trustworthiness, patience, and good "people" skills are a must! Please be candid in your assessment to assist us in determining if this applicant meets our needs. All information is confidential.

As an equal Opportunity Employer, we base our hiring decisions on job-related criteria without regard to race, age, gender, national origin, religion, marital status, sexual orientation, veteran's status, and mental or physical disability. Thank you for your cooperation.

Applicant: \_\_\_\_\_ Other Names Known By: \_\_\_\_\_

Position Desired: \_\_\_\_\_  
Employment Recruiter Date



Please rate the applicant on the following:

| EVALUATION                       | Above Average | Average | Below Average | No |
|----------------------------------|---------------|---------|---------------|----|
| Knowledge                        |               |         |               |    |
| Ability to Handle Responsibility |               |         |               |    |
| Initiative & Enthusiasm          |               |         |               |    |
| Dependability                    |               |         |               |    |
| Trustworthiness                  |               |         |               |    |
| Maturity                         |               |         |               |    |
| Judgment                         |               |         |               |    |
| Attitude                         |               |         |               |    |
| Personal Appearance & Hygiene    |               |         |               |    |

How well do you know the applicant? \_\_\_ Slightly \_\_\_ Well \_\_\_ Very Well

What is your relationship with the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Comments: \_\_\_\_\_

Signature \_\_\_\_\_ Date





HOME ATTENDANT  
**care** inc.

## CAREGIVER POSITION DESCRIPTION

Through a close working relationship with the client/family and other service providers, the caregiver is involved in providing the services necessary for the comfort, recovery, or rehabilitation of the client. The specific services to be provided by the caregiver are defined in a written Care Plan that is agreed to by the client and located in the HAC documentation book located in each home. The caregiver will be oriented to the home care requirements of the client prior to performing the care.

**RESPONSIBILITIES** - If you have questions or concerns about your client's care, ask your supervisor.

1. **Always protect the confidentiality of the client and any paper that contains client related information.**
2. In general, you should use your energy in a client's home to complete tasks in the following order: Personal care, ambulation, safety supervision, nutrition-related tasks and household chores.
3. Provide or assist with bathing and personal care.
4. Observe and recognize changes in the client's condition and report them to the Home Care Case Manager.
5. Perform household services that are essential to the client's care at home.
6. Initiate emergency procedures in accordance with Home Attendant Care, Inc. policy.
7. Assist with medications in accordance with Home Attendant Care, Inc. policy.
8. Participate in case conferences.
9. Maintain a safe environment for the client.
10. Complete documentation of the services performed.
11. Provide observed problems or other client information to your supervisor in a timely manner.

The caregiver is **NEVER** allowed to:

1. Change a sterile dressing.
2. Take physician's verbal orders.
3. Administer an injection or perform other invasive procedures.
4. Prescribe or instruct a client to take prescription or non-prescription medications.

**[If you have a question about whether a task is permissible, call your supervisor to ask about it.]**

### CAREGIVER SERVICE DESCRIPTIONS:

1. **Client Medication:** Caregivers may assist clients with medications in the following areas:
  - Communicating appropriate information regarding self-administration to the client.
  - Reminding the client to take a medication as prescribed.
  - Reading the medication label to the client.
  - Opening the medication container, mediset box or bubble pack.
  - Handing the medication container to the client.
  - Assisting with application of skin, rectal, nose, eye and ear preparations under the specific direction of the client.
2. **Personal Hygiene:** Assistance with care of hair, teeth, dentures, shaving, filing of nails, other basic personal hygiene and grooming needs. Includes supervising clients who can perform these tasks when guided, assisting clients who can participate in the care of their appearance, and performing grooming tasks for clients unable to participate in their own care.

3. **Dressing**: Assistance with dressing and undressing. Includes supervising clients who can dress and undress when guided, assisting with difficult tasks such as tying shoes and buttoning, and completely dressing or undressing clients unable to participate in dressing or undressing themselves.
4. **Bathing**: Assisting the client to bathe his or her body. Includes supervising clients who can bathe themselves when guided, assisting clients with difficult tasks such as getting in or out of the tub or washing their back, and completely bathing clients totally unable to bathe themselves.
5. **Eating**: Assistance with eating. Includes supervising clients who are able to feed themselves when guided, assisting with difficult tasks such as cutting food or buttering bread, and feeding clients unable to participate in feeding themselves.
6. **Toileting**: Assistance with bladder and/or bowel problems. Includes supervising clients who can take care of their own toileting needs when guided and helping clients to and from the bathroom. Assisting with bedpan routine, incontinence pads/briefs and lifting clients on and off the toilet. May include performing routine general peri-care, emptying and cleansing colostomy bag, washing around a catheter, and emptying and cleansing catheter bags.
7. **Ambulation**: Assisting the client to move around. Includes supervising clients who can walk alone or with the help of a mechanical device (such as a walker) when guided, assisting with difficult parts of walking (such as climbing stairs), supervising clients who are able to propel their wheelchairs when guided, pushing a wheelchair, and providing constant physical assistance to clients totally unable to walk alone or with a mechanical device.
8. **Transfers**: Assisting the client with getting in and out of a bed or wheelchair, on or off the toilet, or on and off another type of seat. Includes supervising clients who are able to transfer when guided, providing steady assistance, helping clients who can assist in their transfer, and lifting or using a Hoyer lift for clients unable to assist in their transfer.
9. **Positioning**: Assisting the client to assume a desired position. Includes assistance in turning and positioning to prevent secondary disabilities such as constrictor and balance deficits or skin breakdown.
10. **Exercise or Range of Motion Exercises**: Assisting the client with range-of-motion or other exercise as prescribed and taught by a physician, a physical therapist or an occupational therapist.
11. **Body Care**: Skin care (including the application of ointments or lotions), changing dry bandages or dressings which do not require professional judgment. Excludes foot care beyond washing of feet and filing toenails. Excludes foot care for clients who are diabetic or have poor circulation other than washing their feet. Excludes changing bandages or dressings when sterile procedures are required. Body care tasks are limited to clients who are able to supervise the provision of these tasks. Fingernails may be clipped except if client is a diabetic.
12. **Travel for Out-of-home Services and Functions**: Accompanying or transporting the client to a physician's office or clinic in the local area to obtain medical diagnosis or treatment, to other local areas to obtain diagnosis or treatment, or to other services, shopping, recreational, religious, or other functions related to the client's well being. Extended travel with a client out of the country or for overnight or extended periods must be pre-approved by Home Care Case Manager.
13. **Shopping**: Shopping in the local area to make purchases as directed by the client and family. Includes assisting clients who can participate in shopping or for clients unable to participate. **Shopping done independent of the client must be documented on a Daily Graphic sheet with the**

amount of original cash provided by the client, the amount spent and the amount returned to the client along with the client's signature. Receipts should be given to the client.

14. **Meal Preparation:** Assistance with preparing meals. Includes planning meals (including special diets), assisting clients who are able to participate in meal preparation, preparing meals for clients unable to participate, and cleaning up after meals. Whenever possible the client should give directions on how the meal should be cooked, seasoned, and presented to the client. The client should also be involved in selecting the items included in the meal the worker prepares. Clients may be involved in the cooking process when it is safe for them to do so in order to help maintain their normal functioning and dignity.

15. **Household Assistance:** Assistance in household tasks necessary to provide a clean environment in which the client lives to maintain his/her social and psychological well being.

- Clients should provide all equipment and cleaning supplies. Tasks are done daily, weekly, or periodically to maintain a safe and healthy environment. Activities performed include washing dishes, taking out trash, cleaning cupboards, defrosting the refrigerator, mopping, sweeping, cleaning bathrooms and kitchen, vacuuming and dusting objects and furniture that are non-breakable. We do not dust or wash items in china cabinets or fine glass or china pieces.

- **Tasks that jeopardize the worker's health or safety are inappropriate. If a question arises about a task, either the client or the worker should consult the Home Care Case Manager before the task is attempted.**

- No climbing or heavy lifting should be done. No tasks involving animal care other than feeding a cat/dog. Tasks should be limited to those that protect the client's health and safety and should be confined to the area of the home used by the client on a daily basis. Caregivers do not normally do yard/garden work or outside cleaning.

16. **Laundry Assistance:** Mending, washing, drying, and ironing clothes and linens. Ironing should be limited to tasks required to make clothes presentable. No major alteration of garments should be required of worker. The laundry service is generally defined as *the client's clothes only*. However, a caregiver may assist a spouse or partner in the home with their laundry if it will conserve energy they may need for assisting the client. The client is responsible for all costs related to laundry. Laundry may be done at a laundromat if there is no washer or dryer in the house.

17. **Changing and Laundering Bed Linens:** Changing and laundering client's bed linens as needed and changing and laundering caregiver's bed linens and towels at the end of a live-in shift.

18. **Standby Assistance:** Being available to help the client with personal care tasks that cannot be scheduled, such as toileting, ambulation, transfer, positioning, and some medication assistance and safety supervision.

