



IN-HOME ASSISTANCE
"Because there's no place like home"

Name _____ Date _____
Last First Middle

Address _____
Street Apt. #

City State Zip

Phone # _____ Social Security # _____
Pager # _____ Cell Phone # _____

In case of Emergency, please notify _____
Name Phone #

Classification: _____Nurses Aide _____Home Health Aide/CNA
_____Companion _____Live-In _____Homemaker _____Other

Do you have the legal right to work and remain in the United States? Yes ____ No ____
In-Home Assistance will not refer you for employment unless you can present satisfactory proof of your identity and legal ability to work in the United States.

Please list other language(s) in which you are fluent: _____

Do you have any impairments, physical, mental, or medical, which would prevent you from performing in a reasonable manner? Yes ____ No ____

If yes, please describe the impairments and explain any limitations: _____

Have you ever been convicted of a crime, excluding minor traffic offenses?

Yes ____ No ____

If Yes please describe in full: _____

What type of transportation do you intend to use? _____

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

Do you have automobile insurance? Yes _____ No _____

EDUCATIONAL BACKGROUND

High School Name/ Address _____

Graduated? Yes _____ No _____ When? _____

College Name/ Address _____

Graduated? Yes _____ No _____ When? _____

Please list wage range that you would accept: _____

What types of duties interest you the most? _____

PRIOR WORK HISTORY (List in order, last or present employer first)

1. _____

Name _____ Phone _____

Street Address _____ City, State, Zip _____

Job Title _____ Salary _____ Date From/To _____ Nature of Work _____

Reason for leaving _____ Supervisor _____

2. _____

Name _____ Phone _____

Street Address _____ City, State, Zip _____

Job Title _____ Salary _____ Date From/To _____ Nature of Work _____

Reason for leaving _____ Supervisor _____

3. _____

Name _____ Phone _____

Street Address _____ City, State, Zip _____

Job Title _____ Salary _____ Date From/To _____ Nature of Work _____

Reason for leaving _____ Supervisor _____

May we contact the employers listed above? Yes _____ No _____

If no, indicate below which ones you do not want contacted and explain why: _____

PERSONAL REFERENCES

Please list the names of 2 personal references (Excluding former employers or relatives)

1. _____
 Name _____ Phone _____

 Address _____ # of years known _____

2. _____
 Name _____ Phone _____

 Address _____ # of years known _____

How did you learn about **In-Home Assistance**? _____

EXPERIENCE

Please check those patient care skills in which you have recent working experience:

- | | |
|--|--|
| <input type="checkbox"/> Hot water bottle | <input type="checkbox"/> Post-mortem care |
| <input type="checkbox"/> Ice bags | <input type="checkbox"/> Range of motion |
| <input type="checkbox"/> Assist w/ambulation | <input type="checkbox"/> Shampoo |
| <input type="checkbox"/> Back rubs | <input type="checkbox"/> Sitz bath |
| <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Supervise ADLs |
| <input type="checkbox"/> Feed patients | <input type="checkbox"/> T P R |
| <input type="checkbox"/> Assist w/bedpans, urinals | <input type="checkbox"/> Tub bath/bed bath |
| <input type="checkbox"/> In-take, Out-put | <input type="checkbox"/> Turn/position patient |
| <input type="checkbox"/> Oral hygiene | <input type="checkbox"/> Treat Decubiti w/o meds |
| <input type="checkbox"/> Personal care | <input type="checkbox"/> Weigh patients |

Please explain any additional skills/experience you have with special equipment, tests, examinations and specialty areas in which you have worked: _____

Do you have liability or malpractice insurance? Yes _____ No _____

I certify that the information herein is complete and true and that any material omission or misrepresentation shall be sufficient cause for removal from the referral services of **In-Home Assistance**.

Signature _____ Date _____



(APPLICANT --- KEEP THIS COPY FOR YOUR RECORDS)

ATTENDANT SMOKING/DRINKING/DRUG POLICY

To protect the health and safety of our clients, all attendants employed by the clients of In-Home Assistance must refrain from smoking, drinking or using recreational drugs while in the presence or home of their employer. Unless the employee is given explicit permission by the employer, there is no smoking allowed under any circumstances, while drinking and drug use is absolutely prohibited.

I acknowledge receipt of a copy of this Attendant Smoking/Drinking/Drug Policy and understand that, by my signature below, I agree to adhere to this policy.

Date

Attendant Signature



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Date

Attendant Signature



RULES FOR CONSERVATORSHIP HOUSEHOLDS

1. *Patient is never left alone.*
2. *All medications and dosages are recorded as given on a daily basis.*
3. *All activity, vital signs, and any significant information is logged daily in the log book.*
4. *Daily household duties are as follows:*
 - a. *Client is showered or bathed at least 3 times per week*
 - b. *Cooking of three nutritious meals per day plus snacks*
 - c. *Grocery shopping weekly*
 - d. *Laundry*
 - e. *Dusting, vacuuming, wipe up of kitchen and bathrooms*
 - f. *Manage household cash*
5. *Payroll is issued on the 1st and the 15th of each month, not before. A time card must be kept and signed when receiving a check. A W4 must be provided for proper tax withholding.*
6. *The conservator must be notified of any illness or emergency situation.*
7. *911 should be called if a patient suffers a fall (do not attempt to move) or is having trouble breathing, has fainted, or shows any other serious symptoms of failure. The conservator is notified after 911 is called.*
8. *Caregiver must take all personal belongings after leaving clients home.*

I HAVE READ AND UNDERSTAND THE ABOVE REQUIREMENTS.

Signature

Date

Print Name



JOB DESCRIPTION FOR CERTIFIED NURSE'S AIDE/HOME HEALTH AIDE

Education: High school graduate preferred. Formal training and/or certificate as a CNA/CHHA when required.

Functions: The CNA/CHHA assists in providing nursing care by performing simple unskilled nursing tasks as permitted by the state. Activities may include but are not limited to:

1. Supervising ADLs (Activities of Daily Living).
2. Encourage client in self-help.
3. Following through on use of special equipment.
4. Turning and positioning patients.
5. Assisting with ambulation.
6. Assisting/encouraging client to follow exercise program.
7. Assisting with ROM (Range of Motion) exercises.
8. Assisting client to:
 - a) chair
 - b) bed
 - c) commode
9. Giving bedpan and urinal.
10. Assisting/giving bath:
 - a) complete
 - b) partial
 - c) tub
 - d) shower
11. Measuring and recording intake and output.
12. Giving back rubs.
13. Providing oral hygiene including care of dentures.
14. Providing care of hair.
15. Changing bed linens.
16. Taking and recording TPR (Temperature, Pulse, Respiration) and blood pressure.
17. Changing simple dressings (non-sterile technique).
18. Reinforcing dressings.
19. Preparing simple meals following dietary instructions.
20. Assisting with eating.

(please turn over)
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21. Maintaining clean and neat environment.
22. Maintaining required records.
23. Accompanying client outside the home when needed.
24. Safeguarding equipment and supplies.
25. Providing or assisting with postmortem care.
26. Assisting client with prescribed medications that are ordinarily self-administered.
27. Testing urine for sugar and acetone.

Responsibilities: The IN-HOME ASSISTANCE CNA/CHHA accepts responsibility for her/his own actions and:

1. Provides necessary information to verify experience.
2. Presents IN-HOME ASSISTANCE with evidence of health status as required.
3. Informs IN-HOME ASSISTANCE of availability.
4. Accepts only an assignment for which they are qualified.
5. Practices safely and competently within the job description.
6. Communicates with IN-HOME ASSISTANCE about problems and other concerns.
7. Reports her/his gross wages weekly to IN-HOME ASSISTANCE.

I HAVE READ AND UNDERSTAND THIS JOB DESCRIPTION AND EXPLANATION.

Signature

Date



JOB DESCRIPTION/COMPANION

Education: High school graduate preferred. Documented knowledge of basic patient care.

Assignment: The Companion is assigned to the home care client and a Companion may be assigned to live in the client's home.

Functions: The Companion provides companionship services to the home care client. Activities with individual clients may vary and include:

1. Providing companionship such as:
 - a) Reading
 - b) Talking
 - c) Listening
 - d) Related psycho social activities
2. Providing escort services such as taking client to doctor, shopping or on short trips.
3. Providing light housekeeping tasks such as preparation of the client's meals or laundering of client's personal garments.

Responsibilities: The IN-HOME ASSISTANCE Companion accepts responsibility for her/his own actions and:

1. Provides necessary information to verify experience.
2. Presents IN-HOME ASSISTANCE of health status as required..
3. Informs IN-HOME ASSISTANCE of availability.
4. Accepts only assignments for which they are qualified.
5. Practices safely and competently within the job description.
6. Communicates with IN-HOME ASSISTANCE about problems and other concerns.
7. Reports each week their gross wages to IN-HOME ASSISTANCE.

I HAVE READ AND UNDERSTAND THIS JOB DESCRIPTION AND EXPLANATION.

Signature

Date



LETTER OF INTENT

I understand that I am not an employee of **In-Home Assistance**. I understand that I am employed solely by the patient or family that I am referred to and hired by. Furthermore, I understand that I am responsible for my own actions and any liabilities that stem from a job lead I have received from **In-Home Assistance**. I understand that I am solely responsible for reporting all State and Federal taxes as required by law. I accept these terms and agree to all terms set forth.

Signature _____ Date _____



At In-Home Assistance, we are highly committed to providing stable, loving, caring and qualified caregivers to our clients. We depend on your honesty and on your good sense when dealing with your employers. Unfortunately, we have had some workers who fail to realize that they are to act professionally while in the client's home, or who do not use good judgement in their dress, manners, or actions. Below is a list of do's and don'ts that you must follow if you want to be referred through this agency:

DO NOT, UNDER ANY CIRCUMSTANCES:

- Bring children, husband, friends or relatives to an interview OR while on a case.*
- Leave a case without calling and getting the O.K. from our agency.*
- Walk off a case and/or abandon a patient (if you have a problem, call us).*
- Send another person to fill in for you (if you need relief, call us and we will get someone).*
- Wear perfume on interviews, at client's home or in our office. Many people are allergic.*
- Give out the client's phone number to friends and family (you may give the number to one family member to use in the event of an emergency.)*
- Give out our phone number to your creditors, etc. We are NOT your employer.*
- Use a client's credit cards, borrow money or ask for an advance from the client.*
- Dress in revealing, too tight or too short, dirty or sloppy clothing (wear white lab coat if possible on interviews, then ask how the client would like you to dress while working).*
- Change the client's living area, rearrange drawers or furniture, unless asked to by client. Tell your personal problems and troubles to the client (you are there for the client, the client is not there for you!)*
- Forget to call us at the end of the week to tell us the hours you worked and pay you earned.*

PLEASE DO:

- Take the initiative and stay busy while on duty at the client's home. Look for things to do and ways to help make the patient happy and/or comfortable. Don't wait for the client to tell you to clean or pick up. Ask and do things thoroughly and cheerfully.*
- Remember that you are a visitor in the client's home. This is your place of employment, to be treated in a respectful way. Be on time and show up when scheduled. Always remember that it is someone else's home, not yours.*
- Always remember that we are here for you as well as the client. If you are having problems with a particular case, or have any questions regarding care, let us know. You can call us anytime, day or night, if you need us. If in doubt about anything, ask us first. Your good performance benefits the client, this agency and YOU. We are here to help you make that happen!*

I have read and understand the above conditions and agree to comply with the terms as stated.

Print Full Name _____

Signature _____ *Date* _____



REFERRAL CONTRACT

Welcome to **In-Home Assistance**! Our purpose is to help people find work they like at a competitive rate of pay. As an independent worker, you have made an exciting and rewarding career choice. We want to see you succeed and we are here to help. In order to accomplish this, we need to explain the guidelines and procedures that will make our working relationship mutually beneficial.

When you apply for referrals with **In-Home Assistance**, you will be filling out forms that will enable us to arrange interviews with suitable clients in need of your particular skills and services. These forms will be placed in your interview packet to show to your prospective employers upon request. During your interview, you and the prospective employer will discuss a rate of pay that is acceptable to you both. Once you are hired, it becomes your responsibility to report to **In-Home Assistance** weekly your wages earned so that we can correctly bill the client. **It is extremely important that you phone In-Home Assistance each payday, or Monday morning at the latest, to report your previous week's earnings.** We need your full cooperation on this to ensure proper and timely billing. Compliance with this policy will ensure a positive working relationship between you the worker and this agency!

There may be times when the prospective employer may try to deal with you directly, and bypass the agency, in order to save themselves the referral fee. Please remember that we are working hard for you and are trusting you to be honest. If you are not, we will no longer refer you for jobs, and there may be legal ramifications for you and the client.

Again, we would like to thank you for choosing **In-Home Assistance**. We are looking forward to a long and profitable working relationship. Please remember that you are always welcome to stop by our office for coffee and conversation. You are important to us!

I have read and understand the above Referral Contract and agree to comply with the terms as stated.

I (Please print Name and Address) _____

_____ understand and agree to act as an independent worker for **In-Home Assistance**, located at : 1932 Eastman Ave., Suite 102, Ventura, CA 93003

Signature _____ Date _____

Authorized I-HA Signature _____



REFERENCE REQUEST

I have applied to In-Home Assistance for employment, and I desire that they be fully advised of my employment record with your organization. I, therefore, request that you furnish the necessary information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing the information requested.

SIGNATURE OF APPLICANT WITNESS DATE

Employee please complete:

Name _____ SS# _____

Employment Dates _____ to _____ Position _____

Company Name _____

Address _____

Employee's Reason for Leaving _____

Employer: We appreciate your replies to the following questions. All information will be held in strict confidence for our own use and benefit, without prejudice or liability on your part. A stamped, addressed envelope is enclosed for your convenience. Thank you.

The information indicated above is correct: _____ Incorrect: _____
If incorrect, please note any discrepancies: _____

Evaluation: (Excellent, Good, Fair, Poor)
Ability _____ Performance _____ Cooperation _____
Attendance _____ Initiative _____ Personality _____

Would you re-employ? Yes _____ No _____ If not, please give reason: _____

Did this employee ever suffer from an injury or severe illness resulting in reduced capacity or lost work time? _____ If yes, please explain: _____

Date _____ Signed _____ Title _____