CHOOSING A HOME CARE AGENCY

First, consider what your needs and wishes are. Write down this information so you will remember it when talking to the agency. Being clear about these basics during your first contact with the agency may save time and prevent disappointment.

**How do I plan to pay for the service?** ______________________________________________________
(Medicare, Medicaid, private insurance, out-of-pocket? Have I talked to my doctor about a referral? Have I checked to see if my insurance will cover this?)

**What do I want them to help with?** __________________________________________________________
(For example, bathing, dressing, housekeeping, meal preparation, grocery shopping, transportation, companionship, “sitter” service, etc. Will they need to provide “hands-on” care? Do I also need skilled services such as physical therapy or nursing?)

**When do I want them to come?** _______________________________________________________________
(How often, what days, for how many hours per visit, etc. Is this a short-term or a long-term need? How flexible can I be about scheduling? How soon does service need to start?)

**Are there any special needs or requests?** ____________________________________________________
(Male aide, strong aide for large patient, aide who has worked with dementia patients, non-smoker, etc.)

Once you have considered your own needs, you are ready to start finding out what the agency has to offer. Some questions that may be helpful are:

**NAME OF COMPANY** ______________________________________________________________________
If paying privately, do they offer “private duty” services? __________________________________________
What are their basic hourly charges? ___________________________________________________________
Are there overtime charges, or higher charges for evening or weekend coverage? ____________________
Do they offer the kinds of services I need? ______________________________________________________

What hours of the day are they available? _______________________________________________________
When would they be able to start? _____________________________________________________________
Can they provide services on holidays if needed? _________________________________________________

Can they meet my special needs or requests? ____________________________________________________
Will the same person provide service at each visit? _____________________________________________
What happens if the aide is sick or goes on vacation? _____________________________________________

Are they licensed by the Division of Health Services Regulation? _________________________________
How many years have they been in business? ___________________________________________________
Are they accredited? _________________________________________________________________________
Do they perform staff background checks and bond their employees? _______________________________
Do they have liability insurance? _______________________________________________________________
Can they provide references? _________________________________________________________________