

RESEARCH CHECKLIST — IN-HOME CARE

Use this checklist when you call in-home service providers, to take notes and keep track of your impressions. You can file the completed checklist with any brochures or other correspondence you receive.

Provider name | _____ Date | _____

Phone number | _____

Website | _____ Email | _____

FIRST IMPRESSIONS

YES NO

Was the phone answered quickly? YES NO

Was the person answering the phone courteous and friendly? YES NO

Was the person answering the phone able to answer your questions? YES NO

Notes: _____

QUALIFICATIONS

YES NO

Is the service provider an agency (as opposed to an independent caregiver)? YES NO

How long has the agency been in business? _____

Does this agency provide private duty care as well as home health care?
(Home health is covered by Medicare, while private duty is not.) YES NO

Is the agency licensed by the state? YES NO

Does the agency perform background checks on its caregivers? YES NO

Is the agency certified by Medicare? YES NO

Notes: _____

QUALITY OF CARE

YES NO

Does the agency provide continuing education? YES NO

Are the caregivers licensed and insured? YES NO

Are the caregivers supervised by the agency? YES NO

Will the agency provide a different caregiver if you don't like the first one? YES NO

Are you able to contact the agency 24 hours a day, 7 days a week? YES NO

Notes: _____

OVERALL IMPRESSIONS: _____
