Alternatives® for Seniors

Helping Seniors and Families Since 1992

– Home Care –

Online Services & Amenities Checklist

Company Name: _____

Contact: _____ Title: _____

Address: _____

City: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone: (_____) _____ Fax: (_____) _____

Email Address: _____

Website Address: _____

Instructions: Please review all 5 categories. Please indicate which service are available at your company by placing a checkmark next to the ones that are available. **NOTE:** the Fees category, #3, ***enter the lowest daily rate available***.

Form can be faxed to (800) 350-0771 **** You can not add or rename items listed.****

1 Services

(Add check mark if item is available)

____ 24-Hour Service
____ Dietary Counseling
____ Home Care Aides / Services
____ Homemaker Services
____ Live-In Care
____ Multi-Lingual Staff
____ Personal Care
____ Respite Care
____ Social Work / Counseling
____ Transportation / Errands

2 Medical Services

(Add check mark if item is available)

____ Home Infusion Therapy
____ In-Home Lab / X-Ray Service
____ Licensed Nursing
____ Medication Management
____ Physical / Occupational Therapy
____ Private Duty Nursing
____ Rehabilitation Therapy
____ Skilled Care
____ Wound Care

3 Fees:

(Add check mark if item is available)

____ Medicaid / Medi-Cal
____ Medicare

***** Enter the lowest rates available***

Daily Rate from $ _____

Hourly Rate from $ _____

Minimum Hours: _____

4 General Information

(Add check mark if item is available)

____ Bonded / Insured
____ Criminal Check

5 Areas of Service

Serving ALL Areas? ___ **Yes** ___ **No** (please specify service area below - sections A & B)

A. We serve the folowing county /counties

_____
_____
_____
_____
_____
_____
_____
_____

B. Not serving full county? Please list the cities in your service area:
(if not serving the entire city, list city AND zip codes)

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____