



Dear Caregiver,

Thank you for your interest in AmeriCare Alliance we are always looking for experienced caregivers with a heart for caring for others in need. Attached is our AmeriCare Questionnaire. Please complete it in full, and call me at (707) 447-7734 to set up a meeting. When we meet, I will have other forms for you to complete. It is important to note, we will be working with you in the capacity of a **1099/caregiver**. That means we will **not** be taking out your taxes; **you will need to plan to do that yourself**.

The assignments I will be placing you on will be varied in length. However, I will do my best to put you on an assignment that is not only convenient to your home but also in line with your work requirements. Once you complete the application, please call me to meet. Our orientations are held every Thursday at 3:30p.m. Please call (707) 447-7734 at least 24 hours in advance to reserve your seat. **Please bring with you your driver's license, auto insurance, any work certifications, VISA if applicable, and proof of TB screening**. I will then copy these for your file.

Thank you for your interest in AmeriCare Alliance, and I look forward to meeting you!

Sincerely,

Qiana Price
Sally Price
AmeriCare Alliance



CAREGIVER QUESTIONNAIRE

A referral agency
www.americarenorcal.com
 831 Alamo Drive, Suite 4A
 Vacaville, CA 95688
 707 447-7734
 707 447-7735 (fax)

Better Companions. Better Care.

CONTACT INFO	Full Legal Name		
	Current Address		
	Previous Address		
	Email		
	Home Phone	Cell Phone	Work Phone
	Emergency Contact	Relationship	Phone Numbers

TRAINING SKILLS	Can you provide documentation that you are able to work in the United States?	Yes/No
	Do you speak, read, or write more than one language? If so, what other language(s)?	Yes/No
	Do you have a current Certified Nursing Assistant (CNA) certificate or Home Health Aid (HHA) certificate? If yes, list the expiration date:	Yes/No
	Did you ever receive training for CNA or HHA? Where?	Yes/No
	Educational degrees received:	
	Certificates and training applicable to the service industry:	
	Years of experience in the Caregiving industry:	

PREFERENCES	Can you be called at the last minute in case of an emergency?	Yes/No
	Will you work a minimum of one hour at a location?	Yes/No
	Can you perform the essential functions of a caregiving person?	Yes/No
	Hourly Contract Rate desired:	Years of experience in the Caregiving industry:
	What areas do you prefer to work?	
	Will you work for clients who smoke and/or have pets?	Yes/No

DRIVING	Do you have a valid driver's license? If no, why?	Yes/No
	Do you have dependable transportation?	Yes/No
	Are you willing to transport clients in your vehicle?	Yes/No
	Can you provide proof of insurance?	Yes/No

Why did you become a caregiver?

CAREGIVER WORK HISTORY

Must record last 5 years of work experience

Employer:		Job Title	
Supervisor		Address	
Phone Number* <small>(contact information must be included)</small>			
Job Performed:			
Dates of work assignment:	From:	To:	Reason for leaving:

Employer:		Job Title	
Supervisor		Address	
Phone Number* <small>(contact information must be included)</small>			
Job Performed:			
Dates of work assignment:	From:	To:	Reason for leaving:

Employer:		Job Title	
Supervisor		Address	
Phone Number* <small>(contact information must be included)</small>			
Job Performed:			
Dates of work assignment:	From:	To:	Reason for leaving:

Personal References

Name:	Phone Number:
Relationship:	How long have you known this person?

Name:	Phone Number:
Relationship:	How long have you known this person?

Please list any other agencies, businesses, or facilities for which you provided caregiving services:

CAREGIVER AVAILABILITY

Indicate the hours you ARE available to work.	Day	Morning	Afternoon	Evening	Night	Live-In
	Mon					
	Tue					
	Wed					
	Thur					
	Fri					
	Sat					
	Sun					

CAREGIVER SERVICES

Please select the services below for which you are qualified and willing to provide by placing an **X** in the box.

<input type="checkbox"/>	GENERAL ADMINISTRATIVE	<input type="checkbox"/>	Companionship & Conversation
<input type="checkbox"/>	Answer the Door	<input type="checkbox"/>	Assist with Walking in and out of Home
<input type="checkbox"/>	Answer the Telephone	<input type="checkbox"/>	Reading to the Client
<input type="checkbox"/>	Appointment Reminders	<input type="checkbox"/>	Letter Writing & Correspondence
<input type="checkbox"/>	Arrange Appointments	<input type="checkbox"/>	Play Mind Stimulating Games
<input type="checkbox"/>	Birthday Reminders	<input type="checkbox"/>	Assist with Entertainment
<input type="checkbox"/>	Clip Coupons for Shopping	<input type="checkbox"/>	Skin Care/Nail Care/Shaving
<input type="checkbox"/>	Organize Mail	<input type="checkbox"/>	Discuss Current Events
<input type="checkbox"/>	Mail Bills & Letters	<input type="checkbox"/>	Participate in Crafts
<input type="checkbox"/>	Oversee Home Deliveries	<input type="checkbox"/>	Play Games/Cards
<input type="checkbox"/>	Supervise Home Maintenance	<input type="checkbox"/>	Weather Awareness
<input type="checkbox"/>	Maintain Client Calendar	<input type="checkbox"/>	Monitor TV Usage
<input type="checkbox"/>	Food	<input type="checkbox"/>	Religious Readings
<input type="checkbox"/>	Prepare Grocery List	<input type="checkbox"/>	Maintain Family Scrapbook
<input type="checkbox"/>	Grocery Shopping	<input type="checkbox"/>	Record Family History
<input type="checkbox"/>	Meal Planning/Preparation	<input type="checkbox"/>	Assist w/ Pet Care-Walking/Cleaning Litter Box
<input type="checkbox"/>	Prepare Future Meals	<input type="checkbox"/>	Provide Pets w/ Food & Water
<input type="checkbox"/>	Meal Clean-up	<input type="checkbox"/>	Daily TLC Phone Calls
<input type="checkbox"/>	Monitor Diet & Eating	<input type="checkbox"/>	Periodic Review with Family
<input type="checkbox"/>	Monitor Food Expirations	<input type="checkbox"/>	SHOPPING
<input type="checkbox"/>	Record/Arrange Recipes	<input type="checkbox"/>	Buy Magazines, Papers, Books
<input type="checkbox"/>	HOUSEKEEPING	<input type="checkbox"/>	Rent & Play VCR/DVD Movies
<input type="checkbox"/>	Care of House Plants	<input type="checkbox"/>	Drop off/Pick-up Dry Cleaning
<input type="checkbox"/>	Laundry & Ironing	<input type="checkbox"/>	General Shopping
<input type="checkbox"/>	Change Linens	<input type="checkbox"/>	TRAVEL & ENTERTAINMENT
<input type="checkbox"/>	Make Beds	<input type="checkbox"/>	Escort to Appointments
<input type="checkbox"/>	Dust Furniture	<input type="checkbox"/>	Plan Visits and Outings
<input type="checkbox"/>	Light Housekeeping & Overall Upkeep	<input type="checkbox"/>	Visit Neighbors and Friends

<input type="checkbox"/>	Organize and Clean Closets	<input type="checkbox"/>	Escort to Lunch or Dinner
<input type="checkbox"/>	Take Out Garbage	<input type="checkbox"/>	Incidental Transportation
<input type="checkbox"/>	MEDICATION	<input type="checkbox"/>	Attend Plays or Concerts
<input type="checkbox"/>	Medication Reminders	<input type="checkbox"/>	Attend Religious Services
<input type="checkbox"/>	Drop-off/Pick-up Prescriptions	<input type="checkbox"/>	OTHER
<input type="checkbox"/>	PERSONAL	<input type="checkbox"/>	Other Duties: Please list below
<input type="checkbox"/>	Clothing Selection and Dressing	<input type="checkbox"/>	
<input type="checkbox"/>	Exercise (assisted or unassisted)	<input type="checkbox"/>	
<input type="checkbox"/>	Bathing (tub, bed, shower or sponge)	<input type="checkbox"/>	
<input type="checkbox"/>	Grooming & Mouth Care	<input type="checkbox"/>	