CAREGIVER QUALIFICATIONS

Please read through each item carefully and check *only* the items you know you can *properly* perform for our Clients. Please do *not* check an item if you have no or little experience with it.

Companion ___ HHA ___ CNA ___ 1st Aid/CPR ___ Certificate #: _____ Expires: ___/___/___

Nurse Aide ___ LVN ___ RN ___ License #: _____ Expires: ___/___/___

Check the job skill you have experience in and can *PROPERLY* perform:

- ☐ Giving injections
- ☐ Tube Feeding
- ☐ Patient Positioning
- ☐ Catheter/Colostomy Care
- ☐ Bed Bath
- ☐ Oxygen Administration
- ☐ Bed Pan
- ☐ Ambulation Assistance
- ☐ Heavy Patient lifting & transfer
- ☐ Hoyer Lift
- ☐ Bathing Assistance
- ☐ Dressing/Grooming Assistance
- ☐ Range of motion exercise

Check the following conditions/diagnoses with which you have experience and skills to *PROPERLY* care for our Clients:

- ☐ Hospice
- ☐ Bedridden
- ☐ Alzheimer's
- ☐ Dementia
- ☐ Stroke
- ☐ Parkinson's
- ☐ Cancer
- ☐ Diabetes
- ☐ Alcoholism
- ☐ Incontinence (diapers)
- ☐ Osteoporosis
- ☐ Visual Impairment
- ☐ Paralysis
- ☐ Amputee
- ☐ Decubiti Ulcer
- ☐ Arthritis
- ☐ Chemotherapy/Radiation Treatment
- ☐ Hearing Impairment
- ☐ Fractured Hip
- ☐ Hepatitis
- ☐ Cataract Removal
- ☐ Malnutrition
- ☐ Brain Tumor
- ☐ Speech impairment
- ☐ Ventilator Dependent
- ☐ Quad/Paraplegic Care
- ☐ Intravenous Therapy
- ☐ Congestive Heart Failure
- ☐ Dialysis
- ☐ Shingles
- ☐ Pneumonia

Check the other services you are able to *PROPERLY* provide:

- ☐ Plain Cooking
- ☐ Menu Planning
- ☐ Laundry
- ☐ Housekeeping
- ☐ Grocery shopping
- ☐ Ironing
- ☐ Diabetic meals
- ☐ No-Salt meals
- ☐ Errands
- ☐ Launder linens
- ☐ Clean bathroom
- ☐ Load dishwasher
- ☐ Handwash dishes
- ☐ Vacuuming
- ☐ Sweeping

Check the home medical equipment you are able to *PROPERLY* work with:

- ☐ Walker
- ☐ Hoyer lift
- ☐ Hospital bed
- ☐ Wheelchair
- ☐ Oxygen tank
- ☐ Posey belt
- ☐ Gate belt
- ☐ Bood pressure kit
- ☐ Thermometer
- ☐ Blood sugar reading kit

DECLARATION: *I hereby certify that the information I have submitted is true and accurate to the best of my knowledge.*

Signature: _____ Date: _____ / _____ / _____