

# Home Care Toolkit

created by  
**H.E.L.P.**®

Many individuals prefer to receive the care they need at home, rather than in a board and care, assisted living or skilled nursing facility. H.E.L.P. created this Home Care Toolkit to assist older adults, their families and others planning for or dealing with home care.



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*This toolkit gives general information, not specific advice on individual matters. The information given is not meant to replace professional assistance. Persons wanting individualized advice should contact an experienced and capable advisor.*

## H.E.L.P.

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## 1. Determining Needs; Needs Inventory

How much care does your family member need? What kinds of care? By taking a **needs inventory**, you can assess how well the person functions in daily activities. You'll evaluate how well the person does in bathing, dressing, grooming, using the toilet, eating, shopping, preparing meals, taking medication, managing money and doing housework. You will also assess memory and cognitive functioning.

### *How is an assessment done?*

You can do one yourself with a tool like the "Needs Inventory" form at the back of this document, or a professional from a care agency or social services agency can do it for you. Be sure to get copies of any completed assessments.

### *What it can tell you*

It can help show you what kind of assistance (and caregiver skill) is needed – by tabulating how well the person functions in each area. Home/personal care aides can assist with care such as bathing and dressing. A homemaker/choreworker can help with shopping, meal preparation and housework. If your loved one has medical needs, such as injections or oxygen, a home health-care worker is needed. Or needs might be met through other services such as home-delivered meals and money management programs.

See Appendix 1 for our Needs Inventory form.

## 2. Finding, Interviewing and Selecting Caregivers

### **Finding candidates**

You can use referral sources: family friends, trusted professionals or other organizations. You can ask an agency or registry to send you several people to interview.

### **Interview Process**

You can do screening interviews over the phone, before scheduling face-to-face interviews. You do not have to interview every applicant. You may use the "Questions to Ask a Care Provider" form at the back of this document.

When you have a face-to-face interview:

- Have a job description prepared that lists tasks the caregiver is to perform.
- If possible, ask a family member or friend to assist you during interviews.
- Have applicant write down: name, address, contact telephone number(s).
- Before interview ends, review your questions.
- After applicant leaves, make notes about the interview and discuss.
- Always check references before hiring.
- Ask for one personal and two work-related references.
- Inform applicant that you will be doing a background check, prior to their beginning employment.

### **Sample Interview Questions**

- What kind of work have you done in the past?
- Do you consider yourself a patient person? Give me an example.
- What makes you upset or angry?

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- What tasks have you performed in caregiving jobs before?
- Have you cared for an older adult before? Tell me about it.
- Is there anything that I should know about you or your situation that would make it difficult for you to do this job for the next year or more?
- Are there any tasks listed in the job description that you are uncomfortable performing?
- What has been your biggest challenge and how did you handle it? How do you handle a difficult person or situation? Give an example.
- Have you had a health or background check?

### Sample Questions for Reference

- How long have you known her/him?
- What is your relationship?
- Would you hire this person again? Was she/he reliable, trustworthy?
- Is there anything that you are aware of that would cause you to be concerned about him/her?
- What are the person's strengths, weakness?

### Health and Background Checks

Some county public health services provide TB testing and physical examinations (check the government pages of the phone book for the County Health Department). In Los Angeles County, clinic locations can be found at [ladhs.org](http://ladhs.org). TB testing should be updated once a year.

Background checks are available online for a fee. Some agencies will conduct a background check as part of their pre-employment screening. Be sure to ask the agency about background checks; be sure to inform the potential caregiver that you will be doing a background check as part of pre-employment information.

## 3. Things to Cover in a Written Contract

You should have a written contract that is formal and spells out specific duties. Make a copy for the caregiver and the employer. The contract should be signed and dated by **both** the caregiver and the employer.

The contract should include at least the following:

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>▪ Name and address of Caregiver</li><li>▪ Name and address of Employer</li><li>▪ Phone numbers and e-mails of Caregiver</li><li>▪ Phone numbers and e-mails of Employer</li><li>▪ Benefits (mileage reimbursement, meals, vacation, holidays, continuing education) and wages (including tax withholding)</li><li>▪ Terms of Payment (e.g. weekly, bi-weekly, monthly)</li><li>▪ Days and hours expected to work</li><li>▪ Caregiver Social Security Number</li><li>▪ Evaluation period</li><li>▪ Household duties</li><li>▪ Job Description (list of responsibilities such as personal care tasks, household</li></ul> | <ul style="list-style-type: none"><li>▪ chores, meal preparation and clean-up expectations, medication management, expected behaviors, etc.)</li><li>▪ Vacation/Holiday/Sick Time Policy (how many days will be available per year and how they are accrued; What notice should be given for vacation days; and absence notification. Absence notification might also include the stipulation that the client must not be left alone.</li><li>▪ Lateness/Illness/Termination Policy (rights to end the employment, including any required notice by either party).</li></ul> |
|---|--|

## 4. Creating and Following a Care Plan

A care plan includes *Needs* identified through an assessment, *Intervention* (with options and possible solutions on how goals will be achieved), and *Goals and Timeframe* for the individual receiving care. The Care Plan should be updated monthly, and more often as the status of the individual changes over time.

Shown below is a sample of items that might be covered in a Care Plan. See Appendix 1 for a blank form for a Care Plan.

**Sample Care Plan for:** Barbara Jones **Date:** 1/3/2010

Need	Intervention	Goal and Timeframe
Not eating, losing weight	Meal preparation – possible sources: - Caregiver prepares meals - Meals on Wheels service - Family members bring meals	Increased nutrition Measure weight weekly
Unable to work faucets for shower – does not shower	Assistance with bathing	Improved hygiene and self-esteem See if hygiene improves after 2 weeks
Falls when walking	Remind to use walker or other assistive device	Evaluate number of falls after 2 weeks
Unable to transfer from bed to wheelchair	Install lift or grab bar over bed Caregiver to assist in transfer	Demonstrate improved ability to transfer after 2 weeks
Forgets to take medication or takes wrong dosage	Caregiver to remind / assist individual with medications  Set alarm clock or computer reminder	See if medications are kept more compliant after 1 week

## 5. Creating and Following a Care Log

Daily and other activities performed to meet the Care Plan should be kept track of in a Care Log.

See Appendix 1 for blank pages that can be copied and used for the Care Log, and kept in a looseleaf binder or other system that works for you. Pocket dividers, envelopes or plastic bags should be included to hold receipts, medication notes. Customize to meet your needs.

**Categories of care**

- Skilled Care – medical or skilled care delivered in the home or at a doctor’s office
- Skilled Therapy – skilled therapy appointments conducted at home or at an office appointment
- Activities and personal care – non-skilled care for the individual to remain in the home, e.g.
  - Cooking, meal preparation, eating
  - Activities (walks, naps, TV, outings, visitors, etc.)
  - Mood (behavioral problems, confusion and alertness issues)
  - Contenance of bowel and bladder – note toileting or changing time
  - Transferring – note what kind of transfer – bed to wheelchair, wheelchair to car, etc.
  - Ambulating – how far? Note with assistive device (e.g. walker) or independently
  - Bathing, shampoo, dressing, toileting, oral hygiene – note time and type
  - Errands and shopping (personal item, clothes service)
  - Transportation – provided by caregiver’s car or individual’s car? By bus?
- Housekeeping – laundry, cleaning dishes, floors, dusting, vacuuming
- Medical Matters
  - Transportation to appointments
  - Complete Medical appointment log (date & time)
  - Notify, agent, family member, conservator or care manager of any change in medication, client’s condition or transfer to hospital or nursing home

**Caregiver Notes**

Caregivers should also have a place for notes from the caregiver to the family or the next caregiver coming on a shift. See Appendix 1 for a blank form you can copy.

**Sample Care Log Entries**

**Category: ✓ Skilled Care**

Date/Time	Type of Activity	Notes
1/3, 8 AM	Feeding Tube care	Checked position, cleaned feeding tube
1/5, 10 AM, 2 PM, 4 PM, 8 PM	Respirator care	Checked for liquid build-up, emptied and cleaned / sanitized parts; changed tubing with new parts
1/10, 10 AM	Intravenous	Visiting RN provided medication care for client

**Category: ✓ Skilled Therapy**

Date/Time	Type of Activity	Notes
1/6, 9:30 AM	Physical Therapy (PT)	PT came to home, provided exercise for client, 30 minutes
1/9, 2 PM	Speech Therapy	Therapist came to home, provided therapy for client, 45 minutes; included assessment of chewing and swallowing
1/12, 9 AM	Occupational Therapy (OT)	OT observed and assisted client in brushing hair, brushing teeth

**Category: ✓ Activities and Personal Care**

Date/Time	Type of Activity	Notes
1/3, 7:30 AM	Shower / Grooming	Assist getting into shower, client shampooed and scrubbed self; assist drying off, put on lotion. Client chose own clothes and put on shirt with little assistance.
8:45 AM	Breakfast	Prepared breakfast for client – 1 scrambled egg, 2 slices toast, juice, coffee, applesauce with some medications – ate well
9:30 AM		Mood – upbeat, alert, asked to go outside and sit in the garden
10 AM		With walker, walked from living room to garden. Assisted getting over patio door track. Stayed outdoors for ½ hour.
10:15 AM	Contenance	Assisted client in going to the bathroom
10:30 AM	Transfer	Assisted client in lying down on bed

**Category: ✓ Housekeeping**

Date/Time	Type of Activity	Notes
1/3, 9:45 AM	Dishwasher	Finished loading dishwasher; ran cycle
1/3, 11 AM	Laundry	Did client laundry, folded and put away
1/5, 2 PM,	Vacuum/Dust	While client napped, vacuumed and dusted living room and second bedroom
1/5, 4 PM	Changed linens	After client awoke from nap, changed bed linens on the bed
1/10, 1 PM	Shopping	Took client to grocery store for supplies

**Category: ✓ Medical Matters**

Date/Time	Type of Activity	Notes
11/23, 9 AM	Dr. Smith	Blood drawn, will call with results on 11/24, checking on blood-thinning meds
11/24, 1 PM	Dr. Smith	Called with results, all is normal; also calling daughter
12/10, 10 AM	Dr. Matsuda	Annual eye exam/glaucoma check, change prescription; ordered new glasses

**Caregiver Notes**

Date/Time	Notes
1/3	Client ate well today. Didn't want to take meds at lunchtime. Complained about being too hot/too cold during nap but slept well (1 hour). Brushed teeth in the afternoon and evening, only needed assistance to get the toothpaste out. Walked outside to garden in the morning and afternoon with walker. Did not want to walk down the block. Did not want to talk to daughter when she called on the phone. Cooperative in getting ready for bed. Toileting – used Depends during nap, woke up with BM, but client used toilet other times during the day (no accidents).

## 6. Medications and Log

It is important to chart dosages of medications, by whom prescribed, and when they are to be taken. Medications should be kept in a secure location (out of sight). Use daily-weekly container to sort medications. See Appendix 1 for blank medication lists and log pages.

### Sample: Current Medications and Dosages

Name	Dosage (how much?)	Frequency (how often?)	Prescribed by
Klor-Con	2 tablets (10 mEq each)	1/day with meal	Smith
Furosemide	80 mg (1 tablet)	1/day	Smith
Cosopt	1 drop both eyes	2 times/day	Jones
Mirapex	.5 mg (1 tablet)	3 times/day	Smith
Neurontin	300 mg (1 capsule)	1/day	Peck
Zoloft	50 mg (1 tablet)	1/day	Brown

### Sample: Medication Usage Log

Date/Time	Type of Medication	Notes
1/10 8:30 AM	Klor-Con	1 tab with meal
Same	Furosemide	1 tab with meal
Same	Cosopt	Eyedrop administered both eyes
Same	Mirapex	1 dose with meal
1/10 noon	Neurontin	Administered for pain (hip)
Same	Mirapex	1 dose with meal
1/10 4 PM	Zoloft	1 tab with snack
1/10 8 PM	Trazodone	1 tab at bedtime
Same	Cosopt	Eyedrop administered both eyes
Same	Mirapex	1 dose at bedtime

## 7. Important Contact and Other Information

See Appendix 1 for our blank page covering important contact and other information.

## 8. Handling Money; Tracking Mileage

- See Appendix 1 for our blank Money Log and Mileage Log pages.
- Discuss financial matters. Give no access to personal checking accounts or credit cards. Many businesses accept gift cards and pre-paid cash cards so the caregiver does not have to carry a great deal of cash.
- The caregiver should keep and provide receipts for all transactions. Receipts should be put promptly in the receipts pocket or envelope.
- Mileage can be reimbursed if the caregiver drives his or her own car.
- Bus fares can be paid by tokens or small change.

### Sample Money Log Entries

Date	Merchant / Item	Cost (how paid)	Purpose / Notes
1/5	CVS / Sundries	\$15.82 (cash card)	Shampoo, Soap, Laundry detergent
1/8	Macy's / Underwear	\$35.00 (gift card)	Replace underwear for client
1/10	Dr's Office / Co-payment	\$15.00 (cash card)	Routine appointment (see medical notes)

### Sample Mileage Log Entries

Date	Where / Purpose	Notes / Distance
1/5	CVS	4 mi. round-trip (r/t)
1/8	Macy's	10 mi. r/t
1/10	Dr's Office	7 mi. r/t

## 9. Inventory of Care Recipient's Belongings

An inventory of personal belongings should be made in advance. Photos or videos should be made of the specific items such as jewelry, artwork, and other household or clothing items of financial or sentimental significance. If items are extremely valuable or irreplaceable, you may want to remove them from the home.

See Appendix 1 for a blank pages for an Inventory of Belongings.

## 10. Supervision, Communication and Problem-Solving

Supervision of a caregiver is a problem-solving device that provides accountability and a place for the caregiver and the family to go with problems.

If you are hiring the caregiver yourself, you must provide supervision. A Geriatric Care Manager will often provide supervision for an in-home caregiver. In addition, some senior service agencies have the ability to provide supervision for caregivers.

Plan weekly meetings with the caregiver. Review activities log and receipts with caregiver. Discuss problems he/she may be having in performing any tasks or any misunderstanding concerning responsibilities.

### *Communicate, Listen, Problem Solve!*

- Give praise for a specific situation or event
  - Example: "I appreciate your effort to be here on time."
  - Example: "Thank you for taking such care to make sure my mother is dressed and ready to go when I pick her up."
- Give criticism for specific task and explain how it can be done better.
  - Example: "You did a good job cleaning the kitchen. Next time use the cleaning products and cloths from the laundry room."
- Don't let small irritations add up.
- Let the caregiver know he/she is appreciated.
- Let the caregiver know how they might improve.

- Let the caregiver know what is important to you.
  - Example: “My father enjoys a good hot meal. A hearty homemade chicken soup is his favorite.”

If you are unhappy with the service that you are receiving from a caregiver, the first step is to communicate with the individual to see if the problem can be solved. Speak up promptly; don't let problems linger and add up. If the situation does not improve, you can get a new caregiver.

Keep an ongoing written record of discussions. If you have to let the caregiver go, you will have documentation of the discussions that took place.

## **11. Employment Law and Social Security**

### **Insurance**

- If you are hiring a caregiver on your own, verify that your homeowner's or renter's insurance policy covers your caregivers in case of an accident.
- If it does not, look into purchasing a workers' compensation policy or other coverage to cover your caregivers.

### **Taxes and Household Employees**

- The IRS defines a household employee as one who does work for you and you control the work they do and how they do it.
- Be informed about any legal responsibility to pay taxes and report wages, withholding Social Security taxes and reporting them to the IRS. See the IRS [Publication 926, Household Employer's Tax Guide](#), and the section “Do You Need To Pay Employment Taxes?” for specific guidelines about taxes and withholding.
- Be sure to file a W-2 and send a copy to the employee at the end of every year.
- Be sure to file a W-3 form with the IRS.

### **Verify Eligibility to Work**

- Every employee must submit an Employment eligibility verification form (I-9) and the employer must keep it on file to prove eligibility to work in the United States.

## **12. Bonus materials**

### **Sample Newspaper Ad**

“Family seeks caregiver to assist 80 year woman with bathing, cooking, light housekeeping five days a week for four hours a day. Pay \$10 per hour. Call Mary at 555-555-5555 after 6 pm.”

### **Sample Job Description**

(To be modified based on results of the Needs Inventory)

<b>Hours:</b>	7:00 a.m. – 4:30 p.m.; Monday through Friday
<b>Tasks:</b>	<ul style="list-style-type: none"><li>- Personal Care – bathing, shampooing assistance; comb/arrange hair; continence care</li><li>- Medication assistance – comply with schedule and document</li><li>- Meal preparation – three meals/day plus snacks as needed</li><li>- Transport to doctor’s appointments</li><li>- Run errands</li><li>- Transport to outings (senior social groups, movies)</li><li>- Light housekeeping</li><li>- Record-keeping in Care Log, Medication Log</li></ul>
<b>Reports to:</b>	Family member/Geriatric Care Manager
<b>Unacceptable behavior is cause for termination with no notice. This includes:</b>	<ul style="list-style-type: none"><li>- Striking, yelling at the client</li><li>- Smoking inside the house</li><li>- Having personal visitors in the house during work hours</li><li>- Using the telephone for personal (non-emergency) calls during work hours</li><li>- Using the computer for inappropriate communication at any time</li><li>- Falsifying care, medication or other logs</li><li>- Reporting mileage not driven</li></ul>

***Also available from H.E.L.P.***

- *Hiring Home Care Help (Things to Know)*
- *Does Mom or Dad Need Care at Home?*
- *Information about Geriatric Care Managers*
- *The Organizer- Important Information and Location Lists* (see <http://help4srs.org/financial/planningtools/organizer>)

## Needs Inventory

Person Evaluated: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Evaluation Made by: \_\_\_\_\_

Location: \_\_\_\_\_

Activity	Need for Assistance		
	None	Some	A Lot
1. Bathing			
2. Dressing			
3. Feeding			
4. Grooming			
5. Toileting			
6. Transfer			
7. Walking			
8. Laundry			
9. Light housework			
10. Meal preparation			
11. Medication management			
12. Money management			
13. Shopping			
14. Transportation			
15. Telephone use			

Memory and Independence	Yes	No
28. Combative behaviors?		
29. Identify date and time?		
30. Identify place?		
31. Memory problems?		
32. Recognize familiar people?		
33. Wanders?		

#	Comments

Condition	Has Difficulty?		
	None	Some	A Lot
16. Balance			
17. Depression			
18. Diabetes			
19. Hearing			
20. Heart condition			
21. Hypertension			
22. Incontinence, bladder			
23. Incontinence, bowel			
24. Perception			
25. Sleeping at night			
26. Strength			
27. Vision			

Care Plan for: \_\_\_\_\_ Date: \_\_\_\_\_

Need	Intervention	Goal and Timeframe

**CARE LOG** (copy and create separate pages for each category)

Category: \_\_\_ Skilled Care \_\_\_ Skilled Therapy \_\_\_ Activities and Personal Care  
\_\_\_ Housekeeping \_\_\_ Medical Matters

<b>Date/Time</b>	<b>Type of Activity</b>	<b>Notes</b>

**CAREGIVER NOTES**

<b>Date/Time</b>	<b>Notes</b>





## Important Contact and Other Information

<b>Name (plus Nickname)</b>		
<b>Date of Birth:</b>		<b>Place of Birth:</b>
<b>Emergency phone numbers</b>		
Ambulance		
Police		
Fire Department		
<b>Persons to Call in an Emergency</b>		
Name	Relationship to Me	Phone numbers
<b>Close Friends/Family</b>		
Name	Location (city)	Known from where?
<b>Pets (name/type)</b>		
<b>Doctors/Dentists</b>		
Name	Type of Doctor	Phone numbers
<b>Medical Conditions</b>		
<b>Other advisors (Ministers, Attorneys, Accountants, Tax person)</b>		
<b>Important documents (copies to be included behind this sheet)</b>		
Power of Attorney For Health Care (advanced directive) and Agent's phone #s		
Pre-hospital DNR		





### Inventory of Belongings

Name: \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

#	Article Type	Brand Name	Model Number	Color	Size	Serial #	Other i.d. marks	Total purchase price	Description