



## PERSONAL CARE ASSISTANT QUESTIONNAIRE

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

Care Plus Home Health by BHI offers Personal Care Assistance for our campus residents. This questionnaire helps us gather information to understand your specific needs and determine how we can best serve you. Personal Care Assistant services are billed at a private pay hourly fee.

## SELECT YOUR DESIRED SERVICES

- |                                                                                                                              |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Personal Care</b><br>Help with daily activities like bathing, dressing, grooming, and errands.   | <input type="checkbox"/> <b>Light Housekeeping</b><br>Assistance with household chores, including cleaning, laundry, and tidying.                |
| <input type="checkbox"/> <b>Mobility</b><br>Support with moving safely, including walking and transfers.                     | <input type="checkbox"/> <b>Companionship</b><br>Companionship and personalized support with activities and appointments.                        |
| <input type="checkbox"/> <b>Medication Reminders</b><br>Timely reminders and monitoring of medication schedules.             | <input type="checkbox"/> <b>Taking Vitals</b><br>Monitoring vital signs, especially for individuals with health conditions.                      |
| <input type="checkbox"/> <b>Meal Preparation</b><br>Meal planning and preparation tailored to dietary needs and preferences. | <input type="checkbox"/> <b>Feeding Assistance</b><br>Assisting individuals with feeding, including those with physical or cognitive challenges. |
| <input type="checkbox"/> <b>Other:</b> _____                                                                                 |                                                                                                                                                  |

## SHARE YOUR SCHEDULING PREFERENCES

How many visits per week do you anticipate? ☐ 1-2 visits ☐ 3-4 visits ☐ 5+ visits

How many hours per week do you anticipate? (3 Hr. Shift Minimum) ☐ 3-4 hours ☐ 5+ hours

Select your preferred days of the week:

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Select your preferred visit time:

☐ Early Morning ☐ Late Morning ☐ Early Afternoon ☐ Late Afternoon ☐ Evening

**765-393-0618 | [info@careplus-hhc.com](mailto:info@careplus-hhc.com) | [www.careplus-hhc.com](http://www.careplus-hhc.com)**

**When complete, please turn this questionnaire in to your community's marketing team!**