

NAME _____ DATE _____

This form is designed to help caregivers assess their skills and abilities. Do not check a task if you are currently unable or unwilling to do it.

Transferring. I am skilled and physically able to:

- YES NO Do transfers. I can safely lift up to _____lbs.
- YES NO Use a Gait Belt
- YES NO Use a Hoyer Lift

Repositioning. I have the strength and ability to:

- YES NO Reposition a client in a bed or chair

Bathing and personal hygiene. I am able and willing to assist with:

- YES NO Bathing (Shower, bath)
- YES NO Brushing teeth
- YES NO Washing face and hands
- YES NO Shaving
- YES NO Shampoo hair

Toileting. I am able and willing to:

- YES NO Adjust clothes before and after toilet use; wipe and clean
- YES NO Monitor and change adult pads or briefs as often as needed
- YES NO Change soiled briefs/clothes and bathe a bedridden client

Dressing. I am able and willing to:

- YES NO Assist with dressing and putting shoes on

Eating. I am able and willing to:

- YES NO Assist with feeding (cut food to bite size pieces, spoon feed)

Confusion and Disorientation. I have experience and am willing to:

- YES NO Assist clients who are or get confused/disoriented

Agitation

- YES NO I have experience helping people who get very agitated
- YES NO I am willing to assist client who gets agitated Seldom Often

Cognitive Supervision. I am able and willing to:

- YES NO Work with people who have dementia or Alzheimer’s disease.
- I have experience with clients who have dementia or Alzheimer’s in the
- Beginning Stage Mid-Stage Advanced Stage

Medication

YES NO I agree to correctly administer medication.

Homemaker Services. I am able and willing to do:

- YES NO Light house cleaning (wash dishes, sweep, mop, vacuum)
- YES NO Laundry
- YES NO Meal preparation, including cooking
- YES NO Job related errands, shop for supplies, pick-up medication

Transportation

- YES NO I have a valid driver’s license and am able/willing to drive
- YES NO I have automobile insurance coverage
- YES NO I prefer to use my client’s vehicle for work related activities
- YES NO I am willing to use my car for job related activities, and drive client to appointments. I understand that I will be reimbursed at IRS rate.

Special needs assessment. I am skilled and agree to:

- YES NO Change bandages or dressings
- YES NO Administer an Enema Occasional Regular basis
- YES NO Clean/change catheter bag
- YES NO Administer oxygen using an oxygen tank and cannula
- YES NO Speak loudly and clearly to the hard of hearing

Shift Availability

- Morning Start _____ End _____
- Afternoon Start _____ End _____
- Evening Start _____ End _____
- Night Start _____ End _____
- 8 hour shift 12 hour shift 24 hour shift 48 hour shift

Live-in Care I am available for a live-in position YES NO

English language proficiency

- YES NO I am proficient in English
- YES NO I speak English moderately well
- YES NO I speak a little English

I speak the following language(s) _____

It is a bonus, and often recommended, to match a caregiver who speaks Spanish (or Chinese, French, Tagalog, etc.) with a native speaker. Familiarity with the culture, as well as fluency in the language, can be comforting and helpful to a care receiver.

Professional Certificates and Licenses _____

Signature _____ **Date** _____