ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT

Chore (& Minor Home Repairs)

I. Service Capacity

Check off which service(s) and components you can perform:

☐	Heavy vacuuming	☐	Wood cutting
☐	Heavy dusting	☐	Changing of storm doors and windows
☐	Washing floors and walls	☐	Yard work
☐	Dry mopping	☐	Snow removal (shoveling or plowing)
☐	Heavy cleaning bathrooms and kitchens	☐	Cleaning attics and basements
☐	Moving furniture to vacuum	☐	Hoarding cleanout
☐	Defrosting freezers	☐	Bedbug Preparation
☐	Cleaning ovens	☐	Air Conditioner installation and removal
☐	Shampooing carpets/rugs	☐	Other:
What is your proposed rate for Chore Services? Describe any additional charges			

Chore Services - Minor Home Repairs:

☐	Removal of fire and health hazards
☐	Replacing windowpanes
☐	Replacing window and door locks
☐	Installing hand and safety rails
☐	Repairs to stairs or floors
☐	Weatherization
☐	Other Services offered
What is your proposed rate for Minor Home Repair service? Describe any additional charges.	

A. List limitations, if any, to work you are able to perform (All Chore service includes the cost of cleaning supplies and equipment necessary to perform the service)

B. Certain authorized tasks may require a Permit from local governments. In all instances, this will be the responsibility of the Provider. Describe your procedures to assure that all necessary permits have been obtained prior to performance.

C. What are your procedures in the event that estimated costs prove insufficient to complete authorized tasks?

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D. How do you ensure that assignments have been completed with good quality?

E. Describe how you ensure workers are adequately equipped with cleaning supplies and equipment for job.

F. Provide the number of regular full- and part-time employees in the following positions:
Chore workers:
1) Minor home repair workers:

G. Provide the number of per diem contract employees for the following:
1) Chore workers:
2) Minor home repair workers:

II. Staff Qualifications

A. Describe the experience and qualifications you require for chore workers and, as applicable, persons to provide minor home repairs.

III. Training and In-Service Education

A. Describe your procedure for job specific training, including ensuring sensitivity to elders prior to placement.

IV. Supervision

A. Describe procedure for supervision, including frequency, documentation, and credentials/qualifications of supervisors for:
1) Coordinators

2) Chore workers

3) Minor home repair workers (if provided)

ADMINISTRATIVE OVERVIEW
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Provider employee who completed this form

Name: _____ Date: _____

NOTES:
A specific Provider charge for estimating the cost for Minor Home Repairs is not allowed either to the ASAP or Consumer unless a written agreement to this charge has been made. Any cost to be incurred by the consumer must receive prior approval of the ASAP prior to performance.

ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT

Chore (& Minor Home Repairs)

Please note the documents and records which will be required for the Consumer files and/or Employee files to be reviewed at the time of On Site Evaluation

EMPLOYEE Records Review					
Provider Date Monitor					
Start Date & Termination Date, if applicable					
Number of reference checks					
CORI Check					
Orientation date					
Job Description(s)					
Physical: Latest date (if applicable)					
OIG monthly checks					
Ongoing training dates					
Annual Performance Appraisal Date					
Comments					

ADMINISTRATIVE OVERVIEW
SERVICE SPECIFIC ATTACHMENT

Please note the documents and records which will be required for the Consumer files and/or Employee files to be reviewed at the time of On Site Evaluation

CONSUMER Records Review					
Provider Date Monitor					
ASAP Authorization					
ID Info – name; address; phone; DOB					
Emergency contact(s) and phone					
Name of current CM					
Date of referral					
Service start date & Termination Date, if applicable					
Task enumeration					
Comments					
NOTE: Shaded data elements are only required in the Consumer File if provider is not on Provider Direct. Otherwise the PD Demonstrator will be asked to illustrate "on screen".					

Name and Position of Provider Direct Demonstrator	