

Using the Schmieding Caregiver Directory

Before you make the first phone call to interview a caregiver, take a few moments to familiarize yourself with the Schmieding Caregiver Directory. In addition to the name and phone number the other columns of the directory help you determine who is a good candidate to consider.

1. **Credentials:** All of the persons listed are graduates of the Schmieding Home Caregiver Training program with at least 40 hours of training which meets the requirements of the law Arkansas Act 1410. See course or title descriptions on following page for more information.
2. **Work Hours:** Day and time work preferences are listed in this column.
3. **Preferences:** Special service preferences are listed in this column
4. **Preferred Work Locations:** Service location preferences are listed in this column.
5. **Background Check:** The date indicates a background check that was completed prior to training. If no date appears, this person received their training prior to August 8, 2011. The Schmieding Center encourages users of our Directory to request a current background check from your selected candidate prior to employing them as a caregiver.

If you need assistance using the Schmieding Caregiver Directory
call Schmieding Aging Services at 479-751-3043 option 1
Leave a voice message for a return call.

TRAINING COURSES

In-Home Assistant (IHA)

The 40 hour IHA course satisfies the training required by Arkansas law for caregivers who are paid to provide care in the home of a person who is 50 years of age or older. IHA training includes basis home safety and personal care. Graduates are prepared to work with clients who need assistance to remain in the home.

Alzheimer's & Dementia Training (AD)

The AD course describes the stages of Alzheimer's disease and various types of dementia. It provides valuable information about the needs and care of a person with dementia including how to manage difficult behaviors.

Home Care Assistant (HCA)

Participants learn to perform more advanced caregiving skills, such as using a mechanical lift. Graduates of this course can perform routine nursing-related services for home health agencies and in other settings, under the supervision of a licensed nurse and may be eligible to take the Arkansas Certified Nurse Aide (CNA) examination. The HCA course focuses on advanced caregiving skills necessary for working in both the home and long term care settings. In the HCA course, 16 hours are allocated for off-site clinical experience. Students may not register for this class until they have completed IHA.

TITLES

Certified Nurse/Nursing Aide (CNA) – Requires IHA,AD, HCA training

In Arkansas the term Certified Nursing Aide designates an individual who has successfully completed a minimum of 90 hours of training as a nursing assistant and who has successfully passed the state certification exam. This person must also have a minimum of 15 hours of training in the care of a person with Dementia. Certified Nurse Aide curriculum is specifically designed to train individuals how to care for older adults residing in institution settings. However these individuals also commonly work for home health companies and private home care companies.

Hiring A Caregiver Telephone Screening Tips

Name _____

Phone Number(s) _____

Are you available to work (state the hours/days you need help)? _____

Tell me about your caregiving training and experience:

Can you provide work references? _____

Notes

Personal Interview Questions to Consider

What is your first impression of the applicant? Was the caregiver neatly dressed? Good hygiene? Friendly? Relaxed?
Appears physically fit? Good eye contact?

Are you working somewhere now? ____no ____yes.

How many hours per week?

Why are you looking for work?

How long did you work at your previous job?

What were your responsibilities?

Why did you leave?

How would you describe your health?

Do you smoke? Have any physical limitations?

What is your backup plan if you are unable to come to work?

Have you used any recreational drugs in the last 5 years?

Have you had any felony convictions in the last 5 years?

Would you approve having a criminal background check or drug test as a condition of employment? (Ask the question even if you do not intend to follow through. The response itself may be revealing).

Describe the job responsibilities and determine if applicant could meet your / care recipient's needs.

Write questions of your own on the back.

**DISCLAIMER. This sample agreement is no substitute for legal, accounting, medical and other professional services.
Always consult a competent professional for answers to your specific questions**

SAMPLE AGREEMENT FOR INDEPENDENT CARE

I Caregiver Name hereby agree to provide care for Care Recipient as outlined below for 3
days a week, 4 hours per day, \$ 12.00 per hour.

It is understood that I will not be treated as an employee for Federal income tax purposes, and that I will be responsible for paying my own income taxes including Social Security and Medicare taxes and will not be covered by workers' compensation insurance.

I will provide the following care for the above individual as indicated on a weekly (W) or daily (D) basis:

Shower Bathe (D)
Shampoo Hair (W) & as needed
Clean Bathroom after Shower (D)
Prepare Breakfast (D)
Prepare Lunch (D)
Clean Kitchen Counter/Wash Dishes (D)

Vacuum Bedroom, Den & Hall (W)
Dust Bedroom, Den & Kitchen (W)
Change Bed Linens (W) & as needed
Launder Clothes & Linens (W)
Remind Client to Take Meds (D)
Sweep & Mop Kitchen Floors (W) & as needed

This contract is valid from *Month, Day, Year* to *Month, Day, Year* (maximum of one year), until terms are re-negotiated or terminated by either party with a 7 day notice. I am willing to complete the forms necessary for this employer to run a current background check.

Signed Caregiver Name

Signed Care Recipient

DATE: _____

Caregiver Care Recipient/Guardian
SAMPLE AGREEMENT FOR INDEPENDENT CARE

I _____ hereby agree to provide care for _____ as outlined below for
_____ days a week, _____ hours per day, \$ _____ per hour.

It is understood that I will not be treated as an employee for Federal income tax purposes, and that I will be responsible for paying my own income taxes including Social Security and Medicare taxes and will not be covered by workers' compensation insurance.

I will provide the following care for the above individual as indicated on a weekly (W) or daily (D) basis (use back for more items):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This agreement is valid from _____ to _____ (maximum of one year), until terms are re-negotiated or terminated by either party with a _____ day notice.

Signed _____ Signed _____ Date _____
Caregiver Care Recipient/Guardian