

**ADMINISTRATIVE OVERVIEW  
SERVICE SPECIFIC ATTACHMENT**

**Chore (& Minor Home Repairs)**

**I. Service Capacity**

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

<input type="checkbox"/>	Heavy vacuuming	<input type="checkbox"/>	Wood cutting
<input type="checkbox"/>	Heavy dusting	<input type="checkbox"/>	Changing of storm doors and windows
<input type="checkbox"/>	Washing floors and walls	<input type="checkbox"/>	Yard work
<input type="checkbox"/>	Dry mopping	<input type="checkbox"/>	Snow removal (shoveling or plowing)
<input type="checkbox"/>	Heavy cleaning bathrooms and kitchens	<input type="checkbox"/>	Cleaning attics and basements
<input type="checkbox"/>	Moving furniture to vacuum	<input type="checkbox"/>	Hoarding cleanout
<input type="checkbox"/>	Defrosting freezers	<input type="checkbox"/>	Bedbug Preparation
<input type="checkbox"/>	Cleaning ovens	<input type="checkbox"/>	Air Conditioner installation and removal
<input type="checkbox"/>	Shampooing carpets/rugs	<input type="checkbox"/>	Other:

**What is your proposed rate for Chore Services? Describe any additional charges**

**Chore Services - Minor Home Repairs:**

<input type="checkbox"/>	Removal of fire and health hazards
<input type="checkbox"/>	Replacing windowpanes
<input type="checkbox"/>	Replacing window and door locks
<input type="checkbox"/>	Installing hand and safety rails
<input type="checkbox"/>	Repairs to stairs or floors
<input type="checkbox"/>	Weatherization
<input type="checkbox"/>	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)

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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.*

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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					

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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					

<b>Name and Position of Provider Direct Demonstrator</b>	
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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".