A WORKBOOK FOR FAMILY CAREGIVERS

Choosing a Home Care Agency

A guided workbook that takes you from defining your loved one's care needs through interviewing agencies, checking references, comparing options, and signing the right contract — with worksheets, scripts, and scoring sheets along the way.

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WHO IT'S FOR

Adult children & family caregivers

TIME TO COMPLETE

2–3 hours total (spread over a week)

SECTION 00

How to use this workbook

Don't try to do this in one sitting. Work through Section 1 before you make a single phone call — the answers you write there will change how you hear every agency's pitch. Then use Sections 2 and 3 during phone interviews, Section 4 when you call references, Section 5 to compare your top choices, and Sections 6 and 7 right before you sign anything.

Before the calls	**Section 1**	Define needs, hours, budget, and deal-breakers so you interview from a position of clarity, not panic.
During the calls	**Sections 2 & 3**	Twelve core questions expanded with good vs. bad answers and follow-up prompts, plus deeper topics like dementia care and medication management.
After the calls	**Section 4**	Reference call script. Most families skip this. The families who don't, sleep better at night.
Comparing options	**Section 5**	Side-by-side grid for up to three agencies. Forces honest scoring instead of going with whoever felt nicest on the phone.
Before you sign	**Sections 6 & 7**	Contract review checklist and final decision scorecard. Last chance to catch anything you missed.

IF YOU'RE IN A RUSH

If your loved one was just discharged from the hospital and you have 48 hours, skip ahead to Section 2. Bring it back to Sections 1, 4, 5, and 6 the moment care is stable enough that you can breathe.

SECTION 01

Before you call

Most families start by calling agencies and asking 'what do you offer?' That gives the agency control of the conversation. Fill this section out first, and you'll be asking 'can you do X, Y, Z?' instead.

Care needs

Be specific. 'Help around the house' is too vague. 'Bathing assistance three mornings a week and meal prep for dinner' is actionable.

- [ ] Bathing / showering
- [ ] Medication reminders
- [ ] Transportation to appointments
- [ ] Dressing
- [ ] Meal preparation
- [ ] Companionship / supervision
- [ ] Toileting / incontinence care
- [ ] Light housekeeping
- [ ] Dementia care / memory support
- [ ] Transfers (bed to chair, in and out of car)
- [ ] Laundry
- [ ] Overnight supervision
- [ ] Mobility / walking assistance
- [ ] Grocery shopping
- [ ] Wound care / skilled nursing tasks

OTHER NEEDS SPECIFIC TO MY LOVED ONE

Hours, schedule, and start date

HOURS NEEDED PER WEEK	DAYS / TIMES	DESIRED START DATE

Budget

Non-medical home care runs roughly $30–$45/hour in most US markets in 2026, with higher rates in major metros. Overnight, weekend, and holiday hours often carry premiums. Calculate your monthly ceiling before agencies quote you.

MONTHLY BUDGET CEILING	MAX HOURLY RATE	FUNDING SOURCE(S)
$	**$**	

FUNDING OPTIONS WORTH EXPLORING

Funding sources to ask about: long-term care insurance, VA Aid & Attendance, Medicaid HCBS waiver (state-specific), life insurance conversion, reverse mortgage proceeds, and family pooling. Medicare generally does not cover non-medical home care.

Deal-breakers and non-negotiables

Write these before you start interviewing. They keep you from talking yourself into a marginal agency because they had availability or a friendly intake coordinator.

MY NON-NEGOTIABLES (THINGS I WON'T COMPROMISE ON)

NICE-TO-HAVES (PREFERRED BUT NOT REQUIRED)

Decision team

Who needs to be consulted or informed before signing? Note their role, contact, and what they care most about (cost, quality, geography, etc.).

NAME	RELATIONSHIP / ROLE	CONTACT	WHAT THEY CARE ABOUT

SECTION 02

The 12 questions, expanded

Each question here includes what a strong answer sounds like, what should worry you, follow-up prompts to dig further, and space to capture the agency's actual response. Use one set per agency.

QUESTION 01 · LICENSING & INSURANCE

Are you licensed in this state, bonded, and insured? Can I see the documentation?

WHAT A GOOD ANSWER SOUNDS LIKE

Offers the state license number unprompted. Will email proof of liability insurance, workers' comp, and bonding. Encourages you to verify with the state.

RED FLAGS IN THEIR ANSWER

Vague references to being 'fully insured' with no documentation. Cannot or will not produce a license number. Gets defensive when asked to verify.

FOLLOW-UP PROMPTS

› What's your state license number, and which agency issued it?
› What's your liability coverage limit?
› Have you had any state survey deficiencies in the past two years?

THEIR ANSWER / YOUR NOTES

QUESTION 02 · EMPLOYEES VS. CONTRACTORS

Are your caregivers W-2 employees or 1099 independent contractors?

WHAT A GOOD ANSWER SOUNDS LIKE

Caregivers are W-2 employees. Agency handles payroll taxes, workers' comp, and unemployment insurance. Liability stays with the agency.

RED FLAGS IN THEIR ANSWER

Caregivers are 1099 contractors. The 'agency' is essentially a referral service. Liability and tax responsibility shift to you as the employer.

FOLLOW-UP PROMPTS

› If a caregiver is hurt in our home, who pays?
› Do you withhold taxes from caregiver paychecks?
› Are caregivers covered by your workers' comp policy?

THEIR ANSWER / YOUR NOTES

QUESTION 03 · BACKGROUND CHECKS

What background checks do you run, and how recent are they?

WHAT A GOOD ANSWER SOUNDS LIKE

State and federal criminal checks, sex-offender registry, driving record, employment verification, and reference checks. Re-run annually. Done in-house or through a named third-party provider.

RED FLAGS IN THEIR ANSWER

Vague answers about 'thorough screening.' No mention of federal-level checks. Background checks are 'on file' from years ago with no re-screening process.

FOLLOW-UP PROMPTS

› Do you check federal as well as state criminal records?
› How often are caregivers re-screened?
› Which third-party service runs your background checks?

THEIR ANSWER / YOUR NOTES

QUESTION 04 · TRAINING

What initial and ongoing training do caregivers complete?

WHAT A GOOD ANSWER SOUNDS LIKE

Specific hours of initial training (often 40–75 hours). Hands-on competency demonstrations. Annual continuing education. Specialized modules for dementia, transfers, and fall prevention.

RED FLAGS IN THEIR ANSWER

'Our caregivers are experienced' as a substitute for training. No specifics on hours or topics. No continuing education program.

FOLLOW-UP PROMPTS

› How many hours of initial training do caregivers receive before being placed?
› What dementia-specific training do they get?
› How is training verified — written test, hands-on demo, both?

THEIR ANSWER / YOUR NOTES

QUESTION 05 · CARE PLAN

Who creates the written care plan, and how often is it updated?

WHAT A GOOD ANSWER SOUNDS LIKE

An RN or care manager visits the home, assesses needs, and writes the plan. Reviewed every 30–60 days and updated after any hospitalization or health change. Copy provided to family and caregiver.

RED FLAGS IN THEIR ANSWER

No written plan, or one created by the intake coordinator over the phone. No scheduled reviews. Caregivers show up not knowing what they're supposed to do.

FOLLOW-UP PROMPTS

› Can I see a sample care plan (with PII redacted)?
› Who attends the in-home assessment?
› How will I be notified when the plan changes?

THEIR ANSWER / YOUR NOTES

QUESTION 06 · CAREGIVER CONSISTENCY

Will the same caregiver come most shifts, and can we meet them first?

WHAT A GOOD ANSWER SOUNDS LIKE

Aims for the same one or two caregivers per client. Offers a no-cost introductory meeting before care begins. Discloses how often consistency breaks and why.

RED FLAGS IN THEIR ANSWER

'Whoever's available' staffing. No introductory meeting offered. Won't tell you who's coming until the shift starts.

FOLLOW-UP PROMPTS

› How many different caregivers will my parent see in a typical month?
› Who do I call if I want to request the same caregiver come back?
› What's your policy on caregiver-client matching?

THEIR ANSWER / YOUR NOTES

QUESTION 07 · CALL-OUT COVERAGE

What happens when our regular caregiver is out sick or quits?

WHAT A GOOD ANSWER SOUNDS LIKE

Documented backup plan. A pool of trained, vetted relief caregivers. Family is notified before the shift, not at the door. Recent fill rate disclosed.

RED FLAGS IN THEIR ANSWER

'We'll do our best.' Last-minute substitutes with no briefing. Frequent missed shifts that the family has to scramble to cover.

FOLLOW-UP PROMPTS

› What percentage of scheduled shifts did you actually fill last month?
› Will the backup caregiver have seen my parent's care plan before they arrive?
› What's your protocol when no backup is available?

THEIR ANSWER / YOUR NOTES

QUESTION 08 · SUPERVISION

Who supervises caregivers, and how often do they visit the home?

WHAT A GOOD ANSWER SOUNDS LIKE

A nurse supervisor visits within the first two weeks, then at least quarterly. Visits are documented. Family receives a summary. Supervisor is reachable directly.

RED FLAGS IN THEIR ANSWER

No in-home supervision after intake. Supervisor is only contacted when there's a complaint. No documentation of any quality checks.

FOLLOW-UP PROMPTS

› Who is the supervisor assigned to our case, and can I have their direct number?
› What does a supervisor visit include?
› Will I receive a written summary after each visit?

THEIR ANSWER / YOUR NOTES

QUESTION 09 · CAREGIVER CHANGES

If we want a different caregiver, what's the process?

WHAT A GOOD ANSWER SOUNDS LIKE

Clear, no-questions-asked process. Family can request a change without explaining themselves. Replacement assigned within days, not weeks.

RED FLAGS IN THEIR ANSWER

Reluctance to swap. Pressure to 'give it more time.' Requires written justification or an in-person meeting before considering a change.

FOLLOW-UP PROMPTS

› How long does it typically take to assign a new caregiver?
› Are there limits on how many times we can request a change?
› Will the new caregiver be briefed on what didn't work with the previous one?

THEIR ANSWER / YOUR NOTES

QUESTION 10 · COMMUNICATION

How do we reach the office after hours and on weekends?

WHAT A GOOD ANSWER SOUNDS LIKE

Real phone number with a real human on call 24/7. Named contact. Documented response time (often within 30–60 minutes for urgent issues).

RED FLAGS IN THEIR ANSWER

Voicemail-only after 5 p.m. or on weekends. Calls routed through a generic answering service that can't make decisions.

FOLLOW-UP PROMPTS

› What number do I call at 9 p.m. on a Sunday?
› What's your guaranteed response time for urgent issues?
› Who covers when the on-call person is unreachable?

THEIR ANSWER / YOUR NOTES

QUESTION 11 · RATES & FEES IN WRITING

Can you put your rates, minimums, overtime, holiday charges, and cancellation policy in writing?

WHAT A GOOD ANSWER SOUNDS LIKE

Detailed rate sheet in writing before any contract is signed. Clear minimum shift length. Holiday and overtime rates spelled out. Cancellation notice requirements documented.

RED FLAGS IN THEIR ANSWER

Verbal quotes only. Fees that surface on the first invoice. Vague minimums. Cancellation penalties hidden in fine print.

FOLLOW-UP PROMPTS

› What's your minimum shift length?
› How much notice do I need to give to cancel a shift without a fee?
› Which holidays are billed at a premium rate, and what is that rate?

THEIR ANSWER / YOUR NOTES

QUESTION 12 · COMPLAINTS & REFERENCES

What's your complaint process, and can you share three current client references?

WHAT A GOOD ANSWER SOUNDS LIKE

Written complaint resolution process with target response times. References offered without hesitation, including ones with similar care needs to yours.

RED FLAGS IN THEIR ANSWER

No formal complaint process. Reluctance to share references, or only sharing 'best-case' clients. Pressure to talk to references through the agency rather than directly.

FOLLOW-UP PROMPTS

› What happens if I file a complaint that the agency disagrees with?
› Can I speak to a current client whose loved one has [your parent's condition]?
› Have any complaints been filed against you with the state in the past year?

THEIR ANSWER / YOUR NOTES

SECTION 03

Deeper topics

If your loved one has dementia, falls regularly, takes complex medications, or needs help with transfers, these additional questions matter. Use the ones that apply.

Dementia care

- [ ] What dementia-specific training do your caregivers complete, and how recently?
- [ ] How do you handle sundowning, agitation, or wandering?
- [ ] Can the same caregiver be assigned long-term? (Consistency matters more for dementia.)
- [ ] What's your protocol if my parent doesn't recognize the caregiver and refuses to let them in?
- [ ] Have you ever had a client elope from a home? What happened, and what changed afterward?

THEIR ANSWERS / YOUR NOTES

Falls & transfers

- [ ] Are caregivers trained in safe transfer techniques and the use of gait belts?
- [ ] What's the maximum weight your caregivers will transfer without a Hoyer lift?
- [ ] Do you do a home safety assessment as part of intake? What's checked?
- [ ] What's your protocol when a fall happens? Who gets called, in what order?
- [ ] How are fall incidents documented and reviewed?

THEIR ANSWERS / YOUR NOTES

Medication management

- [ ] What's the difference between medication reminders and medication administration in this state, and which can your caregivers do?
- [ ] How are medications documented at each shift?
- [ ] What happens if my parent refuses a dose?
- [ ] How do you handle controlled substances like opioids?
- [ ] Can your caregivers use a pill organizer, or only sealed packaging?

THEIR ANSWERS / YOUR NOTES

End-of-shift handoffs

- ☐ How do caregivers document what happened during a shift?
- ☐ Will I have access to those notes? In what format?
- ☐ How do caregivers communicate with each other between shifts?
- ☐ What's your protocol when a caregiver notices a change in condition?
- ☐ Who decides when to call 911 vs. notifying the family first?

THEIR ANSWERS / YOUR NOTES

SECTION 04

Reference call script

When the agency gives you three references, call all three. Spend ten minutes on each. Below is the script — copy it onto a notepad or use the worksheet space provided.

HOW TO OPEN THE CALL

Open with: 'Hi, I'm considering [Agency Name] for my [parent/spouse], and they gave me your name. Do you have ten minutes to share your honest experience? I really appreciate it.' Then work through the questions below. Most references will be polite by default — your job is to ask open-ended questions that surface what actually happened.

01 How long have you used this agency?

02 Walk me through a typical week. How many caregivers come, and how consistent are they?

03 Has anything ever gone seriously wrong? What was it, and how did the agency respond?

04 How easy is it to reach the office? After hours?

05 Have you ever had to swap caregivers? How did the agency handle it?

06 Do invoices match what you were quoted? Any surprise fees?

07 What do you wish you'd known before you signed?

08 Would you hire them again, knowing what you know now?

WHAT TO LISTEN FOR

Pay attention to hesitation, qualifications ('mostly,' 'usually,' 'except for that one time'), and how willingly they share what went wrong. A reference who only has good things to say either had a charmed experience or was hand-picked. Ask 'what didn't work?' if everything sounds perfect.

Reference 1

NAME	PHONE	DATE CALLED

KEY TAKEAWAYS FROM THIS CALL

Reference 2

NAME	PHONE	DATE CALLED

KEY TAKEAWAYS FROM THIS CALL

Reference 3

NAME	PHONE	DATE CALLED

KEY TAKEAWAYS FROM THIS CALL

SECTION 05

Side-by-side comparison

After you've interviewed your candidates, fill in this grid. Forcing yourself to write a short answer in each cell makes weaknesses visible that would otherwise get lost in a warm phone call.

CRITERION	AGENCY A	AGENCY B	AGENCY C
Agency name			
Years in business / license #			
Caregivers: W-2 or 1099			
Background check rigor (1–5)			
Initial training hours			
Who writes care plan			
Same caregiver consistency			
Fill rate / call-out coverage			
Supervisor visit frequency			
After-hours contact			
Hourly rate (regular)			
Holiday / OT rates			
Minimum shift			
Cancellation policy			
Reference calls (1–5)			
Gut feeling (1–5)			

HOW TO USE THE BLANKS

If you find yourself unable to fill in a cell because the agency 'didn't really say,' that's the data. Mark it as 'no answer' rather than guessing — vague answers during sales calls usually mean vague service later.

SECTION 06

Contract review checklist

Before you sign anything, walk the contract through this list. Sit with it overnight if you can. Reputable agencies will not pressure you to sign on the spot.

- [ ] **Rates & fees.** Hourly rate, holiday rate, overtime rate, weekend rate, and any travel or mileage fees are all stated in writing.
- [ ] **Minimum shift length.** The minimum is reasonable for your needs (often 2–4 hours). Confirm whether it applies per shift or per day.
- [ ] **Cancellation policy.** Notice required to cancel a shift without a fee is documented. Penalties for late cancellation are spelled out.
- [ ] **Termination clause.** You can terminate the contract with reasonable notice (often 14–30 days) without penalty.
- [ ] **Payment terms.** Billing frequency (weekly, biweekly, monthly), accepted payment methods, and late-payment policy are clear.
- [ ] **Caregiver liability.** Contract states the agency carries workers' comp and liability insurance, and that caregivers are W-2 employees.
- [ ] **Care plan.** The contract references a written care plan that is part of the agreement and can be updated as needs change.
- [ ] **Scope of services.** Exactly what caregivers can and cannot do is in writing (especially medication, transfers, and skilled tasks).
- [ ] **Privacy & HIPAA.** Agency commits to HIPAA-compliant handling of health information.
- [ ] **Dispute resolution.** Process for resolving complaints is documented. Watch for forced arbitration clauses — these limit your legal options.
- [ ] **Auto-renewal.** If the contract auto-renews, the renewal terms and opt-out window are clearly stated.
- [ ] **Fee changes.** Process and notice required for rate increases is documented (often 30–60 days written notice).

> **IF YOU FEEL RUSHED**
>
> If the agency pressures you to sign before you've had time to read carefully or consult a family member, walk away. Reputable agencies will give you at least 24 hours and welcome questions. Pressure to sign is itself a red flag.

SECTION 07

Final decision scorecard

Score each finalist on the dimensions below from 1 (poor) to 5 (excellent). Add up the totals, but trust your gut as the tiebreaker. The math is here to surface concerns, not to override your judgment.

CRITERION	AGENCY A	AGENCY B	AGENCY C
Licensing, insurance, and legal standing	__ / 5	__ / 5	__ / 5
Background checks and caregiver screening	__ / 5	__ / 5	__ / 5
Initial and ongoing training quality	__ / 5	__ / 5	__ / 5
Care plan rigor (written, reviewed, updated)	__ / 5	__ / 5	__ / 5
Caregiver consistency and matching	__ / 5	__ / 5	__ / 5
Call-out coverage and reliability	__ / 5	__ / 5	__ / 5
Supervision and quality oversight	__ / 5	__ / 5	__ / 5
Communication and after-hours access	__ / 5	__ / 5	__ / 5
Pricing transparency and contract terms	__ / 5	__ / 5	__ / 5
References and reputation	__ / 5	__ / 5	__ / 5
Specialty fit (dementia, falls, meds, etc.)	__ / 5	__ / 5	__ / 5
Gut feeling — would I leave my own parent with them?	__ / 5	__ / 5	__ / 5
TOTAL	**__ / 60**	**__ / 60**	**__ / 60**

Final decision

Agency selected:

Start date:

WHY I CHOSE THEM (WRITE A PARAGRAPH — IT'LL MATTER IN SIX WEEKS WHEN YOU'RE STRESSED)

CONCERNS I'M WATCHING FOR IN THE FIRST 30 DAYS

DATE TO REVISIT THIS DECISION (SUGGESTED: 30 DAYS AFTER START)

SECTION 08

Verify & resources

Independent sources you can use to verify what agencies tell you, plus where to file a complaint if things go wrong.

State licensing board

Search your state Department of Health or Human Services for home care agency licensing. Look up the agency by name or license number to confirm they're licensed and check for survey deficiencies.

Medicare Care Compare

medicare.gov/care-compare — for Medicare-certified home health agencies. Star ratings, quality measures, and patient survey results.

Better Business Bureau

bbb.org — look up the agency and read complaints. Pay attention to how the agency responded, not just the count.

State long-term care ombudsman

Free advocate for home care and long-term care consumers. Can help with complaints. Find yours through the Eldercare Locator at 1-800-677-1116.

National Institute on Aging worksheet

nia.nih.gov — the federal government's own questions-to-ask worksheet.

Genworth Cost of Care Survey

genworth.com — annual data on home care rates in your zip code. Useful for budget benchmarking.

Sources informing this workbook: National Institute on Aging — Questions to Ask Before Hiring a Care Provider; A Place for Mom — Top 10 Questions to Ask a Home Care Agency; Valley Area Agency on Aging — 20 Questions Before Hiring; Medicare.gov Care Compare.