

# Havens Corner Home Health Care

7640 Slate Ridge Blvd  
Reynoldsburg, OH 43068  
Phone: 614-655-8309 Fax: 614-655-8309  
office@hchomehealthcare.com

**Office Hours**  
Mon – Fri 9:00 AM – 5:00 PM

## Pre-Hire Checklist

Open this PDF in Adobe Reader, your browser, or any modern PDF viewer to fill in the boxes and fields below.

<input type="checkbox"/> Driver's License / State ID	<input type="checkbox"/> Green Card / Employment Authorization Card
<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Passport / Proof of Citizenship
<input type="checkbox"/> Proof of Auto Insurance	<input type="checkbox"/> Non-Driver
<input type="checkbox"/> Have you been a resident of OH for the last five years? <input type="radio"/> Yes <input type="radio"/> No	
If <b>Yes</b> : Proof of 5 years' Ohio residence	<input type="checkbox"/> BCI Background Check
If <b>No</b> : Fingerprint Results (FBI)	
<input type="checkbox"/> FRRF / ARCS Form	
<input type="checkbox"/> TB Test Results (PPD or Chest X-ray)	
<input type="checkbox"/> CPR Training Certificate	
<input type="checkbox"/> Have you worked as an HHA for more than one year? <input type="radio"/> Yes <input type="radio"/> No	
If <b>Yes</b> : Provide documentation of one or more years of related work	
If <b>No</b> : HHA Certificate	<input type="checkbox"/> HHA Training Course List (NATCEP)
<input type="checkbox"/> Home Health Aide Competency Test	
<input type="checkbox"/> Initial Competency Checklist	

**Employee Name:**  **Date:**

**Reviewed By:**  **Hire Date:**

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## Home Health Aide Competency Test

### Answer Sheet

Name  SS#  Date

Select the letter that corresponds with your answer for each question.

- |   |   |   |
|---|---|---|
| 1. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 21. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 41. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 2. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 22. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 42. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 3. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 23. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 43. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 4. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 24. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 44. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 5. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 25. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 45. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 6. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 26. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 46. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 7. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 27. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 47. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 8. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 28. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 48. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 9. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D  | 29. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 49. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 10. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 30. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 50. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 11. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 31. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 51. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 12. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 32. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 52. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 13. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 33. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 53. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 14. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 34. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 54. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 15. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 35. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 55. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 16. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 36. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 56. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 17. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 37. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 57. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |
| 18. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 38. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | 58. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |

19.  A  B  C  D

39.  A  B  C  D

59.  A  B  C  D

20.  A  B  C  D

40.  A  B  C  D

60.  A  B  C  D

**RN  
Administering  
Test**

**Title / Position**

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## Initial Competency Checklist

### Home Health Aide

Name

Title

Skill	Yes	No	Comments	Initial & Date
T, P, R, BP: reading & recording	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Bed bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Sponge, tub, or shower bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Shampoo: sink, tub, or bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Oral hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Toileting & elimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Normal range of motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Safe transfer techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Ambulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Fluid intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Adequate nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Infection control: standard precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Observing & reporting patient status & care furnished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Documenting patient status & care furnished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Maintenance of clean, safe & healthy environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Elements of body function & changes to report to supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Recognition of emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Knowledge of emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Physical, emotional & developmental needs & ways to work with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Respect for patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Respect for patient privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Respect for patient property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

**Date of Completion**  **Observed in home with patient:**  Yes  No

**HHA Competent to Provide Care:**  Yes  No

**Employee:**  **Date:**

**Observer:**  **Date:**

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# Employment Continuation Acknowledgement

I, , acknowledge the following:

I am clearly informed by Havens Corner Home Health Care that my employment will remain active so long as the job duties are performed satisfactorily as assigned based on the consumer's care plan. I also understand that if, for any reason, the consumer moves out of the agency or relocates, my employment with Havens Corner Home Health Care may be automatically terminated unless reassignment to another consumer is available and accepted.

**Employee**

**Signature:**

**Date:**

**Human**

**Resources:**

**Date:**

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