

HHA Availability and Preferences

HHA Availability and Preferences

Name/Nombre: _____

Home Phone: _____

Cell Phone: _____

1. What is your preferred spoken language?

- | | |
|----------------------------------|-----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Creole |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Creole |
| <input type="checkbox"/> French | <input type="checkbox"/> Other |

2. What second language do you speak fluently?

- | | |
|----------------------------------|-----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Creole |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Creole |
| <input type="checkbox"/> French | <input type="checkbox"/> Other |

3. What method of transportation do you typically use to reach a case?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Walk | <input type="checkbox"/> Lyft/Uber |
| <input type="checkbox"/> Bus/Train | <input type="checkbox"/> Family/Friend |

4. What is the maximum amount of time you are willing to travel to commute to a case?

- | | |
|--|--|
| <input type="checkbox"/> 10-15 Minutes | <input type="checkbox"/> 30-45 Minutes |
| <input type="checkbox"/> 15-30 Minutes | <input type="checkbox"/> 45+ Minutes |

5. How many hours per week do you want to work ?

- | | |
|---|---|
| <input type="checkbox"/> 3-15 Hours/week | <input type="checkbox"/> 25-40 Hours/week |
| <input type="checkbox"/> 15-25 Hours/week | <input type="checkbox"/> 40+ Hours/week |

6. How many patients do you prefer to work with ?

- | | |
|--|---|
| <input type="checkbox"/> Only 1 , I prefer to keep the same patient | <input type="checkbox"/> Up to 3 , Less travel is easier |
| <input type="checkbox"/> Maximum 2 , I prefer to keep the same patients | <input type="checkbox"/> 4+ , My schedule is flexible |

7. Are you available to work weekend cases ? (Saturday/Sunday)

Yes, I am available for weekend cases

Saturday Cases Only

Sunday Cases Only

No, I am unable to work weekend cases

8. Will you work with Male patients?

Yes

No

9. Will you work with Male patients?

Yes

No

10. Will you work in a home where the patient or family member smoke?

Yes

No

11. Will you work in a home where the patient or family member has a pet?

Yes, Dogs Only

No, I Will Not work in a house with pets

Yes, Cats Only

12. If necessary, do you feel confident operating a Hoyer Lift ?

Yes

No

13. Please list your desired work schedule for each day of the week.

<u>Day</u>	<u>Shift Start Time</u>	<u>Shift End Time</u>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

14. What Date are you available to start work? _____ / _____ /2022