

## **ACTIVITIES OF DAILY LIVING (ADL) CHECKLIST**

The tasks listed in the Activities of Daily Living Checklist are everyday acts. Some of the tasks may be done by your homecare worker and some may not be done by your homecare worker. The Checklist is provided to help you think of all the tasks you do and may need assistance with.

Talk with your case manager to see if your homecare worker can provide help with these tasks, or if you need to find help from a natural support (a family member or friend).

You may not ask and should not allow your homecare worker to do things that are not listed in the In Home Service Plan or Task List and are not authorized by your case manager.



## HOUSEKEEPING/CLEANING

HCW services usually focus on personal and physical aid, but household tasks/cleanliness may also be part of the approved services and job description. Tell your HCW what kind of help you need and what you expect. Also, talk with your HCW about how often you would like each task done and how.



### **Think about:**

Do you need help cleaning your house?

<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/>

**If yes; do you need help with:**

### **Cleaning the Kitchen?**

<input type="checkbox"/>	<input type="checkbox"/>
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Sweeping and mopping floors?

<input type="checkbox"/>	<input type="checkbox"/>
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Washing dishes?

<input type="checkbox"/>	<input type="checkbox"/>
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Drying dishes?

<input type="checkbox"/>	<input type="checkbox"/>
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Cleaning counter tops?

<input type="checkbox"/>	<input type="checkbox"/>
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Cleaning the outside of stove?

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Cleaning the oven?

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Gathering and taking out trash? Note day trash is picked up.

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Cleaning inside/outside of refrigerator?

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Cleaning counter tops?

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**YES NO**

**Cleaning the Living area**

Vacuum the floor

Dusting the furniture?

**Cleaning the Bedroom**

Make the bed?

Vacuum the floor?

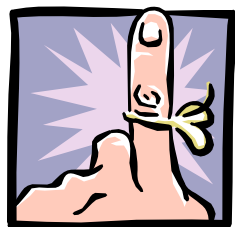
Dusting the furniture?

Change the sheets?

**Cleaning the Bathroom**

Cleaning bathroom floors and walls?

Cleaning sink, tub, toilet?



Remember, home maintenance tasks are NOT covered by Medicaid or OPI. Always check with your case manager if the activity does not appear on your Task List. Consider alternate ways of getting these tasks done by volunteers, friends, family, etc.

**YES NO**

Do you need help with your home maintenance?

**If yes:**

Cleaning windows?

Cleaning ceiling fans?

Do you need someone to mow the yard?

Do you need help raking your leaves?

Do you need help shoveling your walk or driveway?





# SHOPPING, ERRANDS, and TRANSPORTATION

You may be able to enjoy grocery shopping on your own. If not, a HCW will be able to help you. These questions will help you think about what kind of help you may want or need when you are grocery shopping.



**Think about:**

**YES   NO**

Do you need help grocery shopping?   

**If yes:**

Do you want your HCW to do your grocery shopping for you?   

Do you need your HCW to write the grocery list?   

Do you need your HCW to keep an inventory list of food and supplies you need   

Do you need your HCW to go with you to the grocery store?   

Do you need help putting groceries away?   

Do you need help carrying bags?   

Do you need your HCW to clip coupons?   

Do you need help to pay at the register?   

Do you use or would you like to use adaptive equipment to help you shop?   

For example:

- Bill reader
- Electronic picture grocery list
- Calculator to track your purchases

**Errands and appointments:**

**YES   NO**

Do you use public transportation?

**If no:**

Will you need transportation for any of the following:

- Doctor appointments
- Dentist appointments
- Therapist appointments

If you have an adapted vehicle, does it have:

- a lift
- hand controls
- foot controls
- adapted steering wheel

Will you need someone to drive your vehicle to appointments?

Do you need help scheduling or canceling appointments?

Do you need help transferring in and out of the car?

Do you need physical help getting into a building?

Do you need help once you are inside a building?

Do you use a service dog?

Do you need your HCW to give you verbal cues?

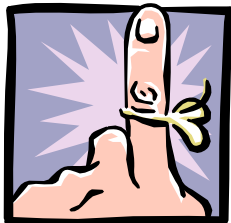
**Other Considerations:** \_\_\_\_\_  
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## LAUNDRY



If you need help doing your laundry talk with your homecare worker about how to care for each item and type of clothing you have. Which items do you like dried in the dryer and which ones do you like to hang dry? Tell your homecare worker the wash cycles you use for different types of laundry. Show your HCW how you would like them to sort your clothes so colors will not run.

### Think about:

YES NO

Do you need help doing laundry?

### **If yes:**

Do you need your HCW to do the laundry for you?

Do you need help sorting your laundry?

Do you need help washing/drying your laundry?

Do you need help cleaning your lint filter?

Do you need help folding your laundry?

Do you need help putting your laundry away?

Do you need help with ironing?

Do you need any items hand washed?

Do you need any clothes taken to the dry cleaner?

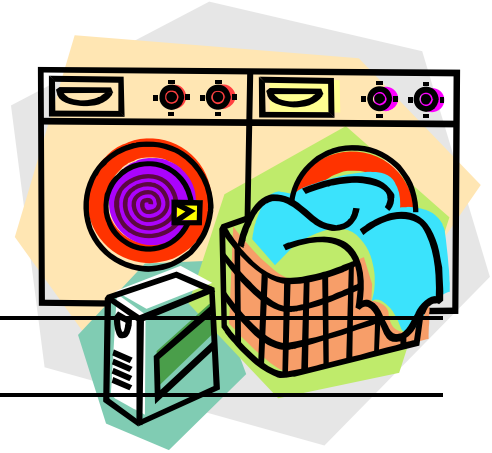
Do you need help having clothes sewn or mended?

YES NO

Do you use or would you like to use adaptive equipment or procedures?

For example

- Color-coded setting
- Picture symbols
- Special laundry sorting procedure.



Other Considerations: \_\_\_\_\_

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## MEAL PREPARATION and EATING

If you have concerns about your dietary or eating needs you should also contact your case manager to see if a referral for a Contract RN visit can be authorized.



**If you want your HCW to prepare meals, talk about the kinds of food you like, and the way you like them fixed. If you will be sharing food with a live-in HCW, be sure to talk about whether they should share in the cost or if you plan to include it as part of their compensation. You may also want to talk about preparing meals together, special diets and any possible limits on use of the kitchen.**

### Think about:

YES NO

Do you need help preparing meals?

### **If yes:**

Will you plan your meals?

Do you want help planning your meals?

Do you need your HCW to prepare all your meals for you?

Do you want your HCW to prepare meals and put them in the refrigerator or freezer for later use?

Where do you want to eat your meals (kitchen, living room):

- **Breakfast?** \_\_\_\_\_
- **Lunch?** \_\_\_\_\_
- **Dinner?** \_\_\_\_\_

**YES NO**

Do you need help planning your meals?

Do you use or would you like to use adaptive devices to prepare meals?

For example:

- Rocker knife
- Mini-food processor/chopper
- Adapted spatula
- Color coded burners and knobs
- Digital timer
- Lightweight unbreakable bowls
- Lower work surfaces



**If you need help feeding yourself, the following questions will help you think about your eating needs. When you train your HCW, remember to talk about what you like and do not like. Think about utensils, meal times, bite sizes and any other issues that may be involved in helping you to eat.**

**Think about:**

**YES NO**

Do you need help eating?

Do you need help cutting your food?

Do you need your homecare worker to feed you?

Do you need your HCW to position your glass, plate and utensils?

Do you need stand-by assistance in case of choking?

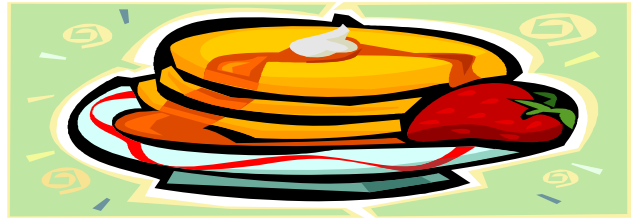
Are you on a special diet?

YES NO

Do you use adaptive equipment to feed yourself?

For example:

- Utensil with an adapted handle
- Weighted utensil
- Rocker knife
- Rimmed plate
- Flexible straw
- Tube feeding machine



Other Considerations: \_\_\_\_\_

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Special diet (diabetic, allergies): \_\_\_\_\_

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## BATHING

Bathing is very personal and some people with disabilities are not able to bathe themselves without help. These questions will help you think about what kind of help you may want or need. Make sure your homecare worker understands what you are comfortable with and what you are not comfortable with. Your homecare worker should respect your privacy and help you keep a comfortable level of modesty.

Think carefully about what your needs are, then decide how you want your homecare worker to help you. This is a very personal part of your life so consider what makes you the most comfortable. Be very specific about what you want and don't want when you explain your bathing needs to your homecare worker.

### Think about:

YES NO

Do you need help bathing?

### **If yes:**

Do you bathe every day?

Do you use the shower?

Do you use the bathtub?

Do you prefer a bed bath?

Do you need help washing your body?

Some individuals use a washcloth or towel to cover private areas when bathing. Do you prefer to have private areas of your body covered with a washcloth or hand towel when you receive help bathing?

Do you wash any parts of your body by yourself?

**YES NO**

- Do you need help with skin care treatments?
- Do you need help transferring?
- Do you need help washing your hair?
- Do you need help drying your body?
- Do you need help drying your hair?
- Do you need help combing your hair?
- Do you wear a robe when leaving the bathroom?
- Do you need help with deodorant or cologne?
- Do you use or would you like to use AT devices or durable medical equipment (DME)? For example:

- Grab bars
- Bath bench
- Shower chair
- Extended back brush
- Extended handle wash mitt



Other Considerations: \_\_\_\_\_

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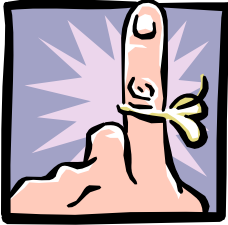
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# GROOMING PERSONAL HYGIENE and DRESSING



## ORAL HYGIENE

Gum disease and not taking care of your teeth can lead to serious health problems. If you need help brushing and flossing your teeth or caring for your dentures, be clear about all of your needs. Think about any oral health problems you may have and the services you need. If you have sensitive teeth, or have areas in your mouth that need more care or attention, explain all of this to your homecare worker.



### Think about:

YES   NO

Do you need help brushing your teeth?

### **If yes:**

Do you brush you teeth 1x, 2x or 3x a day

1x

2x

3x

Other, please explain \_\_\_\_\_

Do you use an electric toothbrush?

Do you need help with your electric toothbrush?

Do you use a water pick

Do you need help with your water pick?

Do you floss your teeth?

Do you need help with flossing?

Do you use mouthwash?

**YES**   **NO**

Do you need help with mouthwash?

Do you have removable dentures or other removable dental device?

Do you need help removing dentures or other dental device?

Do you need help cleaning dentures or other dental device?

Do you have gum disease?

Please explain service needed: \_\_\_\_\_

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Other Considerations: \_\_\_\_\_

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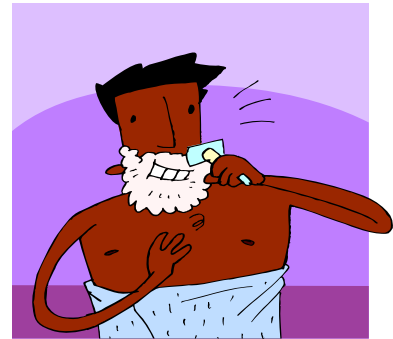
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## SHAVING

If shaving is part of your routine, these questions will help you think about what kind of help you may want or need. Shaving equipment such as razors and supplies such as shaving lotion or foam come in many shapes, sizes, and dispensers that may make this task more convenient for you.



### Think about:

Do you need help shaving?

YES NO

### **If yes:**

Do you shave every day?

Do you use an electric razor?

Do you use a safety razor?

Do you shave under your arms?

Do you shave your legs?

Do you shave your face?

Do you need help with aftershave or lotion?

Do you need help trimming a beard or mustache?

Do you need help trimming your toe nails?

Do you need help trimming your finger nails?

**Other Considerations:** \_\_\_\_\_

## DRESSING

Getting dressed is a very important part of your day. These questions will help you think about what kind of help you may want or need. If you need help getting dressed, think about how a HCW can help you. Is there any type of equipment you use to help you get dressed? Are you modest?



The way you look is important to most people. Depending on how much help you may want or need, a HCW may be the person responsible for helping you look the way you want when you leave your house. Therefore, you will want to be sure any potential employees will respect your wishes about dressing.

### Think about:

YES NO

Do you need help getting dressed?

Do you need help getting undressed?

### **If yes:**

Do you need help picking out your clothes?

Do you need help putting on/off undergarments?

Do you need help putting on/off pants/skirts?

Do you need help putting on/off shirts?

Do you need help putting on/off a necktie or scarf?

Do you need help putting on/off socks?

Do you need help putting on make-up?

Do you need help combing your hair?

**YES NO**

Do you use or would you like to use adaptive equipment or dressing aids such as:

- Zipper pull
- Button Hook
- Extended handle to pull buttonhook
- Sock aid
- Elastic shoelaces or Velcro shoes

Other Considerations: \_\_\_\_\_

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# MOBILITY

If you have concerns about your mobility you should contact your case manager to see if a referral for a Contract RN visit can be authorized.

**If you go to PT, OT or other therapists, you may want to think about having your HCW help you with the exercises recommended by your therapist(s). You may want to use your HCW to help you strengthen your body and stay in good physical health.**

**Think about:** **YES** **NO**

Do you go to therapy?

Number of times per week \_\_\_\_\_

Do you want your HCW to be trained to help you with exercises/stretching?

Please explain the exercises/stretching.

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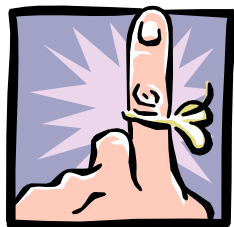
**You may want to make a videotape with your therapist or other trained HCW in how to do the stretches or exercises.**

**Other Considerations:** \_\_\_\_\_

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## TRANSFERRING



If you have concerns about your transfers you should also contact your case manager to see if a referral for a Contract RN visit can be authorized.



**Any transfer has a risk to both parties.**

**If you need help transferring, your HCW should be knowledgeable about using safe techniques, and in using proper equipment. Make sure the people you interview have the experience or willingness to learn how to transfer you.**

One more thing to think about is that your transferring needs may change in the future. Changes in your transferring needs might be from an injury, surgery, or just normal changes related to aging. These changes could be short-term, or possibly become permanent. Discussing these possibilities with your new HCW can prepare you both for a job description change if needed.

### Think about:

**Do you need help with transferring? Describe the level of help you need. (i.e., do you need minimum, moderate or maximum help, contact guard or other?)**\_\_\_\_\_

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**Do you use any special equipment to transfer? (transfer board, hydraulic or electric lift) You may want to make a video showing how you what to be transferred.**\_\_\_\_\_

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**Describe the equipment and how it works. (For example, I use a hydraulic sling lift and need assistance getting in the sling, then someone must operate the lift to move me to my chair.)**

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**Please mark the areas you need help in transferring to or from:**

**Bed**       **Toilet**       **Chair**       **Car**       **Bath/Shower**

**Other please explain:** \_\_\_\_\_

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**Please explain the method you like for transferring. Do your transfer needs change across the day or when you are tired?** \_\_\_\_\_

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**Other Considerations:** \_\_\_\_\_

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## NIGHT SERVICES

Remember to always check with your case manager if the activity does not appear on your Task List.



These questions will help you think about the kind of help you may want or need with regard to your sleeping habits or schedule. Your HCW should know if you need to be turned during the night, when to wake you up and how you like to wake up. Also, talk with your HCW about what you like when you are going to sleep. For example, do you like to listen to music while falling asleep or do you need total silence? Do you prefer heavy or light covers; do you keep a dim light on?

### Think about:

YES NO

Do you need help with any part of your bedtime routine?

### **If yes:**

If you have a live-in HCW, can they get 5 hours of uninterrupted sleep per night?

Do you use an alarm clock?

Do you need help using the alarm clock?

Do you need help transferring in and out of bed?

Do you need to be turned during the night?

Do you use any devices, or pillows for positioning?

Do you need help using the restroom during the night?

Will you need your HCW to stay overnight?

Do you use an oxygen machine while sleeping?

**YES**   **NO**

Do you use a C-pap machine while sleeping?        

Do you use a catheter drainage bag (or other device) while sleeping?        

Do you wear any type of orthopedic equipment while sleeping?        

Do you need help with any limb or muscle stretching before going to sleep?        

What do you wear for sleep? Pajamas, underwear? \_\_\_\_\_

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Other Considerations: \_\_\_\_\_

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# MEDICATION MANAGEMENT

If you have concerns about medications you are taking you should also contact your case manager to see if a referral for a Contract RN visit can be authorized.



**If you need help taking your medicine, be clear about how much help and what kind of help you need. For example, if your medicine is in a cabinet, do you need it taken out for you? Do you need help organizing your medicines? Do you need help remembering when to take them? Do you need someone to pick up your medicines from the pharmacy? Be sure to tell your HCW if you are allergic to any medicines or if there is anything to watch out for.**

**Think about:**

**YES   NO**

Do you need help with your medicines?

**If yes:**

Do you take medicine every day?

Do you use oxygen during the day?

Do you need help taking your medicine? For example, put your medicine in your hand or have help with a drink.

Do you need help organizing your medicine in a pillbox?

Do you need help remembering when to take them?

Do you need someone to pick up your medicine from the pharmacy?

Is there anything to watch out for that your HCW should know?

For example, are you allergic to any medicines?

Do you use or would you like to use adaptive equipment to maintain your medicine schedule?

YES NO

If yes, do you need help programming or filling your device?

If not, have you considered:

- a memory reminder to take medicine on time
- an automatic pill dispenser that gives you the right amount of medicine



Other Considerations: \_\_\_\_\_

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## BOWEL/CATHETER/CONTINENCE SERVICES

If you need help with toileting, it is important to hire someone who can handle your toileting needs with sensitivity and dignity. Some of the people you will interview may not have much experience in helping people with toileting needs. Be sure to discuss it in the interview. You will have to be specific and be certain that they can manage your individual needs. Be up front when talking about your needs. Let people you interview tell you what their experience is with bowel and bladder care and whether or not they are comfortable with this task.



If you only need help getting to the restroom, make sure your HCW will respect your privacy.

**Think about:**

**YES   NO**

Do you need help with toileting?

**If yes:**

Are you on a bladder care program?

Do you need assistance with your bladder program?

Do you have urgency?

Do you use a catheter?

Do you use a urinal?

Do you use a leg bag?

Are you on a bowel care program?

Do you need assistance with your bowel program?

Do you have an ostomy?

Give as much detail as possible, for example, transfer help, anything invasive, and help with cleaning.

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	<u>YES</u>	<u>NO</u>
Do you need help removing clothing?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help cleaning after toileting?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help transferring to or from the toilet?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use adult incontinence products? Please explain help needed: (for example, removing briefs, cleaning, replacing briefs)	<input type="checkbox"/>	<input type="checkbox"/>

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Do you use the toilet?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use grab bars	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help to get up or down from the toilet or commode?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use a bedside commode?	<input type="checkbox"/>	<input type="checkbox"/>
Do you empty the bedside commode?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use a bedpan?	<input type="checkbox"/>	<input type="checkbox"/>





## COMMUNICATION

**It is very important for there to be good communication between you and your HCW. These questions will help you think about your ability to communicate and if you need help**

**Think about:**

**YES   NO**

Are you able to express yourself verbally and be clearly understood by others?

Do you understand what people are saying to you?

**If no:**

Do you use sign language?

Do you read sign language?

Do you use gestures with some speech?

Do you need things explained to you with extra detail?

Do you use a communication device?

Do you need a communication device?

Do you need help maintaining and programming a communication device?

Do you use hearing aids?

Do you need someone to clean and check the batteries of your hearing aids?

Do you use an adapted telephone?

Do you need someone to reprogram your adapted telephone periodically?

Can you have a HCW who is deaf?



## LEISURE ACTIVITIES

Remember Medicaid does not pay for homecare workers to assist you during leisure activities. You may want to consider having family, friends, or volunteers assist you with leisure activities. Ask your local Center for Independent Living or Senior Center for information about volunteers.



### Think about:

What kind of things do you like to do for fun?

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Describe the kind of help you may want or need in order to do the things you enjoy.

- Is one of your favorite activities watching TV
- Do you need help operating your TV?

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**Do you like going to the movies, restaurants, etc.**

**Do you use or would you like to use adaptive equipment devices for leisure activities ~ for example:**

- **Adapted fishing rod**
- **Switch on a camera**
- **Preprogrammed TV schedule to record**
- **Controller mounted on your chair for video games**

**Describe how a volunteer could help you with any part of the activities you want to do.**\_\_\_\_\_

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**Other Considerations:**\_\_\_\_\_

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## PET CARE

If you have a pet(s), you must tell the person you are interviewing. Some people are afraid of certain animals, may be allergic or just do not like them. It is important to find this out at the interview.



Please note - Medicaid or OPI programs will not pay your HCW to assist you in taking care of animals. If you need help to care for your pet, you may want to look for a volunteer, contact the local Senior Center, or Humane Society, or other organization for possible volunteer information. Or consider asking a friend or family member to assist you with your pet's care.

### Think about:

YES NO

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Do you have any pets?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you need help to feed or water your pet?                | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you need help to walk your pet?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you need help to clean birdcage or fish tank?           | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you need help to clean the kitty litter box or dog pen? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you need help to bathe your pet?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you need help to take your pet to be groomed?           | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you need help to give your pet medicine?                | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you need help to take you pet to vet appointments?      | <input type="checkbox"/> | <input type="checkbox"/> |



# SERVICES AND TASKS WORKSHEET

Services	Tasks (describe the routine you like)
1.	
Time - How long will it take?	
2.	
Time	
3.	
Time	
4.	
Time	
5.	
Time	
6.	
Time	
7.	
Time	



# SKILLS AND EXPERIENCES WORKSHEET



Skills and Experiences	Personal Qualities
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.



# RULES AND EXPECTATIONS WORKSHEET

<b>House Rules and Expectations</b>
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
<b>Others</b>









End of services:

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**THIS JOB DESCRIPTION MAY BE CHANGED YEARLY OR  
WHENEVER A CHANGE IN JOB DUTIES IS NEEDED.**

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Signature of Homecare Worker: \_\_\_\_\_

Date \_\_\_\_\_

Signature of Employer: \_\_\_\_\_

Date \_\_\_\_\_



## THE HIRING PROCESS

This is a "Hiring Check-off" list of steps developed by Seniors and People with Disabilities (SPD) that can be used in hiring a homecare worker.

- Discuss your service needs with your case manager.
- Complete an In Home Service Plan (pictured on pages 15) with your case manager.
- Develop a job description (we'll learn how to do that).
- Look for potential employees.
- Ask in your community.
- Work with the local office.
- Access the on-line Home Care Commission Registry and Referral System for a list of homecare workers.
- Screen applicants over the phone.
- Set up interview times.
- Interview applicants.
- Check references (personal and/or professional).
- Check driver's license and insurance if you'll need your employee to drive you places.
- Hire the homecare worker.
- Make sure the homecare worker has enrolled with the SPD or AAA office and notify your case manager to arrange a start date.
- Discuss the services you need and work arrangements with homecare worker.