

**HOME HEALTHCARE
WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION**



GENERAL INFORMATION

Company Name			
Business Address			
Area Served			
Website Address			
Years in Business		Has ownership changed in past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List licenses and accreditations			

STAFFING

	Number of Employees	Number of Independent Contractors		Number of Employees	Number of Independent Contractors
Management			Physical Therapists		
Clerical (Non-Management)			Respiratory Therapists		
Home Health Aides *			Speech Therapists		
Personal or Home Care Aides **			Occupational Therapists		
LPN's			Physicians Assistants		
RN's			Nurse Anesthetists (CRNA)		
Nurse Practitioners			Social Workers		
Other	(describe)				
Other	(describe)				
Do employees work between hours of 8:00 pm and 6:00 am?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Do employees work 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does this company operate as a staffing service for nursing homes, medical offices, hospitals or other such entities?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

DEFINITIONS

* Home health aides typically work for certified home health or hospice agencies under the direct supervision of a medical professional, usually a nurse. They maintain records of services performed and of clients' condition and progress and report changes in the client's condition to the supervisor or case manager. They may provide some basic health-related services, such as checking patients' pulse rate, temperature, and respiration rate. They also may help with simple prescribed exercises and assist with medications administration. Occasionally, they change simple dressings, give massages, provide skin care, or assist with braces and artificial limbs. With special training, experienced home health aides also may assist with medical equipment.

** Personal and home care aides (also called homemakers, caregivers, companions, and personal attendants) work for various public and private agencies that provide home care services. In these agencies, caregivers are likely supervised by a licensed nurse, social worker, or other non-medical managers. Aides receive detailed instructions explaining when to visit clients and what services to perform for them. However, they typically work independently, with only periodic visits by their supervisors. Aides may work with individuals who are developmentally or intellectually disabled. These workers are often called direct support professionals and they may assist in implementing a behavior plan, teaching self-care skills and providing employment support, as well as providing a range of other personal assistance services

HIRING AND EMPLOYEE RETENTION

Physical examinations/testing on ability to perform expected job functions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-placement criminal background check?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior employer reference checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-placement TB test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-placement and random drug-testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	MVR reviewed prior to employment and annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If employees speak languages other than English, list the percentage of employees that speak those languages.		Spanish _____% Tagalog _____% Russian _____%	
		Other (describe) _____ / _____%	

COMPENSATION

	Method of Compensation	Average Wage
Non-Professional Staff	<input type="checkbox"/> Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Per Visit <input type="checkbox"/> Other	\$ _____ per _____
Professional Staff	<input type="checkbox"/> Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Per Visit <input type="checkbox"/> Other	\$ _____ per _____
Are employees provided with health insurance coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What percentage of health insurance premiums are paid by the employer? _____ %

SAFETY MANAGEMENT

Is there a designated person responsible for safety management?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has an infection control and prevention plan been developed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a new-hire safety orientation process that effectively addresses the job hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a driver safety program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is refresher safety training provided at least annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are non-latex gloves available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are workers taught how to recognize violent or aggressive behavior and how to diffuse an angry patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a process to assess and monitor each patient's home separately to determine which assistive device(s) will be the most suitable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there guidelines for sending two workers when warranted by physical demands of patient transfers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have an accident investigation procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a bloodborne pathogens plan available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a written "Modified Duty/ Return-to-Work Policy"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an employee safety committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an animal-control policy requiring animals to be restrained?	<input type="checkbox"/> Yes <input type="checkbox"/> No

To the best of my knowledge, all of the information I have given about my business is true and correct. If information is found to be different as the result of my knowingly attempting to defraud the insurance company, or if information is concealed for the purpose of misleading, or another person files an application for insurance containing materially false information, the insurance company may send direct notice of cancellation.

Officer or Owner of Business

Date