

# Finding a Caregiver



Please review this partial list\* of home care agencies throughout our service area. Once you select several agencies to contact, be sure to set aside time in your schedule to meet with them and ask questions on page two.

## HOME CARE AGENCIES

A-Abiding Care, Inc.	847-698-1400	<a href="#">Link</a>
ComForCare – <i>McHenry County</i>	815-356-0200	<a href="#">Link</a>
Brightstar Healthcare – <i>Gurnee</i>	847-782-8282	<a href="#">Link</a>
Brightstar Healthcare – <i>Kane County</i>	630-938-4738	<a href="#">Link</a>
Brightstar Healthcare – <i>McHenry</i>	224-858-4280	<a href="#">Link</a>
Brightstar Healthcare – <i>Chicago</i>	312-382-8888	<a href="#">Link</a>
Brightstar Healthcare – <i>North Suburban Chicago</i>	847-510-5750	<a href="#">Link</a>
Comfort Keepers – <i>Arlington Heights</i>	847-241-4403	<a href="#">Link</a>
Comfort Keepers – <i>Elmhurst</i>	630-313-2242	<a href="#">Link</a>
Comfort Keepers – <i>Grayslake</i>	847-220-6446	<a href="#">Link</a>
Comfort Keepers – <i>Palatine</i>	847-250-9179	<a href="#">Link</a>
Freedom Home Care – <i>Chicago &amp; surrounding suburbs</i>	847-433-5788	<a href="#">Link</a>
Homecare Assistance of Greater Chicago	847-853-7777	<a href="#">Link</a>
Home Helpers – <i>Barrington</i>	847-685-0593	<a href="#">Link</a>
Home Instead Senior Care – <i>Chicago &amp; surrounding suburbs</i>	888-331-1023	<a href="#">Link</a>
Relief Medical Services, Inc.	312-464-0001	<a href="#">Link</a>
Right at Home – <i>Chicago &amp; surrounding suburbs</i>	877-697-7537	<a href="#">Link</a>
Senior Helpers – <i>Chicago &amp; surrounding suburbs</i>	877-728-8659	<a href="#">Link</a>
SYNERGY Home Care	847-304-0123	<a href="#">Link</a>
Traycee Home Care	847-432-5190	<a href="#">Link</a>





## Questions to consider when interviewing a caregiver

1. What is the process of matching a caregiver who's a good fit for me/my loved one?
2. How do you staff so my loved one will have consistency?
3. Do you provide hourly service? Is there a minimum of hours that we need to schedule per day/week?
4. Do you provide 24-hour, around the clock care? - How is this provided and how many individuals provide coverage?
5. What are the costs and billing policies?
6. What is included in your contract for services?
7. Do you have a nurse who will visit us to do an assessment ahead of time?
8. Can your caregivers administer medications?
9. What led you to a career in caregiving?
10. What experience do you have professionally or personally in caring for others?
11. Do you have professional references we can contact?
12. Mr./Mrs. XXXXX has the following conditions/diagnoses, have you cared for anyone with similar needs?
13. Our expectations of the caregiver consist of the following responsibilities (circle all that apply)
  - Help with personal hygiene and grooming
  - Assistance with mobility
  - Assistance with home exercise program
  - Light housekeeping (define what "light housekeeping" means to you)
  - Meal planning, preparation and/or feeding
  - Transportation
  - Financial accountability
  - Reporting and monitoring changes in conditions
  - Companionship
  - Pet care
  - Medical advocacy
  - Medical appointment making and accompaniment
  - Grocery shopping or other errands
  - List all other responsibilities

*Is there anything on this list of responsibilities you are not comfortable with?*





14. What are your expectations for schedule and availability? In the event of an unforeseen circumstance delaying coverage to relieve you from your shift, how long are you available to remain with the client until coverage arrives?
15. Will you be willing and available to pick up additional shifts? If so, how much notice do you require in advance for scheduling?
16. Are you comfortable with guests or other family members visiting the client while you are on duty?
17. When you are unavailable to work either because of a last-minute emergency or planned time off, are you or your agency able to help arrange coverage?
18. What formal caregiver training or certifications do you have? (CPR certification, caregiver certification, dementia, and Alzheimer's training, etc.)
19. Do you have a driver's license? Are you willing to drive the client in your personal car? In the client's car?
20. Tell me about a time when you were in a situation where a client or a loved one required emergency medical attention. Step by step, explain how you handled the situation.
21. How would you handle a situation where your client or loved one was refusing to get up, dressed and ready for the day, but had a doctor's appointment to attend?
22. Tell me about the most challenging situation you have been presented with as a caregiver?
23. Tell me about your greatest accomplishment as a caregiver?
24. What support can we provide as family to make you and your clients time together most successful?

**\*Disclaimer:** JourneyCare is required to provide a list of resources to aid in locating and providing adequate care to patients, but this list is not inclusive of all agencies within the service area. JourneyCare and its representatives are not responsible for any financial loss, damages, injury, or personal dissatisfaction with any of the listed agencies, nor are JourneyCare and its representatives responsible for the reliability of the information provided below. Prices, services, and coverage may differ from what is listed. It is the responsibility of the user to determine the currency, validity, and usefulness of the information with the original source. JourneyCare does not endorse and is not in any way affiliated with the agencies listed, nor does it receive financial or other inducements from these agencies.

