

## CareMatch Personal Preferences and Abilities

Please check yes or no for the following items. This information will be used to match you with clients to insure an appropriate assignment.

1. Do you smoke?  Yes  No  
a) Do you mind being around someone who smokes?  Yes  No

2. How many pounds can you lift without assistance?  
a) Have you had experience or training in transferring an individual?  Yes  No  
For example, from a bed to a wheelchair. If yes, when & where?

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3. Are you willing to bathe a client?  Yes  No  
a) Have you had experience or training in bathing another person?  Yes  No  
If yes, when & where?

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4. Are you willing to do laundry?  Yes  No  
a) Do you know how to operate a washing machine?  Yes  No  
Dryer?  Yes  No

5. Are you willing to be with someone who has a dog?  Yes  No  
a) Are you willing to be with someone who has a cat?  Yes  No  
b) Are you willing to be with someone who has a bird?  Yes  No

6. Are you willing to cook?  Yes  No  
a) Do you understand the basics of a balanced diet and meal preparation?  Yes  No  
b) Can you operate a microwave?  Yes  No Dishwasher?  Yes  No  
c) What is your favorite meal to prepare for:

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Supper: \_\_\_\_\_

7. Are you willing to serve as a fill-in if another caregiver cancels at a client's home?  Yes  No
8. Are you willing to help a client with their toileting needs?  Yes  No  
a) Have you received any training or experience in caring for an individual who needs assistance with toileting?  Yes  No

If yes, when & where? \_\_\_\_\_

9. Are you willing to houseclean?  Yes  No  
a) Do you know how to operate a vacuum cleaner?  Yes  No



- b) Do you need additional training in housecleaning?  Yes  No
10. Does your car insurance cover transporting others in your car in the course of business?  Yes  No
11. Do you rely on the bus for transportation?  Yes  No
12. Do you have your own car for transportation?  Yes  No
13. Do you have a driver's license?  Yes  No
14. Do you want to serve as a "live-in"?  Yes  No
15. Are you willing to change adult briefs (diapers) for clients who are incontinent?  Yes  No
- a) Have you been trained or had experience in incontinency care?  Yes  No
- When/Where? \_\_\_\_\_
16. Do you want to care for male clients?  Yes  No
17. Do you want to care for female clients?  Yes  No
18. Are you willing to work with clients who are confused?  Yes  No
- a) Have you had training or experience about Alzheimer's or Dementia?  Yes  No
- If yes, when & where? \_\_\_\_\_
19. Are you able to turn clients who are bedfast?  Yes  No
- a) Have you had experience or training in caring for bedfast individuals?  Yes  No
- If yes, when & where? \_\_\_\_\_
20. Are you available for work on the weekend?  Yes  No
21. Are you interested in working in an assisted living community?  Yes  No

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date