

HCAB  
Home Care Agency Blueprint  
Building Successful Home Care Businesses

# Caregiver Job Descriptions

Professional HR Documents for Home Care Agencies  
Complete HR Kit  
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# Personal Care Aide (PCA)

[COMPANY NAME] | Department: Care Services | Reports To: Care Coordinator

## Position Summary

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The Personal Care Aide (PCA) provides essential support services to individuals who need assistance with daily living activities due to age, illness, disability, or recovery from surgery. The PCA works under the supervision of the Care Coordinator to implement individualized care plans while promoting client autonomy, comfort, and well-being. This role requires patience, reliability, and a genuine desire to help others maintain their independence at home.

## Essential Duties and Responsibilities

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- Provide personal hygiene assistance including bathing, oral care, hair care, and grooming
- Assist with dressing and selection of appropriate clothing
- Help clients with toileting, incontinence care, and catheter maintenance
- Support clients with eating and drinking, including meal preparation
- Assist with mobility and safe transfers using proper techniques and equipment
- Perform range of motion exercises as directed in the care plan
- Complete light housekeeping tasks essential to client health and safety
- Provide companionship and emotional support to clients
- Remind clients to take medications at prescribed times
- Observe, record, and report client status and any changes to supervisor
- Maintain accurate documentation of services provided
- Respect client rights, privacy, and dignity at all times

## Qualifications

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### Required:

- High school diploma or equivalent preferred
- Completion of state-approved PCA training program or equivalent experience
- Minimum 3 months of caregiving experience
- Valid driver's license and auto insurance

- Clean driving record
- Successful completion of criminal background check
- Negative drug screen and TB test results

**Preferred:**

- CNA certification
- Experience with Hoyer lifts and other transfer equipment
- Training in dementia care

**Physical Requirements**

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- Must be able to lift and transfer clients weighing up to 50 pounds with assistance
- Ability to bend, stoop, kneel, and crouch frequently
- Standing and walking for extended periods (up to 8 hours)
- Fine motor skills for personal care tasks
- Adequate vision and hearing to observe client conditions
- Physical stamina to complete demanding care tasks

**Working Conditions**

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- Services are provided in private residences and assisted living facilities
- Potential exposure to communicable diseases and biohazardous materials
- Variable schedules including early mornings, evenings, and weekends
- Must be available for on-call and emergency coverage as needed
- Independent work with limited direct supervision
- Regular travel between multiple client locations

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I acknowledge that I have read and understand the duties and requirements of this position.

---

Employee Signature

---

Date

# Certified Nursing Assistant (CNA)

[COMPANY NAME] | Department: Care Services | Reports To: Nursing Supervisor / Care Coordinator

## Position Summary

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The Certified Nursing Assistant (CNA) delivers skilled personal care services to clients in their homes under the direction of a registered nurse or licensed supervisor. This position requires state certification and competency in providing hands-on care while monitoring vital signs and health status. The CNA serves as an essential member of the healthcare team, ensuring clients receive safe, effective, and compassionate care that supports their health goals and quality of life.

## Essential Duties and Responsibilities

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- Provide personal care services including bathing, grooming, dressing, and toileting
- Measure and record vital signs (blood pressure, temperature, pulse, respiration)
- Assist with ambulation, transfers, and positioning using proper body mechanics
- Perform range of motion exercises as directed by the care plan
- Assist with feeding and monitor food and fluid intake
- Provide catheter care and monitor urinary output
- Assist with ostomy care as trained and directed
- Apply non-medicated topical treatments as directed
- Turn and reposition bedridden clients to prevent pressure ulcers
- Observe and report changes in client physical and mental condition
- Document all care provided and observations accurately
- Maintain infection control standards and proper hand hygiene
- Respond to client emergencies and provide basic first aid as needed
- Communicate effectively with nursing staff, families, and healthcare providers

## Qualifications

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### Required:

- High school diploma or GED
- Current, valid CNA certification in the state of employment

- Listed on the state Nurse Aide Registry in good standing
- Minimum 1 year of CNA experience preferred
- Current CPR/BLS certification
- Valid driver's license with clean driving record
- Ability to pass comprehensive background check
- Current TB test and health screening

**Preferred:**

- Home health or hospice experience
- Advanced certifications (Medication Aide, Phlebotomy)
- Experience with specialized populations (pediatric, geriatric, dementia)
- Electronic health record (EHR) documentation experience

**Physical Requirements**

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- Ability to lift, push, pull, and transfer up to 75 pounds with assistance
- Extended standing, walking, bending, and reaching throughout shift
- Manual dexterity for clinical tasks and documentation
- Visual acuity to read medical equipment and observe client conditions
- Hearing adequate to respond to client needs and alarms
- Physical endurance for shifts up to 12 hours

**Working Conditions**

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- Care is provided in client homes with variable environmental conditions
- Regular exposure to blood, body fluids, and infectious materials
- Flexible scheduling including days, nights, weekends, and holidays
- On-call availability may be required
- Travel to multiple client locations throughout service area
- Works under the supervision of licensed nursing personnel

---

I acknowledge that I have read and understand the duties and requirements of this position.

---

Employee Signature

---

Date

# Live-In Caregiver

[COMPANY NAME] | Department: Care Services | Reports To: Care Coordinator

## Position Summary

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The Live-In Caregiver provides around-the-clock care and support to clients in their homes, residing at the client's residence during their scheduled assignment. This position is ideal for compassionate individuals who can provide consistent, comprehensive care while adapting to the home environment. The Live-In Caregiver ensures client safety, comfort, and well-being throughout a 24-hour shift cycle while receiving designated break and sleep periods.

## Essential Duties and Responsibilities

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- Provide comprehensive personal care including bathing, dressing, grooming, and toileting
- Prepare all meals according to dietary needs and preferences
- Administer medication reminders throughout the day and night
- Assist with mobility, transfers, and safe ambulation
- Perform household tasks including cleaning, laundry, and maintaining living spaces
- Provide companionship and engage client in meaningful activities
- Monitor client condition and respond to nighttime needs
- Accompany client to appointments, outings, and social activities
- Manage grocery shopping and household errands
- Coordinate with family members and other healthcare providers
- Maintain detailed daily logs of care provided and observations
- Respond to emergencies and implement safety protocols
- Ensure home safety and fall prevention measures
- Provide respite relief to family caregivers

## Qualifications

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### Required:

- High school diploma or equivalent
- Minimum 1 year of caregiving experience, preferably in home care

- Previous live-in or extended-shift caregiving experience preferred
- Valid driver's license and reliable vehicle for errands/appointments
- Current CPR and First Aid certification
- Ability to pass background check, drug screen, and reference verification
- Flexibility to work 24-hour shifts with designated rest periods
- Ability to stay overnight in client's home (private sleeping quarters provided)

**Preferred:**

- CNA or HHA certification
- Experience with dementia/Alzheimer's care
- Experience with hospice or end-of-life care
- Culinary skills and meal planning experience

**Physical Requirements**

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- Ability to lift and assist with transfers up to 50 pounds
- Stamina for extended periods of activity throughout 24-hour shifts
- Ability to respond quickly to client needs, including at night
- Physical capability to perform all personal care and household tasks
- Light sleeper able to respond to nighttime emergencies
- Good physical health to provide consistent care

**Working Conditions**

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- Lives in client's home during scheduled shifts (typically 3-4 consecutive days)
- Private sleeping quarters and meals provided during live-in shifts
- Minimum 8 hours of uninterrupted sleep time per 24-hour period
- Regular meal breaks as required by labor law
- May work with clients with varying levels of cognitive and physical impairment
- Must adapt to different home environments and family dynamics
- Rotation schedule with other caregivers for continuous coverage

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I acknowledge that I have read and understand the duties and requirements of this position.

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Employee Signature

---

Date

# Companion / Sitter

[COMPANY NAME] | Department: Care Services | Reports To: Care Coordinator

## Position Summary

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The Companion/Sitter provides non-medical support services focused on companionship, supervision, and assistance with daily activities. This position is designed for clients who are primarily independent but benefit from social interaction, safety monitoring, and light assistance. The Companion ensures clients remain engaged, safe, and connected while maintaining their independence at home. This role emphasizes relationship-building and emotional support.

## Essential Duties and Responsibilities

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- Provide friendly companionship and meaningful social interaction
- Engage clients in conversation, games, hobbies, and activities of interest
- Accompany clients on walks, outings, and community activities
- Provide transportation to appointments, shopping, and social engagements
- Prepare light meals and snacks; assist with eating as needed
- Perform light housekeeping including tidying, dishes, and laundry
- Provide medication reminders (no administration)
- Read aloud, assist with correspondence, and help with phone calls
- Monitor client safety and report any concerns to supervisor
- Assist with organizing and managing household tasks
- Provide respite for family caregivers
- Observe and report changes in client mood, behavior, or condition
- Maintain confidentiality and respect client dignity
- Document visits and services provided

## Qualifications

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### Required:

- High school diploma or equivalent preferred
- Genuine enjoyment of spending time with seniors or individuals with disabilities

- Excellent interpersonal and communication skills
- Patient, compassionate, and reliable demeanor
- Valid driver's license and safe driving record
- Reliable transportation for client outings
- Ability to pass background check and drug screening
- Basic understanding of safety and emergency procedures

**Preferred:**

- Previous experience as a companion, volunteer, or caregiver
- CPR and First Aid certification
- Experience with dementia or memory care
- Hobbies or skills that can be shared with clients (crafts, music, gardening)

**Physical Requirements**

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- Ability to sit, stand, and walk for moderate periods
- Ability to lift up to 25 pounds occasionally
- Sufficient mobility to accompany clients on outings
- Visual and hearing acuity to monitor client safety
- Manual dexterity for meal preparation and household tasks

**Working Conditions**

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- Services provided in client homes and community settings
- Flexible scheduling based on client and family needs
- Typical shifts range from 2-8 hours
- May include daytime, evening, or weekend hours
- Generally low-risk environment with minimal physical demands
- Regular interaction with clients who may have cognitive impairment
- Travel to various locations with clients

---

I acknowledge that I have read and understand the duties and requirements of this position.

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Employee Signature

---

Date

# Care Coordinator / Scheduler

[COMPANY NAME] | Department: Operations | Reports To: Administrator / Director of Operations

## Position Summary

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The Care Coordinator/Scheduler serves as the central point of coordination between clients, caregivers, and families. This office-based position is responsible for matching caregivers to clients, managing schedules, handling staffing changes, and ensuring continuity of care. The Care Coordinator plays a vital role in client satisfaction and caregiver retention through effective communication, problem-solving, and relationship management.

## Essential Duties and Responsibilities

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- Create and maintain caregiver schedules to ensure all client shifts are covered
- Match caregivers to clients based on skills, availability, location, and compatibility
- Handle same-day call-offs and arrange replacement coverage
- Process schedule change requests from clients and caregivers
- Conduct new client intake calls and gather initial service requirements
- Coordinate introductions between caregivers and new clients
- Monitor caregiver clock-in/clock-out and address attendance issues
- Respond to client and caregiver inquiries and resolve concerns
- Maintain accurate records in scheduling and care management software
- Communicate schedule changes to all affected parties promptly
- Track caregiver availability, certifications, and compliance requirements
- Assist with caregiver onboarding and orientation scheduling
- Generate reports on utilization, overtime, and scheduling metrics
- Participate in on-call rotation for after-hours scheduling emergencies
- Support quality assurance through client satisfaction follow-up calls

## Qualifications

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### Required:

- High school diploma required; Associate's or Bachelor's degree preferred

- Minimum 2 years of experience in healthcare scheduling or coordination
- Previous home care, home health, or healthcare office experience strongly preferred
- Proficiency with scheduling software and Microsoft Office Suite
- Excellent organizational and multitasking abilities
- Strong communication skills, both written and verbal
- Ability to remain calm under pressure and solve problems quickly
- Customer service orientation with empathy and professionalism

**Preferred:**

- Experience with home care software (ClearCare, WellSky, AxisCare, etc.)
- CNA, HHA, or direct care experience
- Bilingual abilities
- Knowledge of labor laws and scheduling compliance

**Physical Requirements**

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- Prolonged periods sitting at a desk and working on a computer
- Ability to communicate clearly by phone and in person
- Manual dexterity for computer and phone use
- Visual acuity for reading schedules and documentation
- Ability to lift up to 15 pounds (file boxes, supplies)

**Working Conditions**

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- Office-based position in a professional healthcare environment
- Standard business hours with on-call rotation for emergencies
- Fast-paced environment with frequent interruptions
- High volume of phone calls and electronic communications
- Must manage competing priorities and tight deadlines
- Collaborative work with administrative and field staff teams

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I acknowledge that I have read and understand the duties and requirements of this position.

---

Employee Signature

---

Date

## Part 2

# HR Forms & Templates

Essential documents for hiring and onboarding your team

[COMPANY NAME]

# Employment Application

## Personal Information

Full Legal Name (Last, First, Middle)

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Phone Number

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Email Address

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Current Address (Street, City, State, ZIP)

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Are you legally authorized to work in the United States?

Yes  No

Are you at least 18 years of age?

Yes  No

## Position Information

Position(s) Applied For

---

Date Available to Start

---

Desired Pay Rate

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Employment Type Desired

Full-Time  Part-Time  Per Diem

Availability (Check all that apply)

Days  Evenings  Nights  Weekends  Holidays  Live-In

## Transportation & Certifications

**Do you have a valid driver's license?**

Yes  No

**Driver's License Number**

**State Issued**

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**Do you have reliable transportation?**

Yes  No

**Do you have current auto insurance?**

Yes  No  N/A

**Certifications Held (Check all that apply)**

CNA  HHA  CPR  First Aid  LVN/LPN  RN  Other: \_\_\_\_\_

## Employment Application (continued)

### Employment History (Start with most recent employer)

Employer Name	Job Title / Duties	Dates (From-To)	Supervisor	Reason for Leaving

May we contact your current employer?  Yes  No

### Education

School Name & Location	Degree/Diploma	Field of Study	Year Completed

### Professional References (Do not include relatives)

Name	Relationship	Phone Number	Years Known

### Background Information

**Have you ever been convicted of a crime? (Conviction will not necessarily disqualify an applicant)**

Yes  No

**If yes, please explain:**

### Applicant Certification and Agreement

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that falsification, misrepresentation, or omission of facts may result in rejection of my application or termination of employment. I authorize [COMPANY NAME] to verify all information provided and to conduct background checks, including criminal history, driving record, and reference checks. I understand that employment is contingent upon successful completion of all pre-employment requirements and that employment is at-will.

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

# Reference Check Form

## Applicant Information

Applicant Name

Position Applied For

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## Reference Information

Reference Name

Company/Organization

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Phone Number

Relationship to Applicant

Date of Call

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## Reference Questions

1. How long did you work with the applicant and in what capacity?

2. What were the applicant's primary job responsibilities?

3. How would you describe the quality of the applicant's work?

4. How did the applicant handle stressful situations or difficult clients?

**5. Was the applicant reliable and punctual? Any attendance issues?**

**6. How well did the applicant work with others (coworkers, supervisors, clients)?**

**7. What are the applicant's greatest strengths?**

**8. What areas could the applicant improve upon?**

**9. Why did the applicant leave your organization?**

**10. Would you rehire this applicant? Why or why not?**

**11. Is there anything else you would like to share about this applicant?**

**Reference Check Summary**

**Overall Recommendation**

- Highly Recommend       Recommend       Recommend with Reservations       Do Not Recommend

**Additional Notes**

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Completed By (Print Name)

---

Date

# Interview Evaluation Scorecard

## Interview Information

Candidate Name

Position

Interview Date

Interviewer Name

Interview Type

Phone  In-Person  Video

**Rating Scale: 1 = Poor | 2 = Below Average | 3 = Average | 4 = Above Average | 5 = Excellent**

Criteria	Rating (Circle One)	Notes
<b>Appearance &amp; Professionalism</b> Appropriate dress, hygiene, demeanor	(1) (2) (3) (4) (5)	
<b>Communication Skills</b> Clear, articulate, listens well	(1) (2) (3) (4) (5)	
<b>Relevant Experience</b> Caregiving background, skills	(1) (2) (3) (4) (5)	
<b>Compassion &amp; Empathy</b> Genuine caring attitude	(1) (2) (3) (4) (5)	
<b>Reliability &amp; Dependability</b> Work history, punctuality	(1) (2) (3) (4) (5)	
<b>Problem-Solving Ability</b> Handles challenges, thinks critically	(1) (2) (3) (4) (5)	
<b>Flexibility &amp; Availability</b> Schedule, willingness to adapt	(1) (2) (3) (4) (5)	
	(1) (2) (3) (4) (5)	

**Cultural Fit**

Aligns with company values

**Total Score (out of 40)**

---

**Interview Notes**

**Key Strengths Observed**

**Areas of Concern**

**Additional Comments**

**Hiring Recommendation**

**Strongly Recommend Hire**

**Recommend Hire**

**Hire with Reservations**

**Do Not Recommend**

---

Interviewer Signature

---

Date

[COMPANY NAME]

# Employment Offer Letter

Date

\_\_\_\_\_

To: \_\_\_\_\_

Address: \_\_\_\_\_

Dear \_\_\_\_\_,

We are pleased to offer you employment with **[COMPANY NAME]** in the position of \_\_\_\_\_ . We believe your skills and experience will be a valuable addition to our caregiving team.

## Terms of Employment

<b>Position Title:</b>	
<b>Department:</b>	Care Services
<b>Reports To:</b>	
<b>Start Date:</b>	
<b>Employment Status:</b>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Per Diem
<b>Compensation:</b>	\$_____ per hour
<b>Pay Schedule:</b>	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly
<b>Work Location:</b>	Various client homes within service area

## Pre-Employment Requirements

This offer is contingent upon successful completion of the following:

Criminal background check clearance

Drug screening (negative results)

Verification of eligibility to work in the United States (I-9)

Verification of required certifications (if applicable)

TB test clearance

Completion of new hire orientation

### At-Will Employment

Please understand that your employment with [COMPANY NAME] is "at-will." This means that either you or the company may terminate the employment relationship at any time, with or without cause, and with or without notice. This offer letter does not constitute a contract of employment for any specific period of time.

To accept this offer, please sign below and return this letter by \_\_\_\_\_. We look forward to welcoming you to our team!

Sincerely,

\_\_\_\_\_  
Authorized Representative

---

### ACCEPTANCE OF OFFER

I accept this offer of employment and agree to the terms outlined above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

# I-9 Verification Reminder Checklist

## Important: Federal Requirement

Form I-9 (Employment Eligibility Verification) is required by federal law for all new employees. Employers must complete Section 2 within 3 business days of the employee's first day of work. This checklist helps ensure compliance.

## Employee Information

Employee Name

Start Date

I-9 Section 2 Due By (3 business days from start)

Completed By (HR Representative)

## Section 1: Employee Responsibilities (Complete on or before first day of work)

- Provide blank I-9 form to employee** - Available at [uscis.gov/i-9](https://uscis.gov/i-9)
- Employee completes Section 1** - Full legal name, address, date of birth, SSN (if applicable), citizenship/immigration status
- Employee signs and dates Section 1** - Must be completed no later than first day of employment
- Preparer/Translator certification (if applicable)** - Complete if employee needed assistance

## Section 2: Employer Responsibilities (Complete within 3 business days of start)

- Examine original documents** - Must be unexpired and from Lists A, B, and C

**Record document information** - Document title, issuing authority, number, expiration date

**Complete employer certification** - First day of employment, employer name, signature, date

## Acceptable Documents

List A (Identity AND Work Authorization)	List B (Identity Only)	List C (Work Authorization Only)
<ul style="list-style-type: none"><li>- U.S. Passport or Passport Card</li><li>- Permanent Resident Card (Green Card)</li><li>- Employment Authorization Document</li><li>- Foreign passport with I-551 stamp</li><li>- Foreign passport with Form I-94</li></ul>	<ul style="list-style-type: none"><li>- Driver's license or state ID</li><li>- School ID with photo</li><li>- Voter registration card</li><li>- U.S. military card or draft record</li><li>- Military dependent's ID card</li></ul>	<ul style="list-style-type: none"><li>- Social Security Card (unrestricted)</li><li>- Birth certificate</li><li>- U.S. Citizen ID Card</li><li>- Native American tribal document</li><li>- Employment authorization from DHS</li></ul>

**Note:** Employee must present ONE document from List A, OR one document from List B AND one from List C.

## Documents Presented

List A Document (if applicable)

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OR

List B Document

List C Document

---

## Compliance Reminders

**Do NOT specify which documents to present** - Employee chooses from acceptable lists

**Do NOT request more documents than required** - One from List A OR one each from B and C

**Documents must be ORIGINAL** - Photocopies not acceptable for verification

**Retain I-9 for required period** - 3 years from hire date OR 1 year after termination  
(whichever is later)

**Set calendar reminder for document expiration** - Reverification required before expiration

---

I confirm the I-9 verification process was completed in compliance with federal requirements.

---

HR Representative Signature

---

Date Completed

# W-4 Form Reminder Checklist

## Important: Federal Tax Withholding

Form W-4 (Employee's Withholding Certificate) tells employers how much federal income tax to withhold from employee paychecks. All new employees must complete a W-4 before their first paycheck. This checklist helps ensure proper completion.

## Employee Information

Employee Name

Start Date

\_\_\_\_\_

\_\_\_\_\_

W-4 Due By (Before first paycheck)

First Pay Date

\_\_\_\_\_

\_\_\_\_\_

## W-4 Form Overview for Employees

Share this information with new employees to help them complete the W-4 correctly:

### Step 1: Personal Information (Required)

Name, address, Social Security number, and filing status (Single, Married filing jointly, etc.)

### Step 2: Multiple Jobs or Spouse Works (If applicable)

Complete if employee has multiple jobs or spouse also works. Use IRS withholding estimator or worksheet.

### Step 3: Claim Dependents (If applicable)

Claim tax credits for qualifying children and other dependents if income is under \$200,000 (or \$400,000 if married filing jointly).

### Step 4: Other Adjustments (Optional)

Additional income, deductions, or extra withholding amount per pay period.

## Step 5: Sign and Date (Required)

Employee must sign under penalty of perjury that information is correct.

## Employer Checklist

**Provide current W-4 form to employee** - Available at [irs.gov/w4](https://irs.gov/w4) (use current year version)

**Verify form is complete** - Steps 1 and 5 are required; Steps 2-4 are situational

**Check for signature and date** - Form is invalid without employee signature

**Enter information into payroll system** - Filing status, dependents, additional withholding

**Retain W-4 in employee file** - Keep for at least 4 years after tax is due or paid

**Also collect state withholding form (if applicable)** - Many states have separate forms

## Important Reminders

<b>If no W-4 submitted:</b>	Withhold as if employee is Single with no adjustments (highest withholding rate)
<b>Employee wants to update:</b>	Accept new W-4 at any time; changes effective by next pay period
<b>Cannot advise employees:</b>	Do not tell employees how many dependents to claim or how to complete form
<b>IRS Withholding Estimator:</b>	Direct employees to <a href="https://irs.gov/W4App">irs.gov/W4App</a> for help calculating withholding
<b>Do NOT send to IRS:</b>	W-4 forms are kept by employer, not submitted to IRS unless requested

## State Withholding (If Applicable)

**State**

\_\_\_\_\_

**State Form Required**

Yes     No (uses federal W-4)

No state income tax

**State Form Name/Number (if applicable)**

\_\_\_\_\_

## Completion Verification

**W-4 Status**

Received and processed

Pending - follow up needed

Not received - withholding at Single rate

\_\_\_\_\_

I confirm the W-4 process was completed for this employee.

\_\_\_\_\_  
HR/Payroll Representative

\_\_\_\_\_  
Date

### Resources

- Current W-4 Form: [irs.gov/w4](https://www.irs.gov/w4)
- IRS Withholding Estimator: [irs.gov/W4App](https://www.irs.gov/W4App)
- Publication 15-T (Withholding Tables): [irs.gov/pub15t](https://www.irs.gov/pub15t)
- W-4 Instructions: [irs.gov/forms-pubs](https://www.irs.gov/forms-pubs)