

HOME CARE SERVICES JOB DESCRIPTION

JOB TITLE: Personal Care Attendant (PCA)

OFFICE LOCATIONS: Billings, Bozeman, Dillon, Hardin, Lame Deer, Miles City, Missoula, Hamilton, Glasgow & Sidney

TITLE OF IMMEDIATE SUPERVISOR: Home Care Services Nurse Supervisor

Date Updated: 4/28/2014

Written By: Dawna R. Brinkel, Personnel Officer

SUMMARY

Works in private residence to provide medically necessary in-home services to Clients whose chronic health problems cause them to be functionally limited in performing activities of daily living. Works under the direct supervision of the Nurse Supervisor.

RESPONSIBILITIES AND JOB DUTIES

1. Follow both specific and general directives.
 - a) Operates directly under the supervision of the Nurse Supervisor.
 - b) Consults with Supervisor and or Scheduler on questions, problems and procedures when they arise.
 - c) Follows specific guidelines and schedule established by individual care plan.
 - d) Follow agency Policies and Procedures.

2. Provide direct Client care, in accordance with the individual's plan of care, to include any combination of the following:
 - a) Activities of daily living and/or personal hygiene such as dressing, bathing, grooming, feeding, routine hair and skin care, toileting, transferring, walking, exercising, and assistance with medication which are ordinarily self-administered.
 - b) Activities related to providing food according to the recipient's needs and wishes. Meal preparation activities include: menu planning, shopping, storing, preparing and serving food.
 - c) Household tasks related to maintaining the Client's health and safety in the home. This may include: changing bed linens, light housekeeping, laundering, washing dishes, and dusting.
 - d) Escort services for clients who require personal assistance during trips to obtain medical care. Call Supervisor for prior authorization before escorting any Client Shopping may be authorized and is for items essential to the patient's health care and nutritional needs.
 - e) Social Supervision to allow the Client interaction in the community or other interactive activities.
 - f) Performs other personal care needs as directed.

3. Maintains required documentation and reports information to Supervisor.
 - a) Informs Supervisor of changes in Client's conditions and needs.
 - b) Fills out service and delivery records accurately.
 - c) Keeps accurate mileage records.

4. Interacts and communicates with people representing a wide variety of organizations, agencies and professions.
 - a) Communicates both personally and impersonally, through oral or written memoranda, with all parties involved.
 - b) Promote effective communication and cooperation with staff, Clients and other service providers.
5. Enhance program quality.
 - a) Participates in monthly in-service training program.

EMPLOYMENT STANDARDS

- * Prior to placement with a Client must successfully complete approved PCA training program or have had the equivalent experience;
- * Valid Montana Driver's License, own reliable mode of transportation and appropriate insurance;
- * Must be able to travel out-of town;
- * Strong interpersonal and communication skills;
- * Physically able to perform direct Client care duties;
- * Disclosure of any communicable disease that would compromise ability to perform job duties.

EXAMPLES OF PERFORMANCE CRITERIA AND QUALIFICATIONS

- * Effectively establishes and maintains positive working relationships with the medical profession, clients and other team members;
- * Ensures compliance with performance and training standards;
- * Professional and respectful attitude toward those cared for;
- * Ability to read, write and consistently carry out directions correctly;
- * Maturity and ability to deal effectively with demands of the job;
- * Consistently reports for assigned shifts;
- * Willingness to fill-in for others as needed (sick or vacation) to ensure client scheduled hours are covered.

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT OR TYPE**, except for signature on back of application. All applications will be reviewed. If a personal interview is necessary, you will be notified of the time and date. Applications are only considered active during the time solicited by posted notice.

Position Applied For: _____ Today's Date: _____

Are you seeking: _____ Part-Time; _____ Seasonal employment?

If you are offered employment when could you start work? _____

PERSONAL DATA

Last Name First Name Middle Name Telephone Number

Present Street Address Alternate Telephone Number

City State Zip Code

Are you 18 years of age or older?..... _____ Yes _____ No

Can you, after employment, submit verification of your legal right to work in the United States?..... _____ Yes _____ No

Social Security Number: _____

GENERAL INFORMATION

Were you ever employed here? ___No ___Yes; If so when? _____

Is any additional information relative to change of name, use of assumed name or nickname necessary to enable us to check your work record? ___No ___Yes; if so please list _____

Are you presently employed: ___No ___Yes; if so may we contact your present employer? ___No ___Yes

Have you ever been convicted of any felony or a misdemeanor that resulted from theft or any offense causing bodily injury: ___No ___Yes; if so please explain:

(A conviction may not prevent you from being hired but, non disclosure is grounds for immediate termination.)

This job may require lifting. Can you lift up to 50 lbs? ___No ___Yes

Do you have any physical limitations that may interfere with your job duties? ___No ___Yes; if so please explain: _____

This job requires driving and transporting clients. Do you have your own vehicle & insurance? ___No ___Yes

REFERENCES

Give three references (not relatives) you have worked with.

Name Address Daytime Phone Occupation

1. _____

2. _____

3. _____

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that Home Care Services shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damages for issuing this information. I understand and misleading or incorrect statements may render this application void and if employed would be cause for termination. I understand that by acceptance of this application there is no express or implied contract of employment.

Signature: _____ Date: _____

EDUCATION

Check the highest level or equivalent completed:

Elementary school or less High School Are you a student? Yes No
8 9 10 11 12

Name of College, University or Vo-Tech attended: _____

Major: _____ Did you graduate? Yes No

Degree Awarded: _____ Date of Degree? Yes No

Name of College, University or Vo-Tech attended: _____

Major: _____ Did you graduate? Yes No

Degree Awarded: _____ Date of Degree? Yes No

List any professional Certifications/ licensure (e.g. CPR, RN, LPN, CNA, Teaching)

Type: _____ Date Issued: _____

Issuing Authority: _____ Renewal Date: _____

List any professional Certifications/ licensure (e.g. CPR, RN, LPN, CNA, Teaching)

Type: _____ Date Issued: _____

Issuing Authority: _____ Renewal Date: _____

Only Applicants applying for positions requiring driving are to complete this section

Driver's License Number: _____

State: _____ Expiration Date: _____

Type and Class of License: _____

Have you ever had your driver's license suspended or revoked in the last 3 years?..... Yes No

WORK HISTORY

List names of employers in consecutive order with the present or last employer first. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Employer: _____ Job Title: _____

Address: _____ Supervisor: _____ Phone _____

City/ State/ Zip: _____ Dates Employed: _____

Job Duties Performed: _____

Reason for Leaving: _____

Last Pay Rate: _____

Employer: _____ Job Title: _____

Address: _____ Supervisor: _____ Phone _____

City/ State/ Zip: _____ Dates Employed: _____

Job Duties Performed: _____

Reason for Leaving: _____

Last Pay Rate: _____

Employer: _____ Job Title: _____

Address: _____ Supervisor: _____ Phone _____

City/ State/ Zip: _____ Dates Employed: _____

Job Duties Performed: _____

Reason for Leaving: _____

Last Pay Rate: _____

HOME CARE SERVICES

AFFIRMATIVE ACTION QUESTIONNAIRE

Home Care Services invites applicants for employment to voluntarily provide the following information. All responses will be kept confidential and used only to provide statistical information for compliance with Equal Employment Opportunity regulations. Refusal to provide information will not subject the applicant to any adverse treatment.

ETHNIC BACKGROUND:

Asian Black Hispanic
 Native American White Other

SEX:

Female Male

AGE:

Age Date of Birth

MARITAL STATUS

Married Single Divorced

HANDICAPPED:

Yes No

VETERAN:

Yes No

Name and Date on Application: _____

HOME CARE SERVICES

WORK AVAILABILITY

NAME: _____

DUTIES DESIRED: _____ PERSONAL CARE _____ MEAL PREPARATION
 _____ HOMEMAKER _____ RESPITE
 _____ OTHER (specify) _____

Will you accept other duties? _____ Yes _____ No

Will you be able for fill-in? _____ Yes _____ No

Will you work with: _____ any type of client _____ male _____ female
 _____ non-elderly _____ children _____ elderly

Are there any types of care you would not want to do, i.e., catheter care, bathing, escort, etc.?

Please specify: _____

When are you willing to work? _____ Nights _____ Days _____ Evenings
 _____ Holidays _____ Weekends
 _____ Late nights _____ Early Mornings

How much are you willing to work? _____ Hours per day _____ Hours per week

Lists shifts, days or times you cannot work: _____

HANDS-ON TRAINING

PLEASE MAKE A CHECK MARK BY ALL THE TASKS YOU HAVE PERFORMED AND ARE ABLE TO PERFORM WITHOUT SUPERVISION.

<i>WASHING YOUR HANDS IN A CLIENT HOME</i>		<i>HOYER LIFT</i>		<i>ELDERLY</i>	
<i>BATHING</i>		<i>ONE PIECE SLING</i>		<i>CLIENTS RIGHTS</i>	
<i>BED BATH</i>		<i>TWO PIECE SLING</i>		<i>HOSPITAL BED</i>	
<i>ORAL CARE0</i>		<i>BATH BENCH</i>		<i>TED HOSE</i>	
<i>SHAMPOO</i>		<i>WALKER</i>		<i>DUEODERM</i>	
<i>SHAVE</i>		<i>WHEELCHAIR</i>		<i>CATHETER BAG</i>	
<i>URINAL</i>		<i>GAIT BELT</i>		<i>OSTOMY BAG</i>	
<i>COMMODOE</i>		<i>SHOWER CHAIR</i>		<i>DIABETIC</i>	
<i>DRESSING</i>		<i>SLIDE BOARD</i>		<i>RESPIRE</i>	
<i>MED. BOX</i>		<i>LAUNDRY</i>		<i>SOCIAL TRANS.</i>	
<i>MEAL PREP</i>		<i>SHOPPING</i>		<i>MEDICAL TRANS.</i>	
<i>NAIL FILE - NO CUT</i>		<i>HOUSE CLEANING</i>		<i>SOCIAL TIME</i>	
<i>EMERGENCY CARE</i>		<i>INFECTIOUS CONTROL</i>		<i>LINEN CHANGE</i>	
<i>PERICARE/ MAN</i>		<i>DUTY GUIDES</i>		<i>BACK SAFETY</i>	
<i>PERICARE/ WOMAN</i>		<i>RECORD/ CLIENT HM.</i>		<i>EXERCISE</i>	
<i>SKIN CARE/ LOTION</i>		<i>CHILDREN</i>		<i>PASSIVE ROM</i>	
<i>OXYGEN</i>		<i>DISABLED ADULTS</i>		<i>TRANSFERS</i>	