



California Association for Health Services at Home

APPLICATION FOR CERTIFICATION AS A HOME CARE AIDE ORGANIZATION

AGENCY NAME: _____

AGENCY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

WEBSITE ADDRESS (if any): _____

A home care aide organization or other organization providing home care aide services or equivalent services desiring to be certified by the California Association for Health Services at Home (CAHSAH) as meeting CAHSAH's Certification Standards for Home Care Aide Organizations shall submit the following to CAHSAH:

1. Provide your home care aide organization number(s) as provided by the Department of Social Services, Home Care Services Bureau. Number(s) _____ OR provide your California Department of Public Health Home Health Agency or Hospice license Number (s) _____ AND a statement acknowledging that if you have a home care licensure exemption, your personal care services are provided under the same local business license as your home health agency or hospice.
2. Provide your company policy for providing in-person supervision of all caregivers and a statement that you visit all your clients to assess quality at least annually.
3. Provide a statement that indicates your organization interviews new caregiver applicants in-person prior to hiring them.
4. Provide a copy of your written grievance policy that specifies the way a client may file a grievance/complaint.
5. Provide your company's template for the client's plan of care
6. Provide your company's written agreement with your clients that specifies fees are provided in writing. (Do not send CAHSAH the amount of the fees.)
7. Provide the declaration page from your workers' compensation policy to indicate that all your field staff are covered under workers' compensation classification code 8827.

Please Print

CONTACT NAME: _____ PHONE: _____ EMAIL: _____

NAME OF OFFICER OR DIRECTOR
TO BE LISTED ON THE CERTIFICATE: _____

TITLE OF OFFICER OR DIRECTOR: _____ PHONE: _____

SIGNATURE: _____ DATE: _____

Mail completed application and required documents to:

CAHSAH - Attention: Membership
3780 Rosin Court, Suite 190, Sacramento, CA 95834

CAHSAH Home Care Aide Organization Certification indicates that a Home Care Aide organization has submitted documentation to CAHSAH that demonstrates the Home Care Aide Organization has met or satisfied the Certification Standards with respect to the conduct of its business. These Certification Standards are not intended to be a comprehensive list of every standard or indicator of compliance, quality or safety a home care aide organization should have in place. CAHSAH recommends that agencies seek the advice of competent legal or human resources professionals when establishing or revising agency practices. CAHSAH does not assess the quality, background, knowledge and skills of the individuals providing services for the organization or the quality of services provided by the CAHSAH certified Home Care Aide Organization. CAHSAH does not independently verify the accuracy of the documentation or materials submitted to it by a Home Care Aide Organization in connection with the application for certification.