

## **HCESB Survey – Employee/Worker**

Gender: Choose an item.

Age: Choose an item.

Race/Ethnicity:

- White/Caucasian
- Black/African American
- Hispanic or Latino
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Other
- Prefer Not to Say

Home Care Definition: assisting someone in their own home with tasks such as eating, bathing, dressing, meal preparation, or light housework. This does not include medical services such as nursing, certified nursing assistants (CAN), or home health aide care.

Do you currently provide paid home care (definition of home care above)? Yes  No

How many years have you worked in home care? Click or tap here to enter text.

How many clients do you currently care for? Click or tap here to enter text.

What is your hourly wage? (If several, list each) Click or tap here to enter text.

On average, how many hours of care are you paid for a week? Choose an item.

Select any benefits you received from a personal care agency in calendar year 2021:

- Paid time off (vacation, sick, personal)

- Paid training
- Employer-paid healthcare
- Retirement benefits
- Agency-provided PPE (masks, gloves, or sanitizer)
- Mileage reimbursement

Other (specify): [Click or tap here to enter text.](#)

Select any work expenses you paid in calendar year 2021:

- Training
- CPR and/or First Aid certification
- TB shot
- Background check

Other (specify): [Click or tap here to enter text.](#)

If you care for multiple clients for the same agency, do you drive in between those clients' homes?

Yes  No

Do you know your agency's mileage reimbursement policy and how to submit for payment?

Yes  No

Are you employed by an agency? Yes  No

Did you receive a W-2 tax form from an agency for calendar year 2021? Yes  No

Did you receive a 1099 tax form for calendar year 2021? Yes  No

Are there areas where you feel you need additional training? Yes  No  Explain: [Click or tap here to enter text.](#)

Would you work more hours per week if presented with extra hours that fit your needs? Yes  No

Have you ever not been paid for work performed due to problems with the EVV system? Yes  No

Do your hours available for paid time off show on your paycheck stub? Yes  No

Do you ever work over 40 hours a week and not receive paid overtime? Yes  No

Are you ever assigned clients to care for an you felt you weren't appropriately trained for the client's needs? Yes  No

Do you feel your client's needs for hours are being met? Yes  No

Have you ever been denied a request for paid time off? Yes  No  Explain: Click or tap here to enter text.

Does your agency have an afterhours number that they answer if you have an issue? Yes  No

Is your agency typically available to answer your questions concerning issues/care for your client? Yes  No

Does our agency go over the service plan for your client with you? Yes  No