

Care Professional Availability

Care Professional's Name: _____

Desired Weekly Hours (Min 20):

- Please provide 10 additional hours of availability beyond your desired number of working hours. This affords us the flexibility to get you as close to your desired working hours as possible.
- Care Professionals are asked to be flexible with at least one block on the weekend, either Saturday or Sunday, to be willing to pick up fill-ins. Please write "Fill-in" on the appropriate block.
- Care Professionals are required to be willing to travel anywhere in our service territory. Any visits that are scheduled more than 15 miles away from our home office are given a \$20 fuel surcharge to help offset the cost of travel.
- Please indicate the shift times for which you are available by marking them with an "X":

	4-Hr Blocks			6-Hr Blocks		8 – Hr Blocks		12-Hr Blocks	Overnights
	8a-12p/ 9a-1p	1p-5p/ 2p-6p	5p-9p/ 6p-10p	8a-2p	9a-3p	8a-4p	9a-5p	8a-8p	8p-8a
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

- Are you currently working another part or full-time job and/or attending school? Please Check ☐ Yes ☐ No
- Caregiving Experience: Please Check ☐ Advanced ☐ Intermediate ☐ Entry Level
- Are you available to start at 7a? Please Check ☐ Yes ☐ No
- Can you work in a home with smokers? Please Check ☐ Yes ☐ No
- Can you work in a home with pets? Please Check ☐ Yes ☐ No

As an employee of O'Neill Home Care, Inc., T & L Home Care, Inc., dba Home Instead, by signing below, I certify that I understand and agree that shift assignments are made based on current availability. Further, I understand that my availability is fixed for the next 90 days. I understand that hours are not guaranteed due to the nature of the business.

Employee Signature

Date



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