

INTERVIEWING A CAREGIVER

Caregivers are responsible for the care and well-being of others. When interviewing, look for someone who demonstrates empathy, patience and kindness — as well as those who have experience caring for people who are vulnerable and need help navigating the activities of daily living.

| Full name (first, middle, last) | Date interviewed Phone no. | | | |
|---|-----------------------------|---|-----------|--|
| Address | | | | |
| City | State | Zip code | | |
| Email address | | | | |
| Name of previous employer | | Can we contact — your last employer? | Yes No | |
| Previous employer's phone no. | | Previous employer's email address | | |
| Background | | | | |
| How long have you been do have you cared for? | oing this type o | f work, and how many p | eople | |
| | | | | |
| Tell me about your past wor How long were you there? V | • | |) | |
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Release from liability: Any selections the individual or family makes in terms of care are the sole responsibility of the decision maker. The Financial Advisor, Legg Mason, and The Center for Innovative Care in Aging at the Johns Hopkins University School of Nursing are held harmless and released from any liability that may occur from selecting a caregiver, care center, community or facility.

| Background (Continued) | | | | | |
|--|--|--|--|--|--|
| What type of people do you usually care for? What type of assistance have your clients typically needed? | | | | | |
| Have you ever cared for someone with the following (list conditions related to you or your loved one's needs, such as memory problems, wheelchair-bound, etc.)? | | | | | |
| What languages are you fluent in (aside from English)? | | | | | |
| What is your educational background? | | | | | |
| What is your training background? | | | | | |
| What specific certifications do you have, if any? | | | | | |
| Do you have any CPR or first-aid training? | | | | | |
| If I paid for it, would you be willing to undergo additional training? (Note: If the caregiver works for an agency, you may need to go through the agency to get an answer for this question.) | | | | | |
| Have you had to handle an emergency while caring for a client? Please describe what happened and what you did to handle the situation. | | | | | |
| If the answer to this question prompts any hesitancy or concerns on your part, please refer to the "What if" scenarios at the end of this worksheet | | | | | |
| Hours/Schedule | | | | | |
| We are hoping to have someone at the home from to each day. Are you available to work those hours? | | | | | |
| If there is an issue, can you work longer hours (when asked)? | | | | | |
| Would you be willing to stay overnight if there is an emergency at work or a need for me to travel for business? How much advance notice would you need? | | | | | |
| | | | | | |

| Hours/Schedule (Continued) |
|--|
| Do you have other responsibilities aside from this job, including care for your own family? |
| What are your expectations for vacation time, and are you willing to help find coverage for the days that you need to take off? |
| When would you be able to start work? |
| After a trial period of [insert time period — typically 2–4 weeks], would you be willing to commit to a [insert time period — typically 6–12 months] working engagement? |
| Transportation |
| How do you typically get to work? |
| How far do you live from here? |
| Do you have a driver's license, car insurance and a clean driving record? |
| Do have access to a car or public transportation? (If you do not live near public transportation, determine if the caregiver needs to be dropped off or picked up.) |
| Would you be comfortable driving one of our cars if need be, or using your own car to run errands, if we request that? |
| Core job responsibilities |
| Attached is a list of job responsibilities. Can you handle the duties required for this position? |
| Do you have any physical or medical conditions that may prevent you from performing these duties? |
| Do you have experience cooking for others? What type of food do you cook? Would you be able to accommodate dietary restrictions or allergies? |
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|------------|---|---------|---------------------------------------|---------|-------------------------------------|
| Att | itude and trustworthiness | | | | |
| Wh | at attracted you to this profession? | | | | |
| | | | | | |
| | | | | | |
| Ηοι | w would you describe yourself? | | | | |
| | | | | | |
| Lla | | | anarihan yaw? | | |
| НΟ | w would your friends or family memb | oers a | escribe you? | | |
| | | | | | |
| Are | you willing to sign an agreement that | VOLL W | vill not have guests come into our ho | ome u | nless I have given prior approval? |
| , 0 | you willing to digit art agreement that | , | m not have gassic come into car in | 51110 G | mees i mave given pher approvai. |
| | | | | | |
| | | | | | |
| Oth | | | | | |
| | I have your permission to run a back | | | an age | ncy did not provide a |
| bac | kground check, or you are doing you | r own | sourcing.) | | |
| | | | | | |
| | you smoke? (Regardless of the answer | VOLLS | should indicate that any smoking mu | st he c | done outside in a designated area) |
| DO | you stricke: (Hegaraless of the answer | , you c | mode maleate that any smoking ma | | ione outside in a designated area. |
| | | | | | |
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| | | | | ///// | |
| | | | | | |
| | • What if | | | | |
| Sam | uple scenarios to use, as needed. The | o aro | moant to determine how a caregiv | or wo | uld handle cortain situations |
| | provide insight into the caregiver's de | | • | | |
| | nat would you do if" | | | | · |
| 1 | My mother falls, seems confused, | 1 | You have just returned from | | My aunt is sleeping when a |
| | doesn't recognize you and won't | 4 | picking up a prescription for | 5 | knock comes to the door. The |
| | let you help her. | | my father. The pill is a different | | woman says she's a friend |
| \bigcirc | My father is running a fever | | color (and different strength) | | of my aunt's, but you don't |
| _ | and is acting lethargic. | | than his usual medication. | | recognize her face or her name. |
| \bigcirc | My grandmother falls to | | | | |
| \bigcirc | the floor clutching her chest. | | | | |

Sources referenced:

Care.com: http://www.care.com/senior-care-senior-caregiver-interview-tips-p1145-q7744646.html
AssistGuide Information Services: http://www.agis.com/Document/38/professional-caregiver-interview-form.aspx

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