

Home Care Provider Comparison

Compare up to three providers side by side before making a decision

Fill in one column per provider as you speak with them. Use checkboxes to indicate yes (check) or no (leave empty).
The provider that answers most questions clearly and in writing is usually the safest choice.

	Provider 1	Provider 2	Provider 3
Basic Information	Provider 1	Provider 2	Provider 3
Phone / contact name	_____	_____	_____
Website	_____	_____	_____
Years in operation	_____	_____	_____
Licensed / registered / accredited	_____	_____	_____
Insurance confirmed	_____	_____	_____
Workers	Provider 1	Provider 2	Provider 3
Workers are employees (not contractors only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal background checks conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vulnerable sector checks conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training required before placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing training provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision in the field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services	Provider 1	Provider 2	Provider 3
Personal care (bathing, dressing, mobility)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication reminders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing care available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Companion / social visits available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can work inside retirement residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can work inside long-term care facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	Provider 1	Provider 2	Provider 3
Consistent caregiver offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear backup plan if caregiver is sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After-hours contact available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
References from clients available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pricing	Provider 1	Provider 2	Provider 3
Hourly rate (standard)	_____	_____	_____
Evening / weekend rate	_____	_____	_____
Minimum hours per visit	_____	_____	_____
Assessment fee	_____	_____	_____
Written agreement provided before signing	_____	_____	_____
Cancellation policy clearly explained	_____	_____	_____
Overall	Provider 1	Provider 2	Provider 3
Answered all questions directly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided written documentation willingly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No pressure to sign quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would consider hiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes and final impressions

Provider 1:

Provider 2:

Provider 3:
