



HELPING HANDS
HOMEMAKING SERVICES FOR CHRONICALLY ILL, INC.
 Nassau (516) 489-6810 Suffolk (631) 261-0403
 Fax (631) 261-3083

To: _____

Re: _____
 SS# _____

The above applicant has suggested that we contact you in order to obtain a reference concerning his/her character and work performance. We would appreciate it if you would answer the questions below. Your reply will be held in strict confidence.

Thank you for your attention to this matter.

Yours truly,
 Kathleen Bagnall
 Director

I hereby authorize the following information to be released to Helping Hands / HSCI

Signature: _____ Date: _____

Job Title: _____

Dates of Employment: _____

Please Indicate: Excellent, Good, Fair, Poor

Disposition _____
 Appearance _____
 Attendance _____

Interpersonal Relationships _____
 Performance of Duties _____
 Would you rehire? _____

Reasons for leaving employment: _____

DUTIES: (Please check all that apply)

Bathing Patient..... _____
 Assist with Care of Teeth and Mouth..... _____
 Care of Clothing and Linen..... _____
 Assist with Meal Planning and Prep..... _____
 Assist Patient with Dressing..... _____
 Use and Care of Special Equipment..... _____
 Homemaking/Cooking..... _____

Skin Care..... _____
 Assist with Grooming..... _____
 Assist Patient with Eating..... _____
 Assist with Moving or Walking.. _____
 Assemble Supplies, Equipment. _____
 Recordkeeping..... _____

Name of Person Replying (please print): _____ Relationship to Patient: _____

Telephone #: _____ Date: _____ Signature: _____



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Attendance _____	Would you rehire? _____

Reasons for leaving employment: _____

Please circle: Full-Time Part-Time Intermittent Steady

POSITION: Registered Nurse Home Health Aide Personal Care Aide Other

Description of duties:

Name of Person Replying (please print): _____ Date: _____

Telephone #: _____ Signature: _____