

DETROIT AREA AGENCY ON AGING
FY 2023-2025 MULTI-YEAR PLAN REQUEST FOR PROPOSAL

SERVICE REQUEST & DESCRIPTION

HOMEMAKING SERVICES (HMKR)

Applicant/Organization's Name:

Geographic Area to be Served:

Funding Sources: Title III-B, State In-Home, State Alternative Care

Reference: AASA Operating Standard for Service Programs VII. B-4/In-Home Generation Standards

Unit of Service: One hour spent performing allowable homemaking activities

Instructions: Read the following service standards and check (X) the boxes in the 'Agree' column to indicate if the organization agrees to abide by that standard. Asterisks in the 'Agree' column indicate the need to respond to the statement or question in bold italics. Responses should be typed in the text box given. *Note: Refer to AASA Operating Standards for Service Programs for more information.*

ALL questions must be completed. Any questions not completed may delay or prohibit approval of this application.

	Agree (X)
Definitions & Service Delivery	
<p>1. Homemaker services include the provision of routine household tasks to maintain an adequate living environment for older individuals with functional limitations. Homemaking does not include the provision of chore or personal care tasks. <i>Describe the types of tasks that your staff will be performing during their work as a Homemaker:</i></p> <p><i>How do you ensure that homemaking staff (and clients) understand the limits of what a Homemaker can do under this program?</i></p>	<input type="checkbox"/> *
<p>2. Each program must have written eligibility criteria. Each in-home service program shall conduct a face-to-face assessment of individual need for each client. <i>Describe how your organization assesses individuals requesting service, and who is responsible to determine the need of each participant:</i></p>	<input type="checkbox"/> *
<p>3. Program supervisors must be available to program staff, via telephone, at all times they are in the clients' home. Each in-home service program must conduct one in-home supervisory visit for each program staff member, with a program client present, each fiscal year. <i>Describe the supervisory staff that will oversee Homemaker program staff; please be specific in addressing their level of expertise, training, and education:</i></p>	<input type="checkbox"/> *

<p>4. Semi-annual in-service training is required for all home care assistance workers. Required topics include safety, sanitation, household management, nutrition and meal preparation. <i>Describe your training policy, including potential topics that will/could be covered in the next three years for Homemaker staff:</i></p>	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">*</div>
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Please answer these additional questions specific to the delivery of Homemaker services:

- A. Indicate why you feel providing this service is important in your geographical area. Specifically, how will it impact socially isolated, low-income and/or minority individuals?
Please provide your area's demographic data, recent outcomes achieved, etc. to explain your answers.

- B. Will any part of the proposed service be sub-contracted? ☐ YES ☐ NO

If yes, please explain: