

**ADMINISTRATIVE OVERVIEW  
SERVICE SPECIFIC ATTACHMENT**

**TRI-VALLEY, INC.**

**CHORE (& Minor Home Repairs) -**

**I. Service Capacity**

**Check off** which service(s) and components you can perform:

<input type="checkbox"/>	Heavy vacuuming	<input type="checkbox"/>	Wood cutting
<input type="checkbox"/>	Heavy dusting	<input type="checkbox"/>	Changing of storm doors and windows
<input type="checkbox"/>	Washing floors and walls	<input type="checkbox"/>	Yard work
<input type="checkbox"/>	Dry mopping	<input type="checkbox"/>	Snow removal (shoveling or plowing)
<input type="checkbox"/>	Heavy cleaning bathrooms and kitchens	<input type="checkbox"/>	Cleaning attics and basements
<input type="checkbox"/>	Moving furniture to vacuum	<input type="checkbox"/>	Hoarding cleanout
<input type="checkbox"/>	Defrosting freezers	<input type="checkbox"/>	Bedbug Preparation
<input type="checkbox"/>	Cleaning ovens	<input type="checkbox"/>	Air Conditioner installation and removal
<input type="checkbox"/>	Shampooing carpets/rugs	<input type="checkbox"/>	Other:
<b>What is your proposed rate for Chore Services? Describe any additional charges</b>			

**Chore Services - Minor Home Repairs:**

<input type="checkbox"/>	Removal of fire and health hazards
<input type="checkbox"/>	Replacing windowpanes
<input type="checkbox"/>	Replacing window and door locks
<input type="checkbox"/>	Installing hand and safety rails
<input type="checkbox"/>	Repairs to stairs or floors
<input type="checkbox"/>	Weatherization
<input type="checkbox"/>	Other Services offered
<b>What is your proposed rate for Minor Home Repair service? Describe any additional charges.</b>	

- A. List limitations, if any, to work you are able to perform (All Chore service includes the cost of cleaning supplies and equipment necessary to perform the service)
  
- B. Certain authorized tasks may require a Permit from local governments. In all instances, this will be the responsibility of the Provider. Describe your procedures to assure that all necessary permits have been obtained prior to performance.
  
- C. What are your procedures in the event that estimated costs prove insufficient to complete authorized tasks?



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Provider employee who completed this form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTES:**

*A specific Provider charge for estimating the cost for Minor Home Repairs is not allowed either to the ASAP or Consumer unless a written agreement to this charge has been made. Any cost to be incurred by the consumer must receive prior approval of the ASAP prior to performance.*

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Please note the documents and records which will be required for the Consumer files and/or Employee files to be reviewed at the time of On Site Evaluation

EMPLOYEE Records Review					
Provider					
Date					
Monitor					
Start Date & Termination Date, if applicable					
Number of reference checks					
CORI Check					
Orientation date					
Job Description(s)					
Physical: Latest date (if applicable)					
OIG monthly checks					
Ongoing training dates					
Annual Performance Appraisal Date					
Comments					

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CONSUMER Records Review					
Provider					
Date					
Monitor					
ASAP Authorization					
ID Info – name; address; phone; DOB					
Emergency contact(s) and phone					
Name of current CM					
Date of referral					
Service start date & Termination Date, if applicable					
Task enumeration					
Comments					
NOTE: Shaded data elements are only required in the Consumer File if provider is not on Provider Direct. Otherwise the PD Demonstrator will be asked to illustrate “on screen”.					

<b>Name and Position of Provider Direct Demonstrator</b>	
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