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Home Health Care / Hospice Provider Supplemental Application

Applicant Name: _____

Total # W-2 Employees: _____ # F/T W-2: _____ # P/T W-2: _____

Total # 1099 Employees: _____ Total # Volunteers: _____

Radius of Operation: _____

Are potential client premises inspected for safe conditions prior to assignment? Y / N

Does the applicant provide psychiatric / mental health or Alzheimer care? Y / N

Hiring and Employee Screening Practices

Written Applications?	Y / N	Reference Verification?	Y / N
Pre-Employment Physicals?	Y / N	Criminal Background Checks?	Y / N
Personal Interview?	Y / N	Pre-Hire Drug Screen?	Y / N
Do employees use personal vehicles?	Y / N	MVR's at Hire & Annually?	Y / N

Safety Practices

Any previous OSHA violations?	Y / N	Formal Accident Investigation?	Y / N
Formal Safety Training?	Y / N	Blood Borne Pathogen Training?	Y / N
Lifting/Patient Handling Training?	Y / N	Defensive Driver Training?	Y / N
Formal Accident/Injury Investigation?	Y / N	Safety Incentive Program?	Y / N
Infection Control & Prevention Plan?	Y / N		

Light Duty Early Return to Work/Modified Light Duty Program? Y / N

Send applications to quotes@aiamga.com. Questions, please call 334-279-7600 to speak with an underwriter.