



Guiding Questions for Personal Care Assistants/Aides

Although all caregivers for individuals with developmental disabilities have guidelines, they may vary by location or type of program. Use the following questions to guide discussions with potential **Personal Care Assistants**. These will better assist the individual with ASD and their supporting team in choosing a provider and being able to work collaboratively with them to ensure long-term success.

Provider: _____

County: _____

Phone: _____

Hours: _____

Email: _____

Website: _____

Address: _____

Specific Contact/Title: _____

Questions	Answers, Related Resources, Suggestions
1. Are you an independent provider or with an agency? What sort of screening was required to accredit you?	

<p>2. If you are with an agency, do you provide back-up coverage in case you are unavailable?</p>	
<p>3. Are you a County Board provider? If so, do you accept waiver payment?</p> <ul style="list-style-type: none"> a. Do you accept Medicaid? b. What is the billing procedure? c. Do you bill through Medicaid/DODD? What is your hourly rate? 	
<p>4. Do you have reliable transportation?</p> <ul style="list-style-type: none"> a. Are you able to provide transportation for my loved one? 	
<p>5. Do you have a minimum or maximum amount of hours you will work per week?</p> <ul style="list-style-type: none"> a. Can you commit to working regular shifts for a period of time b. Do you prefer a set weekly schedule or can I contact you as needed? 	
<p>6. Can you be on call to show up on short notice in case of an emergency?</p> <ul style="list-style-type: none"> a. Are there times you are unavailable? 	
<p>7. Do you have any autism-specific training? If so, what?</p> <ul style="list-style-type: none"> a. Would you be willing to receive more? 	

<p>8. What experience do you have with individuals with ASD?</p>	
<p>9. What experience do you have working with clients who have medical needs?</p>	
<p>10. Do you have experience with my loved one's communication system (communication devices, PECS, sign, etc.)? a. If not, how will you successfully communicate with my loved one?</p>	
<p>11. How have you responded to challenging behaviors in the past? What techniques have you used in the past? Are you comfortable responding to the behaviors that my loved one exhibits?</p>	
<p>12. What is your policy on the use of restraints? Does your agency have a policy?</p>	
<p>13. Are you able to perform physical tasks such as lifting or running?</p>	
<p>14. Are you comfortable assisting my child in intimate tasks like toileting or changing if necessary?</p>	

<p>15. Do you have any allergies that would interfere with my loved one's preferred mealtime diet?</p> <ul style="list-style-type: none">a. Do you smoke?b. Do you have pets at home?c. Are you comfortable/able to work with animals/if I have pets?	
<p>16. If applicable, are you medication pass certified?</p> <ul style="list-style-type: none">a. What specialized equipment training do you have (trach care, ventilator care, g-tube, PICC line care)?	
<p>17. What experience do you have with community inclusion/integration?</p> <ul style="list-style-type: none">a. Are you able to meet my loved ones goals with community inclusion/integration?	
<p>18. Can you provide references?</p>	