

**MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
HOME HEALTH AIDE SKILLS COMPETENCY CHECKLIST**

Applicant Name: _____ Date of Birth: _____
 Address: _____ Facility/School: _____
 _____ City: _____

HOME MANAGEMENT	DATE PRACTICED	DATE PASSED	COMMENTS	OBSERVER SIGNATURE
Demonstrates knowledge of:				
1. Light Housekeeping procedures				
2. Proper handling & laundering of linen and clothing				
HOME SAFETY CHECK	DATE PRACTICED	DATE PASSED	COMMENTS	OBSERVER SIGNATURE
Identifies:				
1. Physical environmental hazards				
2. Fire hazards				
3. Fire evacuation routes				
4. Emergency telephone numbers:				
(1) Fire				
(2) Ambulance				
(3) Responsible relative/friend in town				
Uses proper home transfer/ambulation techniques				
Use of ambulation equipment in the home				
Ambulation Equipment:				
1. Demonstrates proper use				
2. Simple maintenance				
3. Reports malfunctions				
4. Care of prosthetic devices				
NUTRITION	DATE PRACTICED	DATE PASSED	COMMENTS	OBSERVER SIGNATURE
Demonstrates the knowledge of:				
1. Comparative shopping				
2. Shopping for special diets				
3. Meal planning/meal preparation				
4. Proper food storage and sanitation				

