



**HOME HEALTH CARE AGENCY
INTERVIEW INFORMATION**

I. General information

Applicant name: _____

Position applicant interviewed for: _____

Interview date: _____ Hours desired: _____

No. of work days/week desired: _____

No. of work hours/week desired: _____

II. Interview discussion highlights:

III. Response to case study questions:

IV. Interview outcome

Prospective home health care staff members offered position.

Yes No (Explain)

If item I above checked no, has a completed Outcome of Application/Interview for Home Health Staff Position letter been mailed? Yes No (Explain)

Signature of Director of Nursing

Date