

## 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