

**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