



Jazz Home, LLC

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APPLICANT SKILLS LIST

Name (Please Print) _____

CHHA CNA

Directions Please check the “YES” column if you would be willing and are able to perform that duty for a client.

Please check the “NO” column if you are NOT willing or are “NOT” able to perform that duty for a client.

	YES	NO
1. Sorting laundry (light, dark, white) (for client only)	<input type="checkbox"/>	<input type="checkbox"/>
2. Hand laundering hosiery, undergarments (for client only)	<input type="checkbox"/>	<input type="checkbox"/>
3. Sending linen and clothes to laundry	<input type="checkbox"/>	<input type="checkbox"/>
4. Tidying kitchen, bathroom, and bedroom	<input type="checkbox"/>	<input type="checkbox"/>
5. Making and changing beds (for client only)	<input type="checkbox"/>	<input type="checkbox"/>
6. Dusting and vacuuming rooms	<input type="checkbox"/>	<input type="checkbox"/>
7. Dishwashing	<input type="checkbox"/>	<input type="checkbox"/>
8. Ironing clothes (for client only)	<input type="checkbox"/>	<input type="checkbox"/>
9. Mending clothes (for client only)	<input type="checkbox"/>	<input type="checkbox"/>
10. Cleaning/defrosting refrigerator (monthly)	<input type="checkbox"/>	<input type="checkbox"/>
11. Listing needed supplies	<input type="checkbox"/>	<input type="checkbox"/>
12. Shopping for needed supplies	<input type="checkbox"/>	<input type="checkbox"/>
13. Cleaning oven (monthly)	<input type="checkbox"/>	<input type="checkbox"/>
14. Preparing and serving meals	<input type="checkbox"/>	<input type="checkbox"/>
15. Running errands	<input type="checkbox"/>	<input type="checkbox"/>
16. Washing floors, kitchen, and bathroom	<input type="checkbox"/>	<input type="checkbox"/>
17. Brush client's hair	<input type="checkbox"/>	<input type="checkbox"/>
18. Brush client's teeth	<input type="checkbox"/>	<input type="checkbox"/>
19. Bathing client	<input type="checkbox"/>	<input type="checkbox"/>
20. Dressing client	<input type="checkbox"/>	<input type="checkbox"/>
21. Assist client with wheelchair/walker	<input type="checkbox"/>	<input type="checkbox"/>
22. Assist client with shaving	<input type="checkbox"/>	<input type="checkbox"/>
23. Take client's pulse	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
24. Take client's temperature and read thermometer	<input type="checkbox"/>	<input type="checkbox"/>
25. Escort client on exercise walks	<input type="checkbox"/>	<input type="checkbox"/>
26. REMIND client to take needed medications <i>On cases where monitoring of meds is needed. VNA or family must put meds in individual packets.</i>	<input type="checkbox"/>	<input type="checkbox"/>
27. Read to client	<input type="checkbox"/>	<input type="checkbox"/>
28. Write and send letters for client (No Business Correspondence)	<input type="checkbox"/>	<input type="checkbox"/>
29. Escort client to doctor's appointments	<input type="checkbox"/>	<input type="checkbox"/>
30. Accompany client to the theater, museums, etc.	<input type="checkbox"/>	<input type="checkbox"/>
31. Playing cards, checkers, chess, etc.	<input type="checkbox"/>	<input type="checkbox"/>