

Home Health Agency Market Assessment

* Indicates required question

1. Company Name *

2. What type of organization best describes your organization? Type (select all that match) *

Check all that apply.

- ☐ Medicare/Medicaid-Certified Home Health Agency
- ☐ Private Duty / Non-Medical Home Care Agency
- ☐ Hospice Provider
- ☐ Staffing Agency (provides aides or nurses to third-party facilities)
- ☐ Other
- ☐ Information is unavailable

3. Is company profile and basic metrics available in a third-party business intelligence database? *

Mark only one oval.

- ☐ Yes Skip to question 4
- ☐ No Skip to question 8

Skip to question 9

Company Profile

4. Year founded

If unknown, please enter N/A

5. Estimated Global Earnings

If unknown, choose Revenue Information Not Available

Mark only one oval.

- ☐ Under 1M
- ☐ 1M - 50M
- ☐ 51M - 100M
- ☐ 100M - 500M
- ☐ 500M - 1B
- ☐ 1B - 500B
- ☐ 501B+
- ☐ Revenue Information Not Available

6. Estimated number of home health aides employed

Enter "N/A" if unknown

7. Website

If unknown, please enter N/A

Corporate HQ Location, if outside target zip code

8. Corporate Headquarters

Mark only one oval.

- ☐ Within target zip code *Skip to question 16*
- ☐ Separate florida address or Outside target zip code
- ☐ Corporate and Local Office (same location) *Skip to question 16*


Skip to question 9

Corporate HQ Address

9. Corporate Address *

10. Corporate City *

11. Corporate State *

 Dropdown

Mark only one oval.

- ☐ AL - Alabama
- ☐ AK - Alaska
- ☐ AZ - Arizona
- ☐ AR - Arkansas
- ☐ CA - California
- ☐ CO - Colorado
- ☐ CT - Connecticut
- ☐ DE - Delaware
- ☐ DC - District of Columbia
- ☐ FL - Florida
- ☐ GA - Georgia
- ☐ HI - Hawaii
- ☐ ID - Idaho
- ☐ IL - Illinois
- ☐ IN - Indiana
- ☐ IA - Iowa
- ☐ KS - Kansas
- ☐ KY - Kentucky
- ☐ LA - Louisiana
- ☐ ME - Maine
- ☐ MD - Maryland
- ☐ MA - Massachusetts
- ☐ MI - Michigan
- ☐ MN - Minnesota
- ☐ MS - Mississippi
- ☐ MO - Missouri
- ☐ MT - Montana
- ☐ NE - Nebraska
- ☐ NV - Nevada
- ☐ NH - New Hampshire
- ☐ NJ - New Jersey
- ☐ NM - New Mexico
- ☐ NY - New York
- ☐ NC - North Carolina
- ☐ ND - North Dakota
- ☐ OH - Ohio
- ☐ OK - Oklahoma
- ☐ OR - Oregon
- ☐ PA - Pennsylvania
- ☐ Rhode Island - RI
- ☐ South Carolina - SC
- ☐ SD - South Dakota
- ☐ TN - Tennessee
- ☐ TX - Texas

- ☐ UT - Utah
- ☐ VT - Vermont
- ☐ VA - Virginia
- ☐ WA - Washington
- ☐ WV - West Virginia
- ☐ WI - Wisconsin
- ☐ WY - Wyoming

12. Corporate Zip Code *

13. Main Number

14. Employee Count at Corporate HQ

Mark only one oval.

- ☐ 1-100
- ☐ 101-500
- ☐ 501-1500
- ☐ 1501+
- ☐ Not available at this time

15. Corporate Office Facility Size (sq. ft)

If unknown, please enter 0

Local Office Address

16. Local Street Address *

17. Local Zip Code *

18. Estimated Local Earnings (based on available third-party business intelligence data)

If unknown, choose Revenue Not Available

Mark only one oval.

- ☐ Under 1M
- ☐ 1M - 5M
- ☐ 5M - 25M
- ☐ 25M - 100M
- ☐ 100M - 500M
- ☐ 500M - 1B
- ☐ Over 1B
- ☐ Not available at this time

19. Estimated **Employee Count** at local office

Mark only one oval.

- ☐ 1-100
- ☐ 101-500
- ☐ 501-1500
- ☐ 1501+
- ☐ Not available at this time

20. Number of **Aides** managed, if available *

Mark only one oval.

- ☐ 1-250 *Skip to question 21*
- ☐ 251- 500 *Skip to question 22*
- ☐ 501 - 1000 *Skip to question 23*
- ☐ 1001+ *Skip to question 24*
- ☐ Information unavailable at this time *Skip to question 25*

Tier 1 Testing

Includes foundational services (minimum est.):

21. Which of the following services might your company need?

Mark only one oval.

- ☐ <500: DA *Skip to question 25*
- ☐ <575: DA, AT *Skip to question 25*
- ☐ <725: DA, AT, BC *Skip to question 25*
- ☐ <785: DA, AT, BC, FP *Skip to question 25*

Skip to question 25

Tier 2 Testing

Slightly more specialized services (minimum est.):

22. Which of the following services might your company need?

Mark only one oval.

- ☐ <725: DA, AT, BC *Skip to question 25*
- ☐ <785: DA, AT, BC, FP *Skip to question 25*
- ☐ <985: DA, AT, BC, FP, PE *Skip to question 25*
- ☐ <1,485: DA, AT, BC, FP, PE, DNA *Skip to question 25*

Skip to question 25

Tier 3 Testing

Proactive and specialized services (minimum est.):

23. Which of the following services might your company need?

Mark only one oval.

- ☐ <985: DA, AT, BC, FP, PE *Skip to question 25*
- ☐ <1,485: DA, AT, BC, FP, PE, DNA *Skip to question 25*
- ☐ <2000: DA, AT, BC, FP, PE, DNA, Custom/Specialized Testing Programs (bespoke solutions and svcs beyond ones listed)
Skip to question 25
- ☐ <2,5K: DA, AT, BC, FP, PE, DNA, Custom/Specialized Testing Programs (bespoke solutions and svcs beyond ones listed), Consulting (Strategic Partnership) *Skip to question 25*

Skip to question 25

Tier 4 Testing

Very high volume needs and comprehensive, integrated solutions (minimum est.):

24. Which of the following services might your company need?

Mark only one oval.

- ☐ <2000: DA, AT, BC, FP, PE, DNA, Custom/Specialized Testing Programs (bespoke solutions and svcs beyond ones listed)
Skip to question 25
- ☐ <2500: DA, AT, BC, FP, PE, DNA, Custom/Specialized Testing Programs (bespoke solutions and svcs beyond ones listed), Consulting (Strategic Partnership) Skip to question 25
- ☐ <3000: DA, AT, BC, FP, PE, DNA, Custom/Specialized Testing Programs (bespoke solutions and svcs beyond ones listed), Consulting (Strategic Partnership), On-site Testing/Collection Services (Allowing convenience for enterprise clients) Skip to question 25
- ☐ <4000: DA, AT, BC, FP, PE, DNA, Custom/Specialized Testing Programs (bespoke solutions and svcs beyond ones listed), Consulting (Strategic Partnership), On-site Testing/Collection Services (Allowing convenience for enterprise clients), Integrated Solutions/Platform Access (tech solutions for managing results) Skip to question 25

Skip to question 25

Primary Engagement Contact

If unavailable, submit form

25. Contact Person Identified or Number Available *

Mark only one oval.

- ☐ Yes Skip to question 26
- ☐ No

Primary Contact Details

Best contact identified for company engagement

26. Contact 1: First Name *

27. Contact 1: Last Name *

28. Contact 1: Title

29. Contact 1: Direct Phone Number *

Use Main Number if direct line is unavailable

30. Contact 1: Email Address

31. Additional Contact Or Phone Number *

Mark only one oval.

☐ Yes *Skip to question 32*

☐ No

Secondary Team Contact

Best secondary contact identified for company engagement

32. Contact 2: First Name

33. Contact 2: Last Name

34. Contact 2: Title

35. Contact 2: Direct Phone Number

Use Main Number if direct line is unavailable

36. Contact 2: Email Address

37. Additional Team Contact

Mark only one oval.

- ☐ Yes Skip to question 38
- ☐ No

3rd Team Contact

Best third contact identified for company engagement

38. Contact 3: First Name

39. Contact 3: Last Name

40. Contact 3: Title

41. Contact 3: Direct Phone Number

Use Main Number if direct line is unavailable

42. Contact 3: Email Address

43. Additional Team Contact

Mark only one oval.

- ☐ Yes Skip to question 44
- ☐ No

4th Team Contact

Best 4th contact identified for company engagement

44. Contact 4: First Name

45. Contact 4: Last Name

46. Contact 4: Title

47. Contact 4: Direct Phone Number
Use Main Number if direct line is unavailable

48. Contact 4: Email Address

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