## Home Health Agency Market Assessment

* In	idicates 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				
Sk	ip to question 9				
C	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
	•
C	orporate 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
Sk	ip to question 9
C	orporate HQ Address
C	orporate TQ Address
9.	Corporate Address *
10.	Corporate City *

11.	Corporate State *	$\odot$	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 - Massachusettes		
	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				
	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 <b>Aides</b> 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				
Tio	a 1. Tageting				
1101	r 1 Testing				
Incl	udes foundational services (minimum est.):				
mer	ades foundational services (minimalifiest.).				
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</p> 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</p> Skip to question 25 (Strategic Partnership)

Tie	er 4 Testing
	ry high volume needs and comprehensive, egrated 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	o to question 25
Pri	imary Engagement Contact
Ιfι	unavailable, submit form
25.	Contact Person Identified or Number Available *
	Mark only one oval.
	Yes Skip to question 26  No
Pri	imary Contact Details
Ве	st contact identified for company engagement
26.	Contact 1: First Name *
27.	Contact 1: Last Name *

Skip to question 25

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				
В	est 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.	7. 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				
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				
40	Additional Trans Contact				
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

This content is neither created nor endorsed by Google.

Google Forms