

Contract Bargaining Survey for New Members of Home Care Workers United:

What do you want to fight for in your first union contract?

Instructions

1. Complete the survey.
2. Refold so the return address on this panel is showing and your mailing address is not showing.
3. Tape shut and mail (no postage required).
4. Let your voice be heard.



First Name
(please print above)

Last Name
(please print above)

Street Address

Apt., Suite or
Floor No.

City

State

ZIP Code

()

Home Phone

()

Cell Phone

Email address

How do you prefer to get information from Home Care Workers United?

- I prefer mail
- I prefer email
- I prefer texts*

*Your cell phone service plan may charge you for receiving text messages. You are responsible for paying any applicable charges. Standard text message and data rates may apply. To stop receiving text messages from Home Care Workers United, text STOP to 787753 at any time.

How many consumers do you work for regularly?

How many hours do you work in an average month?

How far do you typically travel to a consumer's home?

How many miles do you drive for your consumer? (on average)

My Consumers

I care for:

- My child
- Someone I live with
- A family member
- A friend
- None of the above

Kind of Waiver:

- Senior Citizen
- DDS
- DSS
- Brain Injury
- Other _____

Improving our Home Care System

Please rank the issues below regarding the best ways to improve our home care system, in order of importance to you.
Use each number only once.

_____ We should have expanded training opportunities.

_____ We should have a better way to find consumers on the registry.

_____ Medical mileage reimbursement should be sent directly to the home care worker.

_____ Other: _____

My Contract Priorities: What's Important to Me

Please rank the following list of issues in order of importance to you. Write No.1 beside the most important issue, No. 2 beside the second most important and continue until you have ranked your top five issues.
Use each number only once.

- _____ Increase Wages
- _____ Health Insurance
- _____ Retirement Savings Plan
- _____ Mileage Reimbursement
- _____ Training Opportunities
- _____ Paid Vacation Time
- _____ Paid Sick Time
- _____ Additional Hours
- _____ Workers' Compensation
- _____ Registry of Consumers
- _____ Other: _____