



Agency Operations Toolkits

Digital Intake. Toolkit.

Six working tools to turn local trust into a measurable intake system, from first inquiry to first shift.

BUILT FOR

Owner-led and mid-sized home-care agencies in Canada

A practical companion to the article *"Why Home-Care Agencies Need Digital Intake and Video Assessments"*

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Why this toolkit exists.

Home care is sold locally, but families now decide online. The agencies that win connect both.

Canadian home-care agencies copied the American local-sales model halfway. They copied the walking, networking and relationship-building. They did not build the digital machinery behind it. The owner gets tired. Inquiries leak. Assessments stall. Meanwhile, the family has already moved online, searching, comparing and forming opinions before the first phone call.

What the public data shows

95%

Canadians aged 15+ who used the internet in 2022. Families search, compare and read reviews before they call.

Source: Statistics Canada, Canadian Internet Use Survey 2022.

72%

Canadians aged 75+ who used the internet in 2022. Seniors are not offline.

Source: Statistics Canada, Canadian Internet Use Survey 2022.

78.5%

Canadians offered or seeking virtual care who actually had a virtual appointment in 2023. Video is normal now.

Source: Statistics Canada, Canadian Social Survey 2023.

37%+

Share of home-care, home-health and hospice revenue generated by past and current customer referrals.

Source: Activated Insights benchmarking, 2023.

The implication.

Buying more ads will not fix slow intake. Families are already online, virtual care is already accepted, and referrals already drive over a third of revenue. The growth lever is not marketing volume, it is the speed and quality of what happens between the inquiry and the first shift.

What slow intake really costs you.

In-home assessments feel professional. They are also expensive, before the client has started care.

Use the figures below as a working model. Even rough estimates are enough to make the case that moving the right inquiries to video assessments first frees coordinator time, shortens the inquiry-to-first-shift window and protects the agency's most expensive resource: hours spent in cars.

Cost item	In-home assessment	Video assessment	Why the difference
Assessment time	\$52 – \$75	\$35 – \$63	90 min in-home vs 60–75 min video.
Travel time	\$26 – \$38	\$0	45 min round trip eliminated for video.
Mileage	\$14.60	\$0	20 km @ \$0.73/km federal allowance.
Write-up time	\$18 – \$25	\$6 – \$13	Transcription + AI draft cuts write-up.
Estimated total per assessment	\$111 – \$153	\$41 – \$76	≈ \$50 saved per assessment

Read this number twice.

An agency doing 40 assessments a month that moves half to video saves roughly \$1,000 a month in direct assessment cost, and far more in calendar time. The real prize is not the cash. It is the inquiry that converts because you could assess today instead of next week.

How to use this toolkit.

Six tools. One intake operating loop. About 2 hours the first time, 30 minutes a week after that.

The tools are sequenced. The Leak Finder diagnoses where inquiries get stuck. The next four tools fix the specific weak stages, response speed, the website, video assessments and the care-plan handoff. The Dashboard makes the whole loop visible week over week. Work through them in order the first time, then return to the ones that match your highest-scoring leak.

#	Tool	What it's for	Time
1	Digital Intake Leak Finder	Find where inquiries get lost between first contact and first shift. Diagnostic, start here.	15 min
2	Same-Day Inquiry Response SOP	Define how every inquiry is captured, triaged, owned and followed up, without the owner being the system.	Once, then revise
3	Digital Front Door Checklist	Make the website and Google profile behave like an intake desk, not a brochure. Run before more ad spend.	30 min
4	Video Assessment Readiness	Decide when video is right, run it like a real assessment, and turn it into a usable care plan.	Per assessment
5	AI-Assisted Care Plan & Handoff	Turn assessment notes into a care plan and first-shift handoff the caregiver can actually use.	Per client
6	Weekly Digital Intake Dashboard	The few numbers an owner should review every Monday before spending more on acquisition.	Weekly

Three working principles

01

Digital is the operating layer between inquiry and admission, not advertising.

The growth lever is converting attention you already have, more reliably and more quickly.

02

Speed comes before ad spend.

Most home-care inquiries are urgent. A family assessed today will not wait for an agency that can assess next week.

03

The owner cannot be the CRM.

If sources, follow-ups and statuses live in your head, you have outgrown memory.

Digital Intake Leak Finder.

Find the stage where inquiries are getting lost between first contact and first shift.

How to score

Score each stage from 0 to 2 based on what you actually see in your agency over the last 90 days.

0 = working well · 1 = some friction · 2 = serious leak.

Stage	Warning signs	What 'good' looks like	Your score	Fix first if...
Inquiry capture	Calls, forms or referrals miss the log. Source and urgency are not recorded.	<i>Every inquiry becomes a logged record with source, urgency and a named owner within 5 minutes.</i>	0 1 2	Inquiries live in inboxes, voicemail or memory.
Response speed	Call-backs depend on who is free or who remembers; some inquiries wait days.	<i>Urgent cases triaged immediately; all qualified inquiries get a same-business-day call-back.</i>	0 1 2	Median response time is longer than 4 business hours.
Qualification	Coordinator asks the same questions across calls; family repeats their story.	<i>Intake captures care type, location, urgency, payer, decision-maker and risks on the first call.</i>	0 1 2	There is no standard intake script or form.
Assessment booking	Scheduling takes back-and-forth emails; video is rarely offered.	<i>Qualified families can book a video or in-person assessment within 2 business days.</i>	0 1 2	Assessment booking depends on the owner's calendar.
Documentation	Notes split across email, paper, spreadsheets and memory.	<i>Inquiry notes, family context and assessment notes all live in one client record.</i>	0 1 2	Reconstructing a family's story requires three tools.
Care-plan creation	Care plans rebuilt from scratch after every assessment.	<i>Assessment becomes a draft care plan within one business day for human review.</i>	0 1 2	Care-plan creation depends on a single person's memory.
First-shift handoff	Caregiver enters the home with only an address and a phone number.	<i>Caregiver receives tasks, risks, preferences, route and escalation path before arrival.</i>	0 1 2	First shifts rely on verbal instructions or last-minute calls.
TOTAL SCORE	<i>Sum your scores across all seven stages.</i>	<i>Use the interpretation guide below.</i>	/ 14	

Stage-specific first move, what to actually do this week

Find the row matching your highest score. Do that one thing this week. Do not try to fix all seven stages at once.

If your highest score is...	Do this first	Why it works
Inquiry capture	Build a one-screen intake form	Every call, form and referral feeds the same fields: name, phone, location, care need, urgency, source, owner. Stop letting inquiries die in inboxes.
Response speed	Set a same-business-day call-back rule	Publish it internally. Track misses weekly. Speed is the cheapest conversion lever you have, a same-day call beats a perfectly written follow-up email three days later.
Qualification	Standardise the first-call script	Six questions every coordinator asks, in the same order: care type, location, urgency, payer, decision-maker, risks. Removes 'who took that call' chaos.
Assessment booking	Offer video as the default first option	Default to video unless the home-safety risk requires in-person. Booking link or a 2-time-slot offer ends the back-and-forth.
Documentation	Move every inquiry into one record	One client record per family from first call. Notes, calls, assessment, care plan all attached. Stop reconstructing the story.
Care-plan creation	Use the assessment template (Tool 5)	Structured fields, transcription-assisted, AI-drafted, human-reviewed. Care plan ready in 24 hours, not after the third email.
First-shift handoff	Make the handoff packet mandatory (Tool 5)	Tasks, risks, route, escalation. If the handoff isn't complete, the shift doesn't start. Postpone is cheaper than a failed first visit.

0 – 4

Intake is working.

Focus on the stage with your highest single score. Improve one thing at a time, then re-run the diagnostic in 30 days.

5 – 8

Material leak.

Fix the two highest-scoring stages first. Do not increase ad spend until those two close.

9 +

System problem.

You don't have a marketing problem, you have an intake operating-system problem. Start with Tool 2 (Response SOP).

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Same-Day Inquiry Response SOP.

A practical standard for families who need answers quickly, without the owner being the follow-up system.

How to use this SOP

This is the single workflow every inquiry follows, regardless of who answers the phone. Print it. Train every coordinator. Track the misses. The fastest agency wins the inquiry, speed is the cheapest conversion lever you have.

Step 1 · Triage by urgency

Not every inquiry has the same shape. Sort each one immediately so urgent cases never wait behind planning calls.

<input type="checkbox"/>	URGENT	Hospital discharge tomorrow, safety risk now, sudden loss of caregiver, family crisis.	<i>Call back within the hour. Escalate to owner.</i>
<input type="checkbox"/>	TIME-SENSITIVE	Discharge within 7 days, recent fall, escalating dementia, exhausted family caregiver.	<i>Same-day call-back. Book assessment within 48 hours.</i>
<input type="checkbox"/>	PLANNING	Researching options, future move, comparing providers, retirement-residence handoff.	<i>Same-business-day call-back. Book assessment within 5 days.</i>

Step 2 · The 7-step inquiry workflow

#	Step	Standard	SLA	Owner
1	Capture	Name, phone, location, relationship to client, care need, urgency, source, preferred call-back time.	<i>Within 5 min</i>	Whoever answers
2	Triage	Apply urgency tier above. Flag hospital discharge, safety risk, dementia concerns or family crisis immediately.	<i>Within 5 min</i>	Whoever answers
3	Assign owner	One named coordinator owns the inquiry until assessment is booked, declined or closed.	<i>Within 30 min</i>	Intake lead
4	Call back	Urgent: within 1 hour. Time-sensitive: same day. Planning: same business day.	<i>Per tier</i>	Assigned owner
5	Book next step	Offer video assessment first where appropriate; in-home where complexity or safety requires.	<i>On the call</i>	Assigned owner

6	Confirm	SMS or email with appointment time, participants, consent note, what the family should prepare.	<i>Within 1 hour</i>	Assigned owner
7	Follow up	If no response: same day, next day, 3 days, 7 days, then close with a specific reason.	<i>Per schedule</i>	Assigned owner

Step 3 · Minimum CRM fields

Source · service area · urgency tier · decision-maker · assessment type · next action · owner · close reason.

Use close reasons that teach the agency something: price, timing, geography, no caregiver fit, chose competitor, unqualified, never reached. 'Lost' is not a close reason.

Three signs your intake is quietly broken

These are the patterns most agencies normalise, until they realise how many inquiries they've been losing.

1	You cannot tell me how many inquiries you received last month. If the number isn't immediately available, by source, by tier, by owner, the agency does not actually have intake. It has 'whoever was at the desk.'
2	Same-day call-backs depend on who is in the office. When coordinators are out, response time collapses. A real SOP works whether the senior person is there or not, and is the only way to scale beyond owner availability.
3	'Close reason: lost' shows up in your reports. 'Lost' is not a reason, it is the absence of one. The agency cannot improve what it cannot name. Force a specific reason on every close.

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Digital Front Door Checklist.

Make the website and Google profile behave like an intake desk, not a brochure.

Run this before more ad spend

Paid traffic only works when the landing path converts. If a family lands on the page and cannot tell within 30 seconds what care you provide, where, why to trust you and how to book, the ad money will leak just as fast as the inquiry would.

Eight signals every home-care front door needs

Done?	Area	What 'good' looks like	Channel
<input type="checkbox"/>	Local intent	Service pages exist for priority locations and care needs: dementia care, companion care, overnight care, post-discharge support, not just one generic 'services' page.	Website
<input type="checkbox"/>	Trust proof	Reviews, caregiver standards, assessment process, family communication and first-shift process are visible, not buried two clicks deep.	Website
<input type="checkbox"/>	Clear next step	Every high-intent page offers call, form and assessment booking. No long forms before a conversation.	Website
<input type="checkbox"/>	Fast forms	Forms ask only for name, phone, location, care need, urgency, preferred contact time. Everything else waits for the call.	Website
<input type="checkbox"/>	Phone discipline	Call tracking numbers or source fields show which pages and campaigns produce qualified inquiries, not just total calls.	Phone system
<input type="checkbox"/>	Google profile	Services, hours, photos, care categories and review responses are current. Q&A is monitored. Profile is verified.	Google
<input type="checkbox"/>	Referral follow-up	Rack cards, community events and referral visits point to a specific landing page or booking path, not just the home page.	Marketing
<input type="checkbox"/>	Retargeting restraint	Retarget only visitors who showed high intent (service page, form start). Avoid generic brand ads with no clear action.	Ads

The 30-second test

Ask someone outside the agency to visit your service page for 30 seconds. Then ask four questions: What care do they provide? Where? Why should I trust them? How do I book the next conversation? If the answer to any of those is 'I'm not sure', the website is not yet a front door, it is still a brochure.

Three website mistakes that quietly kill conversion

These are the patterns most home-care websites share. Each one trains the family to bounce.

Mistake	Why it hurts conversion
A long 'About Us' page that loads before any care content.	Families don't buy your founder story until they trust your care. Lead with what you do, who for, and how to start. The story can come second.
The contact form asks for everything before a conversation.	Every extra field drops the form completion rate. A daughter on her phone at 11pm will not fill in 12 fields. Name, phone, care need, urgency, then call her.
The 'book a consultation' button leads to a generic Calendly with no context.	If the booking link doesn't repeat the agency's promise (response time, what to expect, who joins the call), families abandon. Treat the booking page like a landing page, not a calendar.

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Video Assessment Readiness Checklist.

Decide when video is appropriate, run it like a real assessment, and turn it into a care plan that holds.

Video is not a lesser assessment

Done properly, a video assessment is faster, better-documented and more inclusive for adult children in other cities. Use it as the default first conversation unless safety, complexity or family circumstances require in-person. The home-safety check can happen during the first shift, with the right checklist.

Step 1 · Choose the right format

Most first conversations can be video. A small subset cannot. Use this matrix on every inquiry, don't decide by reflex.

<input type="checkbox"/>	VIDEO FIRST	Family wants speed; adult child is remote; needs are clear; consent is straightforward; no immediate home-safety unknown.	<i>Default. Book within 48 hours.</i>
<input type="checkbox"/>	HYBRID	Video assessment now; structured home-safety checklist during the first shift; care plan updated after shift one.	<i>Use when video covers needs but home risk is unclear.</i>
<input type="checkbox"/>	IN-HOME FIRST	Major mobility risk; suspected unsafe home; unclear cognition risk; family conflict; no suitable device; high clinical complexity.	<i>Required when video can't see what matters.</i>

Step 2 · Run the assessment like a real one

Done?	Step	What must happen	Owner
<input type="checkbox"/>	Before the call	Confirm participants, consent approach, emergency contact, address, care goals and documents to review.	Coordinator
<input type="checkbox"/>	Open with consent	Recording, transcription and AI summary, say what is being captured, why, where it is stored and who sees it.	Coordinator
<input type="checkbox"/>	Walk the room	Ask the family to walk the camera through bathroom, bedroom, stairs and kitchen. You see more than people expect.	
<input type="checkbox"/>	Cover the structured questions	Routines, risks, mobility, cognition, medications, meals, personal care, family expectations.	Coordinator

<input type="checkbox"/>	Capture decision-maker context	Who decides? Who pays? Who needs updates? Who is the family lead between visits?	Coordinator
<input type="checkbox"/>	Confirm urgency and start date	When does care need to begin? Hospital discharge date, family timing, caregiver-availability window.	Coordinator
<input type="checkbox"/>	End with the next step	Care plan draft within 1 business day, first shift target date, who they hear from next.	Coordinator
<input type="checkbox"/>	Save the recording securely	Stored where the team can review, with retention policy and access permissions. Not on a personal device.	Ops

Rule of thumb

Video should make the first conversation faster and better documented. It should not remove safety checks, human judgment or supervisor review. AI can draft the care plan. A qualified human still approves it before the caregiver enters the home.

Three video assessment mistakes to avoid

These are the patterns that turn a video assessment into a missed sale or a bad first shift. Each one is preventable.

Mistake	What goes wrong	Operating fix
Treating video as a casual chat.	No structured questions, no consent, no recording, no transcription. The conversation feels friendly and produces nothing the caregiver can use.	Run the same checklist every time. Send the family the agenda before the call so it feels prepared, not improvised.
Skipping the room walk.	Coordinator stays on the family's face the whole call. The bathroom, the stairs, the kitchen, never seen. Surprises arrive on shift one.	Build the room walk into the standard agenda. Ask politely; families almost always agree if it is framed as 'so we can prepare the caregiver.'
AI draft published without human review.	Transcription summary copied straight into a care plan. Subtle errors, wrong med name, wrong family member, missing risk, reach the caregiver.	AI drafts. A qualified human always reviews and signs off before the care plan is shared with caregiver or family.

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AI-Assisted Care Plan & Handoff Template.

Turn the assessment into clear instructions before the caregiver enters the home.

AI drafts. A human approves.

AI can structure messy assessment notes into a care plan in minutes. That is genuinely useful. It is not a substitute for clinical judgment. Every plan goes through a qualified human reviewer before it reaches the caregiver, no exceptions, no shortcuts, even when the queue is full.

The care plan + first-shift handoff

Every section must be filled before the first shift starts. 'Will get back to you on that' is not a care plan, it is a future complaint.

Field	What to capture	Required?
Client goals	What the client and family want care to accomplish in the first 2 weeks. Concrete, measurable where possible.	Required
Care tasks	Personal care, meals, mobility, medication reminders, companionship, homemaking, respite, overnight needs.	Required
Risks	Falls, wandering, transfer risk, medication concerns, aggression, food restrictions, pets, home access, allergies.	Required
Preferences	Names, routines, privacy preferences, cultural and religious needs, communication style, topics to avoid.	Required
Family expectations	Who wants updates, how often, by what channel, who is the primary contact, what needs escalation.	Required
Route + access	Address, parking, building entry, key/code location, who to call if entry fails.	Required
First-shift checklist	Tasks to complete on shift 1, what to document, when to check in with supervisor.	Required
Escalation path	Specific names + numbers for late arrival, client refusal, safety risk, incident or family complaint.	Required
AI-draft note	Source transcript, AI summary version, human reviewer name, sign-off timestamp.	<i>If used</i>

Do not skip the handoff.

The first shift should never depend on verbal memory. If it matters for care, safety, family trust or documentation, it belongs in the handoff packet, written, dated, signed off and accessible to the caregiver on their phone before they ring the doorbell.

Three handoff failures that show up on shift one

Each of these turns a competent caregiver into someone the family questions. None of them are caregiver errors, they are system errors.

The caregiver doesn't know how to get in the door.	Address but no parking note, no buzzer code, no 'family will let you in at 9:00.' The caregiver is late before the shift starts. The family thinks the agency is disorganised.
The care plan lists tasks but not risks.	Caregiver knows to do laundry and prepare lunch. Doesn't know the client has had two falls in the last month. Discovers it during a transfer.
No escalation path beyond 'call the office.'	Office is closed. Supervisor's phone is on silent. Caregiver doesn't know who to call when something goes sideways. Improvises, sometimes badly.

OWNER ACTION

Audit your next 3 handoff packets.

Pull the last three first-shift packets sent to caregivers. Check each one against the nine fields above. Score what is missing. Whatever is missing on all three is your system gap, fix that before the next shift goes out.

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Weekly Digital Intake Dashboard.

The few numbers an owner should review every Monday, before spending more on acquisition.

Review every Monday

Fifteen minutes against this dashboard is enough to tell you whether local trust and digital traffic are turning into assessments, admissions and clean first shifts. If the answer is 'I don't know', the agency does not have an intake system yet, it has activity.

The eight numbers that matter

Metric	Target	This week	Status	Action this week
New inquiries by source	<i>Track every channel</i>		● ● ●	
Time to first response (median)	<i>≤ Same business day</i>		● ● ●	
Qualified inquiry rate	<i>≥ 60% of inquiries</i>		● ● ●	
Assessment booking rate	<i>≥ 70% of qualified</i>		● ● ●	
Video assessment rate	<i>≥ 50% of assessments</i>		● ● ●	
Assessment-to-admission rate	<i>≥ 60% of completed</i>		● ● ●	
Days from inquiry to first shift	<i>≤ 7 days median</i>		● ● ●	
First-week issues	<i>Track + review every escalation</i>		● ● ●	

Inquiry source tracker, which channels produce admitted clients?

Volume is a vanity metric. What matters is which sources produce families who admit and stay. Cut spend on channels that bring inquiries but not clients.

Source	Inquiries	Assessments	Admissions	Spend	Cost per admission
Google search (organic)					
Google Ads					
Google Business Profile					
Facebook / Instagram					
Past + current client referrals					

Hospital / clinical referrers					
Retirement homes / community partners					
Direct phone / walk-in					

Red flags to watch this week

These patterns predict lost admissions before they show up in revenue. If you see two or more in the same week, treat it as a fire, not a trend.

Pattern	What it usually means
Median response time slips past one business day.	Families don't wait. A 48-hour response time means the agency is losing the urgent inquiries, the most valuable ones, to whoever picks up first.
Video assessment rate stays below 30%.	Either coordinators are defaulting to in-home out of habit, or the booking script is not offering video first. Both are fixable in a week with a script change and one training conversation.
One channel drives > 40% of inquiries but < 15% of admissions.	You are subsidising volume that doesn't convert. Cut the spend; investigate why those inquiries don't qualify or don't book.
First-week issues cluster around the same intake step.	If three new clients all surface the same gap (missing risk, wrong contact, unclear escalation), the leak isn't the caregiver, it's the handoff packet. Fix Tool 5 before the next shift.

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Your 30-day action plan.

If you only do four things with this toolkit, do these, in this order.

Week	Focus	What to do	Tool
Week 1	Diagnose the leak	Run the Digital Intake Leak Finder (Tool 1) with your coordinator and one supervisor. Score honestly. Pick the single highest-scoring stage. Do not try to fix more than one thing this month.	Tool 1
Week 2	Stand up the SOP	Adopt the Same-Day Inquiry Response SOP (Tool 2). Publish the same-day call-back rule internally. Track every miss. Force a specific close reason on every lost inquiry.	Tool 2
Week 3	Fix the front door	Run the Digital Front Door Checklist (Tool 3). Pick the two weakest items. Update the service page, simplify the form and refresh the Google profile, in that order. Pause new ad spend until done.	Tool 3
Week 4	Move to video + structured handoff	Default new assessments to video first (Tool 4). Use the AI-Assisted Care Plan & Handoff template (Tool 5) for every new client. Start the Weekly Intake Dashboard (Tool 6) every Monday, even with rough numbers.	Tools 4–6

After 30 days

- ▶ Re-run the Leak Finder. Has your highest-scoring stage moved? If yes, attack the new top stage. If no, the fix isn't sticking, go deeper on root cause.
- ▶ Compare admission rate by source. Cut spend on the channel with the worst cost per admission. Reinvest in the channel that turns inquiries into clients.
- ▶ Audit your video assessment rate. If it is below 50%, your coordinators are defaulting to in-home out of habit, not necessity. Retrain on Tool 4.
- ▶ Promote the Monday dashboard review from optional to recurring. Fifteen minutes a week against Tool 6 is enough to keep the intake system honest.

If you can only remember one thing.

Slow intake is not a marketing problem, it is an operating-system problem. Buying more attention into a leaky funnel just wastes money faster. Fix the funnel and every dollar of acquisition spend works harder.

Built by operators.

Built for operators.

ConsidraCare is an agency-in-a-box platform for home-care operators. We ran a full home-care service business for four years before pivoting to software, which means our platform is built around what actually breaks when you try to grow an agency: inquiry capture, response speed, video assessment, AI-assisted care planning, first-shift handoff and weekly intake reporting.

The toolkit you've just worked through is a paper version of the loop the platform runs continuously. If the leaks you found in your own agency are the kind you'd rather not solve manually, talk to us.

01

Free agency audit

We'll walk through your funnel together and show you where it leaks. 30 minutes. No pitch.

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02

Join the partner pilot

We're onboarding a small cohort of growth-minded agencies to the platform. Concierge setup, founder-led support.

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ConsidraCare · Companion to the article · *"Why Home-Care Agencies Need Digital Intake and Video Assessments"*
