

Personal Care Agreement



This agreement is made _____ (Date) by and between the following parties:

(Name of elder adult) hereafter referred to as "CARE
RECIPIENT" and _____ (Name of caregiver) hereafter referred to
as "CAREGIVER".

Term Of Agreement

This agreement shall commence on _____ (Date) and may be terminated by
either party on reasonable notice to the other party.

Purpose

The purpose of this Agreement is to set forth the terms and conditions under which CAREGIVER will assist CARE RECIPIENT with instrumental activities of daily living and/or activities of daily living in exchange for a mutually agreed upon reasonable compensation.

Services To Be Provided By Caregiver

Services to be provided by CAREGIVER will include, but shall not necessarily be limited to:
(Check all that apply and attach detailed information about additional services to be performed to meet the needs of CARE RECIPIENT.)

- Transportation:** Driving CARE RECIPIENT to medical, dental, adult day care and other appointments and activities or arranging for appropriate transportation services to such errands and appointments.
- Errands:** Running daily errands for CARE RECIPIENT outside the home, including grocery shopping, prescription pick up, and shopping for toiletries and other necessities.
- Nutrition:** Meal preparation of three (3) meals per day for CARE RECIPIENT with attention to nutritional balance and any special dietary needs or restrictions if ordered by a licensed physician. Provision of daily snacks, as needed. Assisting CARE RECIPIENT with managing the process of eating including, but not limited to; supervising and assisting in setting up the meal, cutting food, pouring fluids, and overseeing feeding.
- Housekeeping:** Weekly tasks include, but are not limited to;
 - a. General household upkeep
 - b. General maintenance of care recipient's personal living space
 - c. Washing laundry, towels and sheets

- d. Making the bed
- e. Washing dishes
- f. Disinfecting/sanitizing all bathrooms and the kitchen
- g. Removal of household waste
- h. Vacuuming and mopping floors

- Financial Management:** In accordance with legal powers to act on behalf of CARE RECIPIENT, CAREGIVER shall maintain a budget, review accounts, pay bills, manage debts, and record expenditures to protect the financial interests of CARE RECIPIENT.
- Health Care Management:** In accordance with legal powers to act on behalf of CARE RECIPIENT, CAREGIVER shall review medical records, assist with health insurance applications, claims and appeals, and authorize or approve medical treatments in the best interest of CARE RECIPIENT.
- Medication Management:** CAREGIVER shall organize and store medications properly and provide reminders for doses and/or dispense medications directly in accordance with the prescribing physician's orders.
- Mobility:** Assist CARE RECIPIENT with walking in and out of the home and transferring from bed, chair and toilet. CAREGIVER will manage mobility devices, assist with their transport and encourage their use.
- Personal Care:** Provide cueing and assistance to CARE RECIPIENT with bathing, dressing, eating, waking up, going to bed and attending scheduled appointments.
- Supervision:** CAREGIVER will monitor the CARE RECIPIENT for safety, including responding to medical alert system calls, and securing and fortifying areas to minimize wandering and fall risks.
- Enrichment:** Provide companionship and facilitate entertainment for CARE RECIPIENT through socialization opportunities, activities and outings.

Schedule And Compensation

CAREGIVER will provide CARE RECIPIENT with the services outlined herein as mutually agreed upon by both parties, for no less than _____ hours per week. CAREGIVER will maintain a detailed log with documentation of hours used for the provision of care.

CARE RECIPIENT shall pay CAREGIVER \$_____ per hour on each _____ of the week/ month.

CARE RECIPIENT shall reimburse CAREGIVER for all out-of-pocket expenses borne by CAREGIVER that are directly related to the provision of services outlined herein. Such expenses shall include mileage at the rate of \$_____ cents per mile.

If CARE RECIPIENT lives in the CAREGIVER's home: In addition, CARE RECIPIENT shall pay CAREGIVER \$_____ per month for room and board (which consists of a proportional share of mortgage, taxes, insurance, heat, electricity, water, sewer and groceries).

Signatures

This agreement remains in effect until terminated in writing by either party. Each party has read and understands this agreement and agrees to the terms of service as indicated by the signature below.

CARE RECIPIENT

DATE

(To be signed by CARE RECIPIENT or a legal representative for CARE RECIPIENT such as an agent under POA, guardian or conservator)

CAREGIVER

DATE

WITNESS

DATE

Address

City

State