

PERSONAL CARE AGREEMENT

This Agreement is made by and between the following parties:

CLIENT (Elder/Adult with Disabilities or His/Her Family or Guardian)

CAREGIVER

Terms of Agreement

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

Purpose

The purpose of this Agreement is to set forth the terms and conditions under which the CAREGIVER will assist the CARE RECEIVER with activities of daily living.

Service Location

CAREGIVER will provide care to the CARE RECEIVER at:

(Home Address of the Care Receiver or other address)

Services to be Performed (List Services Expected from the CAREGIVER)

Work Schedule

Day of the Week	Daily Hours (AM/PM)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
Total Weekly Hours	

Compensation

1. CLIENT shall pay the CAREGIVER

\$_____ per hour worked

CLIENT will provide the CAREGIVER with Room and Board Yes No

If Yes, please specify the living arrangement

2. The CLIENT shall reimburse the CAREGIVER for all out of pocket expenses borne by the CAREGIVER in connection with the CAREGIVER'S work for the CLIENT.

The parties represent and warrant this Agreement by signing it below:

CLIENT _____ Date: _____

CAREGIVER _____ Date: _____