

LONG TERM CARE PERSONAL SUPPORT SERVICES AGREEMENT

This Agreement is made by and between the following parties:

_____ and _____ on
ELDER/ADULT WITH DISABILITIES **CAREGIVER**

DATE

Term of Agreement

This Agreement shall commence on _____, and may be
Date
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 ELDER/ADULT WITH DISABILITIES with instrumental activities of daily living and/or activities of daily living in order for ELDER/ADULT WITH DISABILITIES to continue to live at home and prevent the ELDER/ADULT WITH DISABILITIES from moving to a residential or nursing care facility.

Services to be Performed

CAREGIVER will provide care to ELDER/ADULT WITH DISABILITIES in

Specify location, i.e. Home of the ELDER/ADULT WITH DISABILITIES/CAREGIVER'S own home/OTHER

Services to be provided by CAREGIVER will include, but shall not necessarily be limited to:

Check all that apply and provide detailed information about the services to be performed to meet the specific needs of the Elder/Adult with Disabilities.

1. ☐ Transportation and errands:
 - a. ___ Driving ELDER/ADULT WITH DISABILITIES to medical, dental, adult day care and other appointments and activities;

- b. ____ Shopping for groceries and other items needed by ELDER/ADULT WITH DISABILITIES, and filling/refilling prescriptions;
- c. ____ Running other errands for ELDER/ADULT WITH DISABILITIES.

2. ☐ Meals: Preparing ____ meals per day and daily snacks for ELDER/ADULT WITH DISABILITIES.

3. ☐ Housework:
- a. ____ Cleaning ELDER 's/ADULT WITH DISABILITIES' living area.
 - b. ____ Laundry and changing linens

4. ☐ Financial: Paying ELDER's/ADULT WITH DISABILITIES' bills, balancing Elder's/Adult with Disabilities' checkbook, making deposits, dealing with health insurance, other paperwork.

5. ☐ Administration of medication.

6. ☐ Assistance with the following activities of daily living: transferring from bed, chair and toilet; ambulation; bathing, hygiene/ grooming; toileting; eating.

OR

Cueing ELDER/ADULT WITH DISABILITIES as to when to dress, eat, get up, go to bed and attend scheduled appointments.

7. ☐ Monitoring the ELDER/ADULT WITH DISABILITIES for safety, including responding to alarm system to control wandering/ fall risk.

8. ☐ Monitoring the ELDER/ADULT WITH DISABILITIES health, and bringing health problems to attention of health care providers.

9. ☐ OTHER:

Schedule

CAREGIVER will provide services on the following schedule:

Compensation

1. ELDER shall pay CAREGIVER \$_____ per Hour/ Day/ Month.

Circle One
2. TO BE USED IF ELDER LIVES IN CAREGIVER'S HOME: In addition, ELDER/ADULT WITH DISABILITIES 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).
3. ELDER/ADULT WITH DISABILITIES shall reimburse CAREGIVER for all out of pocket expenses borne by CAREGIVER in connection with CAREGIVER'S work. Such expenses shall include mileage at the rate of \$_____ cents per mile.

**ON BEHALF OF ELDER/ADULT WITH
DISABILITIES:**

Date

[To be signed by Elder/Adult with
Disabilities or by a legal representative for
Elder/Adult with Disabilities such as
agent under POA, guardian or
conservator]

CAREGIVER:

Date