

# Home Care Service Agreement

This Home Care Service Agreement is made on \_\_\_\_\_, 20, between:

Care Provider: \_\_\_\_\_

Client/Recipient: \_\_\_\_\_

## Services Provided

The Care Provider agrees to offer the following home care services:

- Personal Care (bathing, dressing, grooming)
- Meal Preparation & Assistance
- Medication Reminders
- Mobility Assistance
- Household Chores
- Other: \_\_\_\_\_

Services will begin on \_\_\_\_\_ and will continue until \_\_\_\_\_.

## Payment Terms

- Total Payment: \$ \_\_\_\_\_
- Payment Frequency:  Weekly  Monthly  One-Time
- Payment Method:  Cash  Check  Bank Transfer  Other:  
\_\_\_\_\_

Late payments will result in a penalty of \$ \_\_\_\_\_ per day after \_\_\_ days.

## Responsibilities of the Care Provider

- Provide quality care with professionalism.
- Follow all health and safety regulations.
- Maintain confidentiality of the client's medical and personal information.

## Responsibilities of the Client

- Provide all necessary medical records and medications.
- Allow access to the home during agreed hours.
- Make timely payments as per the agreed terms.

## Termination Clause

Either party may terminate this agreement by providing a \_\_-day written notice.

## Agreement Acknowledgment

By signing below, both parties agree to the terms outlined in this Home Care Service Agreement.

- Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_