**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: \_\_\_\_\_\_\_\_\_\_**