PERSONAL CARE AGREEMENT

This Agreement is made by and between the following parties:
______________________________________ and _______________________________ on
ELDER/ADULT WITH DISABILITIES and CAREGIVER

______________________
DATE

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 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.

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, or CAREGIVER’S own home, or
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.

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

1.  
2.  
3.  
4.  

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

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

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Housework:
___ Cleaning ELDER’s/ADULT WITH DISABILITIES’ living area.
___ Laundry and changing linens:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

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

___ Administration of medication:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Assistance with the following activities of daily living:

☐ Transferring from bed, chair and toilet; ambulation; bathing, hygiene/ grooming; toileting; eating.
☐ Cueing ELDER/ADULT WITH DISABILITIES as to when to dress, eat, get up, go to bed and attend scheduled appointments.
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

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

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

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

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

☐ OTHER: _____________________________________

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Schedule
CAREGIVER will provide services on the following schedule:

<table>
<thead>
<tr>
<th>Day of Week</th>
<th>Daily Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
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<tr>
<td>Wednesday</td>
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<td>Saturday</td>
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<tr>
<td>Sunday</td>
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<tr>
<td><strong>Total Hours Per Week</strong></td>
<td></td>
</tr>
</tbody>
</table>
Compensation

1. ELDER shall pay CAREGIVER $_____ per

   Check One:

   □ HOUR
   □ DAY
   □ MONTH

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:________________

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