**A logo for a home care company

Description automatically generated**

**New Jersey and Connecticut**

**800-687-8115 (Toll Free)**

**Fax: 855-564-1870**

**[ctseniorhelpers@gmail.com](mailto:ctseniorhelpers@gmail.com)**

**SERVICE AGREEMENT**

This agreement/contract entered into and established on the day of 20 , between , client, and **Senior Helpers, Inc**. is for the provision and delivery of services as outlined and further detailed below.

The client is aware that **Senior Helpers, Inc**. provides non- medical attendant services and is not authorized and or licensed to deliver professional medical assistance. **Senior Helpers, Inc**. will cooperate with the client and their medical providers in offering and supporting any necessary assistance within the limits and restraints of applicable law. Home care providers are not permitted to perform the following duties:

1. Administering medications of any kind.
2. Cutting fingernails or toenails.
3. Heavy lifting or duties beyond the scope of light household work

The client agrees to ensure a safe and healthy home environment for the mutual benefit of the caregiver and the client. Proper safety precautions, including masking and gloving shall be complied with by all parties.

The client shall keep **Senior Helpers Inc**. fully advised of any changes in the conditions or needs as they relate to the services provided and provide at least forty-eight (48) hours advance notice to any alteration or cancellation of a scheduled shift; failure to do so may result in the client being charged for the time.

**Senior Helpers, Inc**. agrees to provide home assistance and support services to \_\_\_\_\_\_\_, age (DOB: / / ) at his/her home, located at \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

beginning at or about the day of , 20 until cancelled by the client pursuant to provisions delineated in greater detail below.

**Senior Helpers Inc**., shall provide a homecare attendant/service provider at the above residence on (Sunday) (Monday) (Tuesday) (Wednesday) (Thursday) (Friday) (Saturday), between the hours of AM PM and AM PM.

The client , agrees to pay an hourly rate of

\_\_\_\_and \_\_\_\_\_\_\_\_\_\_\_/100 Dollars ($\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) due and payable on the first day of the week. A deposit of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ equal to one (1) week, shall be paid at the inception of this contract/agreement; said deposit shall be refundable or applied to the last week of services pursuant to the conditions and requirements outlined below.

If the above cited fee for services shall be in arears or late for more than two (2) weeks, the client , agrees to pay a late fee of 10% of the past due weekly payment.

The client, , can, if he or she so desires, authorize **Senior Helpers, Inc**. to automatically deduct the weekly fees due for services from a credit or debit card upon completion of a **Payment Form**, which shall be incorporated into this agreement/contract.

The client agrees to pay any additional expenses incurred **by Senior Helpers, Inc**. and or its employee/assigned caregiver, on behalf of the client. These fees shall include but not be limited to the cost of purchasing groceries, toiletries, medications, or supplies, federally recognized and mandated holiday pay, legally mandared overtime, and the client shall reimburse the caregiver or **Senior Helpers Inc**. $0.75 a mile for the use of the service providers personal automobile to run errands on behalf of the client.

**CANCELLATION:** The client, , may cancel this agreement/contract upon providing two (2) weeks’ notice in writing to **Senior Helpers Inc**. of their intention to do. The deposit of $ , equal to a week of service, can be used to pay for the final week of services if the client so desires and is in compliance with the provisions of this paragraph.

The client, , agrees, accepts, and understands that the assigned caregiver is an employee of **Senior Helpers, Inc.** and their services cannot be personally solicited or elicited by the client without the express written knowledge and permission of **Senior Helpers, Inc**.

**Senior Helpers Inc**. can, at its sole discretion, demand and request a placement/transfer fee of no more than twenty-file percent (25%) of the employee’s yearly salary as a condition precedent for the release of its employee to the client. It is further understood and agreed that any breach, contravention, or violation of this condition may ensue in **Senior Helpers, Inc**. initiating legal proceedings and demanding recompense from the client to full extent allowed by law.

Any changes or amendments to this Service Agreement shall be made in writing and agreed to by both parties.

Client Signature

Print Name

Date

Angel Care Home Companion Services, Inc.