Sample Client and Home Care Provider Example Agreement - This example agreement was developed to support persons with approval for HIP and Future Care’s Personal Home Care Benefit but can be adapted and used by anyone.

Tips on creating your agreement:

* Customize the agreement so it appropriate for you and your care provider
* Completing the list of tasks on page 3 first can assist in determining the provider type, work hours and schedule required.
* Know what type of care provider you need. See page 4 for an overview and if you have a government benefit ensure it is the type you are approved for.
* Include all details verbally agreed upon during the hiring process.
* Make two copies of the agreement: one for the client and one for the provider.

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| **Name of Care Provider:** |  |
| **Type of Care Provider**: |  |
| **Contact information** cell: |  |
| email: |  |
| Other**:** |  |

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| **Name of Client** (*person receiving care*): |  |
| **Name of Responsible** **Party** (*for payment and oversight, if not the client*): |  |
| **Start date of services:** |  |

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| **Payment:** | |
| Hourly: |  |
| Weekly: |  |
| Holiday Pay (*only eligible from client not from government benefits*): |  |
| Amount (expected) to be covered by Personal Home Care Benefit and/or other government benefits: |  |
| Amount (expected) to paid by Client: |  |
| Pay period *(e.g. every Friday, last Friday of the month, etc.):* |  |

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| **Work Hours:** | | | | | | |
| Total hours per week: | |  | | | | |
| Number of hours per day: | | Personal Caregiving: |  | Skilled Caregiving[[1]](#footnote-1): | |  |
| **Schedule** (fill in hours) | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** | | **morning** |  |  |  |  |  |  |  | | **afternoon** |  |  |  |  |  |  |  | | **evening** |  |  |  |  |  |  |  | | **night** |  |  |  |  |  |  |  | | | | | | |
| **Caregiver sick days or time off:** | | | | | | |
| To be certain the client will have care when needed, advance notice is required. Notice will be given by the caregiver to the client /responsible person in advance for vacation or days off.When caregiver is ill and unable to provide care on a scheduled day then they will contact client/responsible person as soon as known and help identify an alternative caregiver. | | | | | | |
| Amount of notice required for vacation requests/time off (e.g. 2 weeks): | | | | |  | |
| Pre-approved vacation days or weeks when caregiver not available (unpaid): | | | | |  | |

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| **Benefits provided to Caregiver:** | | | |
| Self-employed persons are responsible to pay their own payroll tax, social insurance pension and health insurance unless otherwise agreed to as described below | | | |
| Tick the box that applies: | | | |
| The care provider is responsible for insurance and tax obligations | | | |
| The client is responsible for provider’s insurance and tax obligations | | | |
| The client and care provider will share the cost of the obligations: | | Client pays: |  |
|  | | Provider pays: |  |
| **Additional considerations** *- as relevant based on specific nature of caregiving needs and circumstances* | | | |
| Food during shift for Care Provider: | Food is provided when eating with client: Yes No  Other: | | |
| Use of client’s belongings as part of care provision (e.g phone, TV, car) : |  | | |
| Visitors for the Care Provider (if allowed and when): |  | | |
| Sleeping or live-in arrangements for Care Provider: |  | | |
| Break times (if allowed based on total number of hours and scheduling) |  | | |
| Other: |  | | |

| **Check what is to be provided** | **Caregiving Duties** | **Frequency** | **Comments** |
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|  | **Health monitoring or health related care as needed:** |  |  |
|  | Observe taking or reminding to take medications on time. Medications pre-dosed by client, family, RN or pharmacist. |  |  |
|  | Assist in measuring and following diet or fluid restrictions |  |  |
|  | Assist in measuring and logging BP, weights, blood glucose, etc. |  |  |
|  | For person who is bed bound-  Assist with turning and positioning every 2 hours |  |  |
|  | Provide range of motion exercises |  |  |
|  | Protective skin care |  |  |
|  | Other (list below): |  |  |
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|  | **Personal care assist with:** |  |  |
|  | getting in/out of bed, in and out of chair |  |  |
|  | standing, walking or exercise |  |  |
|  | bathing or showering |  |  |
|  | grooming and dressing |  |  |
|  | toileting |  |  |
|  | eating |  |  |
|  | Other: |  |  |
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|  | **Daily living care needs:** |  |  |
|  | Prepare and serve meals |  |  |
|  | Clean sink, stove, counters, refrigerators |  |  |
|  | Wash, dry and store dishes and utensils |  |  |
|  | Clean bathroom sink, tub, toilet, and surfaces |  |  |
|  | Empty and take out trash |  |  |
|  | Make bed |  |  |
|  | Change bed linens |  |  |
|  | Wash, dry and fold clothing and linens |  |  |
|  | Clear, dust and organize surfaces throughout home |  |  |
|  | Vacuum carpets |  |  |
|  | Sweep floors |  |  |
|  | Wet or dry mop in rooms you use |  |  |
|  | Assist w/ grocery shopping |  |  |
|  | -Prepare list |  |  |
|  | -Store items as requested |  |  |
|  | Run errands |  |  |
|  | Other (list below): |  |  |
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|  | **Transportation:** |  |  |
|  | Take to social activities |  |  |
|  | Take to doctor’s appointments |  |  |
|  | Take to other activities |  |  |
|  | Other (list below): |  |  |
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|  | **Social Activities:** |  |  |
|  | Reading to client |  |  |
|  | Playing games with client |  |  |
|  | Visiting relatives/friends |  |  |
|  | Attending activity groups |  |  |
|  | Other (list below) |  |  |
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|  | Other Tasks (list below): |  |  |
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| **Guidance on Types of Providers** | |
| **Personal Caregiving Tasks (non-licensed caregivers)** | **Skilled Caregiving Tasks (Nursing Associates licensed with the Bermuda Nursing Council (BNC))** |
| * Provide prompting, minimal hands on assist or supervision for non-frail and non-medically complex person for bathing, dressing, grooming, toileting, eating, and walking. * Assistance in meal preparation and clean up * Provide companionship by engaging in conversation, and recreational activities. * Assist in changing bed linens, putting out trash, light housekeeping * Assist with transportation | * Can perform any of the personal caregiving tasks * Hands on care for frail or bedridden for bathing, dressing, toileting, and mobility assistance such as transfers from chair to bed. * Monitor for changes in health conditions. * Training approved by Bermuda Nursing Council. * May provide dressing changes to simple wounds but not complex. |
| No provider can do medication preparation or administration unless a Registered Nurse with the BNC | |

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| Provider Signature: |  | Date: |  |
| Client (or Responsible Person) Signature: |  | Date: |  |

1. Personal Caregiving and skilled caregiving are categories for the government home care funding benefits, the types of providers are able to provide such are outlined on page 4. [↑](#footnote-ref-1)