**Sample Client and Caregiving Provider Contract**

### *This is an example of a written agreement between a client and their personal home care provider. It is a guide to assist in the development of an agreement that is appropriate for you and your care provider.*

***When developing an agreement, ensure it includes any details that are verbally agreed upon during the hiring process. Ensure two copies of the agreement are made: one for the client and one for the provider*** *.*

**Name of Provider**: **Phone** (home):

(cell):

**Name of Client** (*person receiving care*):

**Name of Responsible Party** (*for payment and oversight, if not the client*):

# Salary:

**Rate** (e.g. hourly/weekly): **Amount paid by Personal Home Care Benefit: Amount paid by Client: Pay period** *(e.g. every Friday, last Friday of the month, etc):*

**Benefits for provider:***(tick the box as required)*

We understand the payroll tax, pension, social insurance and health insurance obligations for employers and self- employed persons:

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:

# Schedule:

Start date:

Total weekly hours: Daily Hours:

Days off:

Number of Sick days: Number of Vacation days: Holiday Dates:

|  |  |  |  |
| --- | --- | --- | --- |
| **JOB DUTIES** | **Circle****Yes or No** | **FREQUENCY** | **COMMENTS** |
| **Health** |  |  |  |  |
| Manage medications | YES | NO |  |  |
| Nursing care | YES | NO |  |  |
| Other (list below): | YES | NO |  |  |
|  | YES | NO |  |  |
|  | YES | NO |  |  |
| **Bedroom** |  |  |  |  |
| Assist with getting in/out of bed |  |  |  |  |
| Make bed | YES | NO |  |  |
| Change bed linens | YES | NO |  |  |
| **Bathroom** |  |  |  |  |
| Help with bathing | YES | NO |  |  |
| Help with toileting | YES | NO |  |  |
| Help with grooming | YES | NO |  |  |
| Clean sink, tub, toilet, and surfaces | YES | NO |  |  |
| **General** |  |  |  |  |
| Help with dressing | YES | NO |  |  |
| Help with transferring | YES | NO |  |  |
| Help with walking | YES | NO |  |  |
| **Meals** |  |  |  |  |
| Plan menus | YES | NO |  |  |
| Prepare and serve meals | YES | NO |  |  |
| Help with feeding | YES | NO |  |  |
| Wash, dry and store dishes and utensils | YES | NO |  |  |
| Clean sink, stove, counters, refrigerators | YES | NO |  |  |
| **Household** |  |  |  |  |
| Wash, dry and fold clothing and linens | YES | NO |  |  |
| Empty and take out trash | YES | NO |  |  |
| Clear, dust and organize surfaces throughout home | YES | NO |  |  |
| Vacuum carpets | YES | NO |  |  |
| Sweep floors | YES | NO |  |  |
| Wet or dry mop in rooms you use | YES | NO |  |  |
| **Shopping** |  |  |  |  |
| Prepare list | YES | NO |  |  |
| Run errands | YES | NO |  |  |
| Buy food and supplies | YES | NO |  |  |
| Store items as requested | YES | NO |  |  |
| **Transportation** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Take to social activities | YES | NO |  |  |
| Take to doctor’s appointments | YES | NO |  |  |
| Take to other activities | YES | NO |  |  |
| **Social Activities** |  |  |  |  |
| Reading to client | YES | NO |  |  |
| Playing games with client | YES | NO |  |  |
| Visiting relatives/friends | YES | NO |  |  |
| Other (list below): | YES | NO |  |  |
|  | YES |  |  |  |
|  | YES |  |  |  |
|  | YES |  |  |  |
| **Other Tasks** (list below): | YES | NO |  |  |
|  | YES |  |  |  |
|  | YES |  |  |  |
|  | YES |  |  |  |
|  | YES |  |  |  |
|  | YES |  |  |  |

**Employer Policies:**

Employer provided meals:

Personal calls: Visitors allowed in what

circumstances:

Sleeping:

Other:

Provider Signature: Date:

Client (or Responsible

Person) Signature: Date: