



## Caring for Life Home Health, Inc.

3262 Westheimer Rd, #101, Houston, Tx 77098, Tel.: 713-894-9952,  
e-mail: contact@caringforlife.com

### CLIENT SERVICES AGREEMENT

Client Information			
Last Name		First Name	
Address			
City		State	Zip
Date of Birth			
Telephone		Alternate Phone & e-mail	

Financially Responsible Party (if other than Client)			
Last Name		First Name M.I	
Address			
City		State	Zip
Telephone		Alternate Phone & E-mail	

Contact Information			
Last Name		First Name	
Address			
City		State	Zip
Telephone		Alternate Phone	
Do you have Power of Attorney for Client?		Yes	No
		Yes	No
Are you Client's legally appointed guardian?			



**Service Start Date / Time:**

Service will start on \_\_\_\_\_ at \_\_\_\_\_  
I, \_\_\_\_\_ (Referred to as “the Client” or “you”) and Caring for Life Home Health, Inc, (referred to as “Caring for Life Home Health, Inc”, or “we”), agree as follows:

**Schedule of Services and Rates:** Caring for Life Home Health, Inc agrees to provide and I agree to pay for, home healthcare services according to the attached Schedule of Services and Rates and the Plan of Care (if applicable). I understand that I may request a change to the Plan of Care and attached Schedule of Services and Rates at any time. In the event that Caring for Life Home Health, Inc agrees to the requested change, Caring for Life Home Health, Inc shall create an updated Schedule of Services and Rates that will become a part of this Client Services Agreement upon my acceptance of the requested services. I acknowledge that any change in services requested and performed may result in increased fees. I agree to be responsible for the increased fees in the same manner as for the other payments due under this Client Services Agreement.

**Billing:** The caregiver will fill out a timesheet daily. At the end of the caregiver’s work week, you will be expected to sign the timesheet as acceptance of the hours of service delivered. Please sign it promptly so the caregiver can be paid promptly. After the start of services, invoices will be sent weekly after completion of each week service period. Any questions regarding timesheets or your invoice should be directed to our office.

**Caregiver Services:** Our caregiver services include: assistance with bathing, dressing, personal care, meal Preparation, light housekeeping, laundry, and assistance with walking, medication reminders, transportation and errands.

Service tasks provided will be those tasks which are checked below and will be performed in accordance with task definitions. The daily Caregiver notes will be completed by the caregiver and will document the HHA/CNA’s work and can be provided to the client upon request.

- Preparation of Meals
- Personal Hygiene/Bathing
- Dressing/Undressing
- Remind To Take Medications
- Assistance with walking
- Light housekeeping /Laundry
- Transportation/Shopping
- Locomotion
- Protective Supervision

Other (please specify)\_\_\_\_\_

**Financial Responsibility:** I agree to be responsible for payment of services provided by Caring for Life Home Health, Inc. Fees for services rendered are payable upon receipt of invoice. Invoices will be sent weekly. I agree to pay the amount of the invoice upon receipt of the invoice. An account is considered overdue if not paid within 5 days of the billing date. We reserve the right to discontinue providing services until the account is paid in full, including any additional charges and accrued interest.

**Method of Payment:** Credit Card Cash Bank Transfer Check

Type of Card \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Card Number \_\_\_\_\_ Security Code \_\_\_\_\_



I authorize Caring for Life Home Health, Inc to charge to this credit card the balance due under this Agreement on the first day after each weekly service period and upon termination of services. This authorization will continue until I give written notice to Caring for Life Home Health, Inc that I revoke the authorization. Such written notice will be effective the date notice is received.

Signature \_\_\_\_\_

**Termination:** Prior to commencement of services or during the first week, this agreement may be terminated by me or Caring for Life Home Health, Inc for any reason with no requirement of advance notice. After the first week, this agreement may be terminated by me (Client) or Caring for Life Home Health, Inc for any reason by giving written or verbal notice to the other, which notice will be effective 48 hours from the date notice is received.

**Cancellations:** Cancellations may be made up to 24 hours in advance of a scheduled visit without charge. We reserve the right to charge for a scheduled visit if sufficient notice is not given. In the event that a referred caregiver fails to arrive at the care recipient's home, we will make every effort to find a replacement as quickly as possible. If a replacement is not found or if the caregiver alters the predetermined weekly schedule in some way, we will adjust the amount that you are billed accordingly.

**Hiring Employees:** I agree not to employ or receive services from the employee(s) assigned to me by Caring for Life Home Health, Inc except as contemplated by this agreement for a period of one (1) year following the last day the employee(s) rendered services to me on behalf of Caring for Life Home Health, Inc pursuant to this agreement. This prohibition includes, but is not limited to:

- 1) Paying the employee directly for services during his or her employment with Caring for Life Home Health, or after such employment ends,
- 2) Paying another agency, person, or entity for services provided by the employee after his or her employment with Caring for Life Home Health, Inc ends, or

**Transportation:** Requested transportation services should be outlined in this agreement. A vehicle is not to be driven by the caregiver employee without prior written authorization from the client to the agency. Caring for Life Home Health, Inc insurance does not cover loss or damage caused by employees operating the client's owner or leased vehicle. The client accepts full responsibility for any and all claims. If an employee of the Agency transports a client in their own vehicle, or the client's vehicle, the client will release the Agency and/or that employee from all liability should an injury or accident occur.

**Entire Agreement & Severability:** This agreement contains the entire understanding of the parties regarding the subject matter of this agreement, and supersedes all prior and contemporaneous negotiations and agreements, whether written or oral, between the parties with respect to the subject matter of this agreement. If a provision of this agreement is determined to be unenforceable in any respect, the enforceability of the provision in any other respect and of the remaining provisions of this agreement will not be impaired.

**Supplies and Equipment:** Latex gloves will be provided to the caregiver by Caring for Life Home Health, Inc free of charge. You are responsible for supplying all other supplies (i.e. cleaning, personal care etc needed for the execution of any kind of personal care) and equipment which may be necessary in the provision of services. Extra charges will apply if the Agency provides the supplies and/or equipment.



**Light Housekeeping Defined:** The caregiver employee is not required to provide a general “heavy” housekeeping service. Typical “light” housekeeping tasks to be provided by the caregiver employee would include: tidying up of rooms in which the care recipient spends his/her time (bedroom, living room, kitchen), washing dishes after meals (wiping spills on sink or floor, “spot cleaning”), sweeping kitchen floor when needed, passing the vacuum in rooms used by care recipient, tidying bathrooms after use by care recipient (rinsing tub or shower after use, wiping spills on sink or floor). It is recommended that you hire an independent cleaning service for tasks such as scrubbing floors in kitchen and bathrooms, window or mirror washing, dusting behind and under furniture, drape cleaning and heavy laundry.

Your signature and /or your representative’s signature below indicate that you and/or your representative have read, understand and are in agreement with the terms and conditions of this Service Agreement.

Client or Legal Representative’s Signature

\_\_\_\_\_

Date \_\_\_\_\_

For Caring for Life Home Health, Inc

\_\_\_\_\_

Date \_\_\_\_\_

LaShonda Mouton, Executive Director

**Financially Responsible Party**

By signing below I agree to be responsible as a surety to pay for any and all charges or fees for services Caring for Life Home Health, Inc provides to the Client pursuant to this Client Services Agreement and the attached Schedules of Services and Rates.

\_\_\_\_\_

Financially Responsible Party Signature

\_\_\_\_\_

Date



**Rates:** I agree to pay for services provided by Caring for Life Home Health, Inc at the following rates:

Certified home health aide / CNA	\$	/hour
Initial patient Assessment	<b>NO CHARGE</b>	
Live-in home care	\$	/day
Daily check-in	\$	/week
RN Care Management services - \$ / per hour	\$	/hour
Other	\$	

**Holidays:** Rates are one-and-one half times the hourly rate indicated above for an employee who works on New Year’s Day, Easter, Memorial Day, 4<sup>th</sup> of July, Labor Day, Thanksgiving Day or Christmas.

**Expenses:** In addition to the above any necessary and reasonable out-of pocket expenses incurred by Caring for Life Home Health, Inc or its employees will be reimbursed by me.

**Changing Rates:** These rates are based upon my needs as determined by the initial assessment and may be changed periodically by Caring for Life Home Health, Inc. In the event Caring for Life Home Health, Inc determines a rate change is necessary, Caring for Life Home Health, Inc will notify me in writing at least fourteen (14) calendar days prior to assessing the new rates or fees.

Client or Legal Representative’s Signature

\_\_\_\_\_

Date

\_\_\_\_\_

For Caring for Life Home Health, Inc

\_\_\_\_\_

Date

\_\_\_\_\_

LaShonda Mouton, Executive Director