

Sample Client and Home Care Provider Care 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.

Name of Care Provider: _____

Type of Care Provider: _____

Contact information cell: _____

email: _____

Other: _____

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

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

Start date of services: _____

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

Work Hours:		
Total hours per week:	_____	
Number of hours per day:	Personal Caregiving: _____	Skilled Caregiving ¹ : _____

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.

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):

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)

Timeframes and conditions for termination of contract:

Other:

Check what is to be provided	Caregiving Duties	Frequency	Comments
	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		
	Physical therapy or exercise		
	Other (list below):		
	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:		
	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):		

Check what is to be provided	Caregiving Duties	Frequency	Comments
	Transportation:		
	Take to social activities		
	Take to doctor's appointments		
	Take to other activities		
	Other (list below):		
	Social Activities:		
	Reading to client		
	Playing games with client		
	Visiting relatives/friends		
	Attending activity groups		
	Other (list below)		
	Other Tasks (list below):		

Guidance on Types of Providers	
Personal Caregiving Tasks (non-licensed caregivers)	Skilled Caregiving Tasks (Nursing Associates licensed with the Bermuda Nursing Council (BNC))
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	

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