ANGELS ASSIGNED TO ASSIST LLC

IN-HOME CARE SERVICES AGREEMENT

“Compassionate Care. Trusted Assistance. Serving With Heart.”

This In-Home Care Services Agreement (“Agreement”) is entered into between:

Provider: Angels Assigned to Assist LLC
Client Name: _____
Client Address: _____
City/State/ZIP: _____
Phone: _____
Email: _____

Effective Date: _____

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1. PURPOSE OF AGREEMENT

Angels Assigned to Assist LLC (“Provider”) agrees to provide in-home assistance and non-medical support services to the Client according to the services, schedule, and terms outlined in this Agreement.

Our goal is to provide compassionate, respectful, dependable assistance that promotes the Client's **dignity, independence, comfort, safety, and quality of life**.

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2. SERVICES REQUESTED

Please check all services requested:

Personal Care

☐ Bathing assistance
☐ Dressing assistance
☐ Grooming assistance

☐ Toileting assistance
☐ Personal hygiene assistance

Mobility & Daily Living

☐ Ambulation assistance
☐ Transfer assistance
☐ Positioning assistance
☐ Assistance with activities of daily living

Household Assistance

☐ Light housekeeping
☐ Laundry
☐ Changing bed linens
☐ Trash removal
☐ Organization of client's living areas

Meals & Nutrition

☐ Meal preparation
☐ Meal planning assistance
☐ Feeding assistance
☐ Hydration reminders

Medication Support

☐ Medication reminders
☐ Assistance with maintaining medication schedules

WE DO NOT ADMINISTER MEDICATION

Companionship

☐ Conversation and companionship
☐ Reading
☐ Games and recreational activities
☐ Accompanying Client to approved activities
☐ Social engagement

Errands & Transportation

☐ Grocery shopping
☐ Pharmacy/prescription pickup
☐ Running errands
☐ Transportation/accompaniment to appointments, when available and authorized

Angels Assigned to Assist LLC does not provide transportation using employees' personal vehicles. When transportation assistance is needed, our caregiver may either **meet the client at the designated location** or **accompany the client in the client's own vehicle while the client is driving**.

For the safety of our clients and caregivers, employees are not authorized to transport clients in their personal vehicles.

Other Services

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3. AGREED DAYS OF SERVICE

Please select the requested days:

☐ Monday
☐ Tuesday
☐ Wednesday
☐ Thursday
☐ Friday
☐ Saturday
☐ Sunday

Other/Specific Days: _____

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4. AGREED HOURS OF SERVICE

Start Time: _____

End Time: _____

Hours Per Day: _____

Total Hours Per Week: _____

Schedule Type

☐ Regular Weekly Schedule
☐ Every Other Week
☐ Weekend Care
☐ Overnight Care
☐ Respite Care
☐ Temporary Care
☐ As-Needed/PRN
☐ Other: _____

The agreed schedule may be modified by mutual agreement between the Provider and Client, subject to caregiver availability.

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5. CARE PLAN

Services will be provided according to the Client's individualized care needs and the agreed plan of care.

The Client agrees to provide accurate information regarding their needs, limitations, preferences, allergies, medications, mobility, and other information necessary to safely provide the contracted services.

The Provider may update the care plan when the Client's needs or circumstances change.

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6. CAREGIVER RESPONSIBILITIES

Caregivers assigned by Angels Assigned to Assist LLC are expected to:

- Treat the Client with dignity, kindness, patience, and respect.
- Protect the Client's privacy and confidentiality.
- Provide the services listed in the agreed care plan.
- Arrive on time and remain for the scheduled service period.
- Maintain appropriate professional boundaries.
- Report significant changes or concerns regarding the Client to the appropriate Provider representative.
- Maintain a clean and safe environment while performing assigned duties.
- Respect the Client's home, belongings, preferences, and personal space.

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7. CLIENT RESPONSIBILITIES

The Client agrees to:

- Provide accurate information regarding their care needs.
- Provide a safe environment for the caregiver.
- Treat caregivers with dignity and respect.
- Inform the Provider of changes to the Client's condition or care needs.
- Provide necessary supplies and equipment required for services unless otherwise agreed.
- Make payments according to the agreed payment schedule.

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8. SERVICES OUTSIDE THE AGREEMENT

Services not listed in this Agreement or the Client's approved care plan may require prior approval and may result in additional charges.

The Provider reserves the right to decline tasks that are outside the caregiver's training, scope of services, company policies, or applicable law.

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9. EMERGENCY SITUATIONS

Angels Assigned to Assist LLC is not an emergency medical service.

If the Client experiences a medical emergency, the caregiver may contact **911 or appropriate emergency services** and notify the Client's designated emergency contact.

Emergency Contact: _____

Relationship: _____

Emergency Phone: _____

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10. PAYMENT AGREEMENT

Hourly Rate: $_____ per hour

Daily Rate, if applicable: $_____

Weekly Estimated Cost: $_____

Payment Frequency:

☐ Weekly
☐ Biweekly
☐ Monthly
☐ Other: _____

Payment Method:

☐ Credit/Debit Card
☐ Check

☐ Electronic Payment
☐ Other: _____

Payment is due according to the schedule agreed upon by the Provider and Client.

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11. CANCELLATION POLICY

The Client agrees to provide at least _____ **hours' notice** when canceling or changing a scheduled service.

Late cancellations or missed visits may be subject to a cancellation fee of:

$_____

Exceptions may be made for emergencies or circumstances determined appropriate by Angels Assigned to Assist LLC.

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12. CAREGIVER ABSENCE

If the regularly assigned caregiver is unavailable, Angels Assigned to Assist LLC will make reasonable efforts to provide a qualified replacement when available.

Replacement caregiver:

☐ Authorized by Client
☐ Must be approved by Client before assignment

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13. CONFIDENTIALITY & PRIVACY

Angels Assigned to Assist LLC will make reasonable efforts to protect the Client's personal information and maintain confidentiality in accordance with applicable privacy laws and company policies.

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14. CHANGES IN CLIENT NEEDS

If the Client's needs change substantially, the Provider may conduct a reassessment and modify the care plan or services accordingly.

Additional services may require a revised service agreement and/or additional fees.

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15. TERMINATION OF SERVICES

Either party may terminate this Agreement by providing written notice according to the Provider's cancellation and termination policies.

Angels Assigned to Assist LLC may terminate services when necessary due to safety concerns, nonpayment, inappropriate conduct, changes in care needs beyond the Provider's scope, or other circumstances that prevent the Provider from safely or appropriately providing services.

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16. ACKNOWLEDGMENT

By signing below, the Client acknowledges that they have reviewed and understand this Agreement, including the services requested, scheduled days and hours, responsibilities, payment terms, and cancellation policies.

The Client understands that Angels Assigned to Assist LLC will provide services according to the agreed care plan and applicable laws and regulations.

CLIENT SIGNATURE

Client Name: _____

Signature: _____

Date: _____