

CAREGIVER AGREEMENT

State:		Date:	
Client(s):			
Caregiver(s):			
Job Responsibilities	<input type="checkbox"/> Meals: <input type="checkbox"/> Cleaning dishes <input type="checkbox"/> Preparing meals <input type="checkbox"/> Shopping for groceries <input type="checkbox"/> Other:	<input type="checkbox"/> Housekeeping: <input type="checkbox"/> Changing linens <input type="checkbox"/> Cleaning bathrooms <input type="checkbox"/> Cleaning kitchens <input type="checkbox"/> Gardening <input type="checkbox"/> Laundry <input type="checkbox"/> Garbage/Recycling <input type="checkbox"/> Other:	<input type="checkbox"/> Healthcare: <input type="checkbox"/> Administer medications <input type="checkbox"/> Drive to appointments <input type="checkbox"/> Pick up prescriptions <input type="checkbox"/> Schedule appointments <input type="checkbox"/> Other:
	<input type="checkbox"/> Financial Decisions: <input type="checkbox"/> Bill payments <input type="checkbox"/> Manage books <input type="checkbox"/> Other:	<input type="checkbox"/> Personal Care: <input type="checkbox"/> Cleaning dishes <input type="checkbox"/> Preparing meals <input type="checkbox"/> Grocery shopping <input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Where services will be provided:			
Work Schedule:			

Payment:	
Expenses:	
Benefits (Holidays/PTO):	
Term:	
Conditions:	
Termination:	
Confidentiality:	
Insurance:	
Raises & Reviews:	
Dispute resolution:	
Social Media Piolicy:	
Rules & Expectations:	

Print Client Name

Client Signature

Date

Print Caregiver Name

Caregiver Signature

Date