HOME CARE ALLOWANCE/SPECIAL POPULATIONS HOME CARE ALLOWANCE

SOCIAL SERVICES AGREEMENT BETWEEN CLIENT AND PROVIDER OF HOME CARE

_____ (Client) AND _____ (Provider), by their signatures below, agree to the following services schedule and payment plan:

FUNCTION

Critical/Basic ADL's	Hours	Basic IADLs	Hours	Supportive	Hours
1. Transfers	☐	9. Meal Prep	☐	13. Medicine Mgmt.	☐
2. Bladder Care	☐	10. Housework	☐	14. Appoint. Mgmt.	☐
3. Bowel Care	☐	11. Laundry	☐	15. Money Mgmt.	☐
4. Mobility	☐	12. Shopping	☐	16. Access Resources	☐
5. Dressing	☐			17. Telephone	☐
6. Bathing	☐				
7. Hygiene	☐				
8. Eating	☐				

Services will be provided _____ days of the week for a total of _____ hours/week.

Specify days of the week and number of hours per day _____.

The client agrees to pay the Home Care Provider $_____ per mo./wk. on _____ of each mo./wk.

The monthly payment will include the Home Care Allowance of $_____ (which will be added to the recipient's (AND), (OAP), (AB), (GRANT), plus $_____ from the client's income. The exact amount will be determined by your eligibility technician. Service eligibility will be effective on _____. Services will begin: _____

Your income maintenance technician is _____ Phone _____ County _____

The above services schedule and payment plan constitute the entire agreement between the client and the Home Care Provider. The client and the provider acknowledge that the Statement of Responsibility, printed on the back of this agreement, has been read (by) (to) them and they agree to use the Home Care Allowance Program in accordance with these guidelines.

Your Case Manager is _____ Phone _____

Agency: _____

Signed: _____ Date _____
(Client)

Signed: _____ Date _____
(Home Care Provider)

_____ _____
ADDRESS TELEPHONE

HOME CARE ALLOWANCE/SPECIAL POPULATIONS HOME CARE ALLOWANCE STATEMENT OF RESPONSIBILITY

THE CLIENT IS RESPONSIBLE:

1. TO ACCEPT SERVICES RESONABLE RENDERED BY THE HOME CARE PROVIDER;
2. TO PROVIDE NECESSARY EQUIPMENT AND SUPPLIES;
3. TO PAY FOR SERVICES IN A TIMELY MANNER IN THE AGREED UPON AMOUNT;
4. TO NOTIFY THE PROVIDER OF AN ANTICIPATED ABSENCE IN ADVANCE AND TO PAY FOR MISSED VISITS THAT CANNOT BE MADE UP;
5. TO USE THE HOME CARE ALLOWANCE ONLY FOR THE PURPOSE SPECIFIED IN THE SERVICE AGREEMENT;
6. TO REPAY ANY UNUSED HOME CARE ALLOWANCE;
7. TO REPORT PROBLEMS OR CHANGES IN CIRCUMSTANCES PROMPTLY TO THE CASE MANAGER;
8. TO CHOOSE THE INDIVIDUAL (S) WHO WILL PROVIDE HOME CARE;
9. TO SECURE WRITTEN DOCUMENTATION FROM HOME CARE ALLOWANCE PROVIDER THAT PROVIDER HAS BEEN PAID THE AMOUNT AGREED ON THE FIRST PAGE OF THIS AGREEMENT.

THE HOME CARE PROVIDER IS RESPONSIBLE:

1. TO PROVIDE SERVICES TO THE CLIENT IN A SATISFACTORY MANNER SO THAT THE RECIPIENT'S NEEDS ARE MET;
2. TO ACCEPT DIRECTION FROM THE CLIENT AND MONITORING OF SERVICES BY THE CASE MANAGER, AND TO CONSULT WITH THE CASE MANAGER REGARDING PROBLEMS OR CHANGES IN CIRCUMSTANCES THAT MAY AFFECT SERVICES;
3. TO MAKE UP MISSED VISITS OR PROVIDE A QUALIFIED SUBSTITUTE WHEN ABSENT FOR AN EXTENDED PERIOD, AND TO NOTIFY THE CLIENT AND THE CASE MANAGER AT LEAST 24-HOURS IN ADVANCE OF AN ABSENCE;
4. TO ARRIVE AT THE AGREED UPON TIME AND TO STAY THE FULL TIME AGREED UPON IN THE SERVICE AGREEMENT;
5. TO GIVE THE CLIENT A SIGNED AND DATED RECEIPT FOR EACH PAYMENT RECEIVED;
6. TO NOTIFY THE CLIENT AND THE CASE MANAGER OF INTENT TO TERMINATE SERVICES AT LEAST (10) DAYS PRIOR TO THE LAST DATE OF SERVICE; (CERTAIN EMERGENCIES OF CLIENT OR PROVIDER EXCEPTED);
7. TO RESPECT THE CLIENT'S PRIVACY AND THE PRIVACY OF HIS/HER PERSONAL PAPERS AND TREASURED OBJECTS; TO TREAT INFORMATION SHARED BY THE RECIPIENT IN A CONFIDENTIAL MANNER; AND TO BE CONSIDERATE OF THE LIMITATIONS IMPOSED ON THE RECIPIENT BY DISABILITY OR AGE.