

# PRIVATE CAREGIVER/COMPANION AGREEMENT

## CAREGIVER/COMPANY INFORMATION:

NAME OF CAREGIVER/COMPANY:

ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE:

( )

FAX:

( )

EMAIL:

## RESIDENT INFORMATION:

RESIDENT NAME:

RESPONSIBLE PARTY NAME:

ROOM #

PHONE:

( )

PHONE:

( )

## SERVICE AGREEMENT:

The purpose of this agreement is to set out the terms of use for Private Caregivers/Companions (PCC) and to establish guidelines for the PCC to maintain for the resident/responsible party and the facility.

### BILLING:

Private Caregivers/Companions **are not** employed by River Valley Assisted Living. River Valley Assisted Living is not responsible for any billing incurred by the use or hire of PCC's. nor, is the facility responsible for any harm or other incident caused by the PCC. The resident or responsible party is responsible for all charges associated with the use of PCC and any ancillary charges the PCC or resident may incur utilizing facility equipment, guest meals, medical supplies, etc. See company Occupancy Admission Agreement for what these ancillary charges may include.

### RESPONSIBILITIES:

1. The resident is a person with impaired abilities, and is a vulnerable person. The resident is dependent on the PCC. The PCC will take special care not to take advantage of the resident or other residents in the facility and to not unnecessarily influence resident's choices.
2. PCC will assist resident to live in private apartment/room and to have as much control over the home environment and life as mentally and physically able.
3. PCC will be responsible directly to the resident/responsible party and/or employing company to direct and approve the actions of the PCC. Services may include any of the following:
  - a. Personal Services: Assistance with the activities of daily living such as bathing, dressing, feeding and other activities detailed in the PCC contract with the resident.
  - b. Personal Care: Assistance carrying out physician's directions regarding care of the resident, carrying out the Care Plan of the facility, assistance with mobility and transfers, record keeping, preventing resident from wandering or otherwise harming self.
  - c. Household Services(if resident/family chooses not to utilize facility bundled services): Meal preparation, shopping, errands, house cleaning, laundry.
  - d. Record Keeping: PCC will keep records of care approved in PCC contract with resident/responsible party. PCC will record, on an universal incident/occurrence report, of any accidents or other unusual events that bring harm or risk to the resident. Any changes in condition, changes to existing injuries, illness, behaviors and are report to the facility nurse. PCC will be responsible for informing responsible party and contracting company. The facility has provided documentation forms to report these incidents, PCC will complete report at time of incident and turn in to facility nurse no later than 10am the following morning.
  - e. PCC will accompany resident when outside of apartment/room, or will know the whereabouts and physical condition of the resident at all times while on duty, and will keep facility staff informed of any changes.

4. Transportation: The PCC is not allowed to ride in facility vehicle's for resident transports due to insurance issues, if the PCC uses resident's vehicle, or the PCC uses their own vehicle, the facility is not responsible for any damages, maintenance or upkeep of PCC or resident vehicles. Regardless, PCC and resident must have a valid driver's license and vehicle insurance. PCC must sign resident in and out of the building on the sign in/out sheet provided at designated locations around the facility.
5. During disasters (i.e.: fire, tornado or any other disaster) both the resident and the PCC will follow the direction(s) of the facility staff. The PCC and resident will complete required drills, as scheduled by the facility. The PCC is still responsible for the resident while on duty and will stay with the resident through the entirety of the disaster unless relieved by another PCC with the contracting company.
6. Work Schedules: PCC agrees to work according to a schedule established by the PCC/Contracting Company and resident. The PCC/contracting Company is totally responsible for PCC schedule, state required training, state required background checks and by law, will make these requirements available to the facility or state, upon request.
7. Training: In some instances, the facility may require PCC to attend in-house training for care or medical equipment. This training is intended to provide care in the safest manner possible to the resident, and to prevent injury or other harm. The PCC agrees to implement training techniques or other instruction provided by the facility, for resident care.
8. In the event that the PCC is unavailable to work scheduled shifts and the facility staff will be required to provide care/monitor the resident, during these periods of time, the contracting PCC company and responsible party will be responsible for notifying the facility nurse to scheduled/ensure staff are available to care for resident.

**SERVICES:**

DAYS OF WEEK PCC SCHEDULED TO PROVIDE CARE:

- MO    TU    WE    TH    FR    SA    SU  
 ONCE A WEEK    EVERY OTHER WEEK    MONTHLY

HOURS:

CARE SERVICES THAT PCC WILL PERFORM:

- DRESSING    GROOMING    BATHING    TRANSFER ASSIST    INCONTINENCE CARE    LAUNDRY  
 MEAL ASSISTANCE    TURNING SCHEDULE    MEDICATIONS    TREATMENTS    TRANSPORTATION

\_\_\_\_\_  
PCC/CONTRACTING COMPANY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RESIDENT/RESPONSIBLE PARTY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FACILITY REPRESENTATIVE

\_\_\_\_\_  
DATE