



ANGEL CARE HOME COMPANION SERVICES, INC.

34 East Main Street, Suite 430

Smithtown, NY 11786

angelcarecompanion@gmail.com

FAX: 631-629-5021

SERVICE AGREEMENT

This agreement/contract entered into and established on the ____ day of _____, 20____, between _____, client, and Angel Care Home Companion Services, Inc. is for the provision and delivery of services as outlined and further detailed below.

The client is aware that Angel Care Home Companion Services, Inc. provides non-medical attendant services and is not authorized and or licensed to deliver professional medical assistance. Angel Care Home Companion Services, Inc. will cooperate with the client and their medical providers in offering and supporting any necessary assistance within the limits and restrains of applicable law. Home care providers are not permitted to perform the following duties:

1. Administering medications of any kind.
2. Cutting fingernails or toenails..
3. Heavy lifting or duties beyond the scope of light household work

The client agrees to ensure a safe and healthy home environment for the mutual benefit of the caregiver and the client. Proper safety precautions, including masking and gloving shall be complied with by all parties.

The client shall keep Angel Care Home Companion Services, Inc. fully advised of any changes in the conditions or needs as they relate to the services provided and provide at least forty-eight (48) hours advance notice to any alteration or cancellation of a scheduled shift; failure to do so may result in the client being charged for the time.

Angel Care Home Companion Services, Inc. agrees to provide home assistance and support services to _____, age _____ (DOB: / /) at his/her home, located at _____

Telephone Number(s) _____

beginning at or about the _____ day of _____, 20____ until cancelled by the client pursuant to provisions delineated in greater detail below.

Angel Care Home Companion Services, Inc., shall provide a homecare attendant/service provider at the above residence on (Sunday) (Monday) (Tuesday) (Wednesday) (Thursday) (Friday) (Saturday), between the hours of _____AM PM and _____AM PM.

The client _____, agrees to pay an hourly rate of _____ and ____/100 Dollars (\$_____)

due and payable on the first day of the week. A deposit of \$ _____, equal to one (1) week, shall be paid at the inception of this contract/agreement; said deposit shall be refundable or applied to the last week of services pursuant to the conditions and requirements outlined below.

If the above cited fee for services shall be in arrears or late for more than two (2) weeks, the client _____, agrees to pay a late fee of 10% of the past due weekly payment.

The client, _____, can, if he or she so desires, authorize Angel Care Home Companion Services, Inc. to automatically deduct the weekly fees due for services from a credit or debit card upon completion of a **Payment Form**, which shall be incorporated into this agreement/contract.

The client agrees to pay any additional expenses incurred by Angel care Home Companion Services, Inc. and or its employee, the assigned caregiver, on behalf of the client. These fees shall include but not be limited to the cost of purchasing groceries, toiletries, medications, or supplies, and the client shall reimburse the caregiver or Angel Care Home Companion Services \$0.75 a mile for the use of the service providers personal automobile to run errands on behalf of the client.

CANCELLATION: The client, _____, may cancel this agreement/contract upon providing two (2) weeks' notice in writing to Angel Care Home Companion Services of their intention to do. The deposit of \$ _____, equal to a week of service, can be used to pay for the final week of services if the client so desires and is in compliance with the provisions of this paragraph.

The client, _____, agrees, accepts, and understands that the assigned caregiver is an employee of Angel Care Home Companion Services, Inc. and their services cannot be personally solicited or elicited by the client without the express written knowledge and permission of Angel Care Home Companion Services, Inc.

Angel care Home Companion Services, Inc. can, at its sole discretion, demand and request a placement/transfer fee of no more than twenty-five percent (25%) of the employee's yearly salary as a condition precedent for the release of its employee to the client. It is further understood and agreed that any breach, contravention, or violation of this condition may ensue in Angel Care Home Companion Services, Inc. initiating legal proceeding and demanding recompense from the client to full extent allowed by law.

Any changes or amendments to this Service Agreement shall be made in writing and agreed to by both parties.

Client Signature

Print Name

Date

Angel Care Home Companion Services, Inc.