

Family and Caregiver Contract

The following contract outlines the responsibilities of a caregiver and expectations from family members also residing in the residence while an elder is under the care of a professional caregiver.

This contract is executed on _____ (Date), between _____ (agency) and _____ (Elder/patient/you), has the following terms of employment:

- Private Pay
- Private Insurance
- Medicaid PCA Program
- Medicaid Wavier
- VA Voices
- Grant

1. State Date:

Caregiver(s) will start employment on _____ and continue until either party elects to terminate the relationship.

2. Worksite:

Work will be performed at _____ (address of patient or other location)

3. Work Schedule

The following represents a typical schedule. Caregiver/Employer will limit fluctuations as much as possible and provide notice as possible of any changes:

- Sat. Begin: _____ am/pm End: _____ am/pm Resume: _____ End: _____ Daily Hours _____
- Sun. Begin: _____ am/pm End: _____ am/pm Resume: _____ End: _____ Daily Hours _____
- Mon. Begin: _____ am/pm End: _____ am/pm Resume: _____ End: _____ Daily Hours _____
- Tue. Begin: _____ am/pm End: _____ am/pm Resume: _____ End: _____ Daily Hours _____
- Wed. Begin: _____ am/pm End: _____ am/pm Resume: _____ End: _____ Daily Hours _____
- Thur. Begin: _____ am/pm End: _____ am/pm Resume: _____ End: _____ Daily Hours _____
- Fri. Begin: _____ am/pm End: _____ am/pm Resume: _____ End: _____ Daily Hours _____

4. Job Responsibilities (Paid Caregiver)

Dependent upon the type of payment and original agreement for care, here are some of the activities that the caregiver will provide during work hours. Some services may be limited due to Medicaid, Medicaid, private insurance or VA regulations and approval for payment of services. Services are offered to the individual in need and not to the family in general. For example, bathroom cleaning chores may have to be associated with a task such as showering to be a cover service.

Social Pursuits

- | | |
|--|---|
| <input type="checkbox"/> Going on walks or sitting outside | <input type="checkbox"/> Reading out loud |
| <input type="checkbox"/> Playing card or board games | <input type="checkbox"/> General companionship and conversation |
| Other _____ | |

Bedroom

- | | |
|--|--|
| <input type="checkbox"/> Help with getting in and out of bed | <input type="checkbox"/> Change bed sheets |
| <input type="checkbox"/> Straighten room | |
| Other _____ | |

Personal Care

- | | |
|--|--|
| <input type="checkbox"/> Assist with transfers from chairs, bath, etc. | <input type="checkbox"/> Assist with bathing |
| <input type="checkbox"/> Assist with toileting | <input type="checkbox"/> Assist with dressing |
| <input type="checkbox"/> Assist with walking | <input type="checkbox"/> Assist with exercises |
| <input type="checkbox"/> Assist with personal grooming | <input type="checkbox"/> Observe and record any health or behavior changes |
| Other _____ | |

Meals and Nutrition

- | | |
|--|---|
| <input type="checkbox"/> Plan ___ meals and ___ snacks a day | <input type="checkbox"/> Prepare and serve food |
| <input type="checkbox"/> Assist with feeding | <input type="checkbox"/> Clean, dry and put away dishes |
| <input type="checkbox"/> Wipe counters and stove | <input type="checkbox"/> Grocery shopping |
| Other _____ | |

General Duties

- Clean bathtub, toilet and sink
- Empty trash cans and take out garbage
- Sort recycling items
- Care for pets
- Wash, dry, fold and put away laundry
- Vacuum carpets and sweep floors
- General dusting & cleaning of home surfaces
- Secure home when leaving
- Water plants and/or maintain garden
- Shovel and/or de-ice steps

Other _____

Health Care

These services should be provided by a licensed therapist or nurse. It is advised to see a current license and make a copy.

- Speech therapy
- Wound care or bandaging
- Rehabilitative or therapeutic physical
- Occupational therapy
- Medication prompting

Other _____

Providing Transportation/escort support

- Employee will be provided a vehicle
- Beauty or personal care
- Social visits to family and friends
- Medical and dental appointments
- Arranging for alternative transportation
- Faith-based events

Other _____

5. Family Expectations

Caregivers are not always available and do not work on-call. It is critical that you have a back-up plan for support if needed through family, friends or neighbors.

Back-up person to call _____

Contact information _____ Phone

Communication with the caregiver will be conducted on _____ days between the hours of _____ and _____ by contacting _____ (Name) at _____ via _____ (calling, texting, emailing).

Caregivers are not professional deep cleaners. They engage in light housekeeping as apart of other duties such as meal prep or bathing activities. There is an expectation that family, friends, or other supports will assist you in the following:

- Cleaning carpets
- Moving furniture
- Cleaning up after other people
- Pet care
- _____ specific tasks
- Supplying cleaning products
- Yard work
- Heavy cleaning
- Other _____

Depending on the type of approved services that are available in the home some tasks may be outside the scope of your caregiver and may require family assistance:

- Medication management
- Update record book/Daily logbook
- Two-person assistance/Hoyer or Sara Lift
- Other _____
- Social work/referrals

Your home becomes the workplace for a caregiver. It is very important for your caregivers to feel safe in your residence. You and your family agree to:

- Securing weapons
- Ensuring cleaning products are available
- Using Protective Equipment when required/needed (masks, gloves)
- Family and you are to avoid the use of non-prescribed substances or alcohol prior to caregiver and while caregiver is present.
- Smoking by family or you, will not be conducted during caregiving.
- Acts of physical, emotional/verbal, or sexual violence will NOT be tolerated
- Home has cleaned passable paths in residence and outside
- _____ May not be allowed in the residence during caregiving.
(Person, pets, allergen etc.) or they/it will remain _____.
- Other _____

Employer/Guardian/POA hereby agrees to be fully bound by the terms of this contract.

Employer Signature: _____

Printed Name: _____

Employer Address: _____

Employer Telephone Number: _____

Employer Email: _____

Date: _____

Caregiver/Employee hereby agrees to be fully bound by the terms of this contract.

Employee Signature: _____

Printed Name: _____

Employee Address: _____

Employee Telephone Number: _____

Employee Email: _____

Date: _____

Employer: _____

_____ Date

This is a document that both Employer and Employee/Caregiver will work with and develop together. The goal is to fill out this document at the start of the working relationship and update it as the senior's needs develop and change -- and the trust grows deeper between family members and caregivers.

Family Philosophy:

Describe yourselves and how you want your parent or loved one to be cared for. Explain what is important to you (i.e., caring and compassionate treatment, retaining mom or dad's dignity, monitoring medications carefully, etc.). How independent is your loved one? Will s/he have a large say in day-to-day needs or does s/he need direction? Describe how much involvement you will have and how much managing you will want to do of your loved one's daily schedule.

Family History:

Share a little bit about your family and the history of your loved one (Were they married for 50 years? What was their career or their favorite hobby?), so the caregiver gets to know them.

Specific Diagnoses:

Does your loved one have a medical diagnosis like diabetes, congestive heart failure or dementia? Let your caregiver know the specifics and history here.

Attention:

Can your loved one be left alone? Some seniors have certain illnesses that always require supervision. If this is the case, be very clear with your caregiver about this. What steps should your caregiver take if another caregiver or family member is late to relieve him or her of their duties?

Medication Monitoring:

Will the caregiver need to prompt your loved one to take medication at designated times? What happens if your loved one refuses to take the medication? See the Daily Schedule for Senior Caregivers for proper medication schedules and dosages.

Physical or Cognitive Impairments:

Let your caregiver know of any physical or cognitive impairment your loved one has. How is their hearing? Do they need eyeglasses? Does arthritis make getting out of bed difficult? Will your loved one know how to follow the caregiver's instructions without help? If your loved one gets confused or anxious, let your caregiver know and share common triggers and best practices for calming them down.

Typical Reactions to Receiving Care:

If your loved one is very independent, make sure your caregiver knows when and how to approach with offers of help. Do they reject assistance with one activity, but accept it with another? Do you have any tips to offer?

Handling Behavioral Issues:

This is typically a necessary area to cover if your loved one has Alzheimer's or another form of dementia. As mentioned above, you'll want to let your caregiver know what kinds of situations can trigger difficult behaviors (such as aggression or another emotional state) in your loved one. Triggering situations can be time of day, certain activities, the caregiver's emotional state and much more.

Additional Care:

What doctors is your loved one currently seeing or what types of additional care or therapies (such as physical therapy) are in progress or anticipated? Do the providers come to the house, or will the caregiver need to bring your loved one to appointments?

In-Home Entertainment Options:

Does your loved one have a favorite television show? Does he or she like to read, be read to, listen to specific music, play cards, do puzzles, listen to the radio or do crafts? Do they have regular visitors in the home?

Visitors:

Does your loved one have regular visitors in the home? Who is allowed/not allowed? Are there any restrictions on how long your loved one can have visitors?

Sleep Preferences:

Talk about your loved one's typical sleep patterns and needs. Explain any rituals or habits they like to follow. Do they need a nap after lunch or following a doctor's appointment? Should the room be dark? Do they want the temperature warm or cool?

Communication:

Would you like to hear from the caregiver throughout the day or get overall daily or weekly updates? What particulars do you want to know about immediately? What can wait? Do you want a phone call, text or email? Do you want a written record of the day? How would you like to discuss concerns that arise? Is the caregiver allowed to discuss your loved one's care with other relatives? Which ones?

In an Emergency:

What do you want your caregiver to do in an emergency? After calling emergency services, who else should be notified? List names and numbers here.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

SAMPLE DAILY SCHEDULE:

5:00am _____

6:00am _____

7:00am _____

8:00am _____

9:00am _____

10:00am _____

11:00am _____

12:00pm _____

1:00pm _____

2:00pm _____

3:00pm _____

4:00pm _____

5:00pm _____

6:00pm _____

7:00pm _____

8:00pm _____

9:00pm _____

10:00pm _____

Medication Prompting

Medication: _____

Dose: _____

Scheduled times to take: _____

Prescribing doctor: _____

Additional notes: _____

Medication: _____

Dose: _____

Scheduled times to take: _____

Prescribing doctor: _____

Additional notes: _____

Medication: _____

Dose: _____

Scheduled times to take: _____

Prescribing doctor: _____

Additional notes: _____

Medication: _____

Dose: _____

Scheduled times to take: _____

Prescribing doctor: _____

Additional notes: _____