

**LONG TERM CARE PERSONAL SUPPORT SERVICES AGREEMENT**

This Agreement is made by and between the following parties:

\_\_\_\_\_ and \_\_\_\_\_ on  
ELDER/ADULT WITH DISABILITIES CAREGIVER  
\_\_\_\_\_  
DATE

**Term of Agreement**

This Agreement shall commence on \_\_\_\_\_, and may be  
Date  
terminated by either party on reasonable notice to the other party.

**Purpose**

The purpose of this Agreement is to set forth the terms and conditions under which CAREGIVER will assist ELDER/ADULT WITH DISABILITES with instrumental activities of daily living and/or activities of daily living in order for ELDER/ADULT WITH DISABILITIES to continue to live at home and prevent the ELDER/ADULT WITH DISABILITIES from moving to a residential or nursing care facility.

**Services to be Performed**

CAREGIVER will provide care to ELDER/ADULT WITH DISABILITIES in

\_\_\_\_\_  
Specify location, i.e. Home of the ELDER/ADULT WITH DISABILITIES/CAREGIVER'S own home/OTHER

Services to be provided by CAREGIVER will include, but shall not necessarily be limited to:

*Check all that apply and provide detailed information about the services to be performed to meet the specific needs of the Elder/Adult with Disabilities.*

- 1.  Transportation and errands:
  - a. \_\_\_ Driving ELDER/ADULT WITH DISABILITIES to medical, dental, adult day care and other appointments and activities;

- b. \_\_\_ Shopping for groceries and other items needed by ELDER/ADULT WITH DISABILITIES, and filling/refilling prescriptions;
- c. \_\_\_ Running other errands for ELDER/ADULT WITH DISABILITIES.

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2.  Meals: Preparing \_\_\_\_\_ meals per day and daily snacks for ELDER/ADULT WITH DISABILITIES.

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3.  Housework:  
a. \_\_\_ Cleaning ELDER 's/ADULT WITH DISABILITIES' living area.  
b. \_\_\_ Laundry and changing linens

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4.  Financial: Paying ELDER's/ADULT WITH DISABILITIES' bills, balancing Elder's/Adult with Disabilities' checkbook, making deposits, dealing with health insurance, other paperwork.

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5.  Administration of medication.

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6.  Assistance with the following activities of daily living: transferring from bed, chair and toilet; ambulation; bathing, hygiene/ grooming; toileting; eating.

OR

Cueing ELDER/ADULT WITH DISABILITIES as to when to dress, eat, get up, go to bed and attend scheduled appointments.

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7.  Monitoring the ELDER/ADULT WITH DISABILITIES for safety, including responding to alarm system to control wandering/ fall risk.

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8.  Monitoring the ELDER/ADULT WITH DISABILITIES health, and bringing health problems to attention of health care providers.

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9.  OTHER:

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**Schedule**

CAREGIVER will provide services on the following schedule:

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**Compensation**

1. ELDER shall pay CAREGIVER \$\_\_\_\_\_ per HOUR/ DAY/ MONTH.  
Circle One
2. TO BE USED IF ELDER LIVES IN CAREGIVER'S HOME: In addition, ELDER/ADULT WITH DISABILITIES shall pay CAREGIVER \$\_\_\_\_\_ per month for room and board (which consists of a proportional share of mortgage, taxes, insurance, heat, electricity, water, sewer and groceries).
3. ELDER/ADULT WITH DISABILITIES shall reimburse CAREGIVER for all out of pocket expenses borne by CAREGIVER in connection with CAREGIVER'S work. Such expenses shall include mileage at the rate of \$\_\_\_\_\_ cents per mile.

**ON BEHALF OF ELDER/ADULT WITH DISABILITIES:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
[To be signed by Elder/Adult with Disabilities or by a legal representative for Elder/Adult with Disabilities such as agent under POA, guardian or conservator]

**CAREGIVER:**

\_\_\_\_\_  
Date

\_\_\_\_\_