

Professional Caregiver Work Agreement

Directions: Complete this form or use it as model to create a written agreement between you and any home care worker you hire. Include any details that were verbally agreed upon during the hiring process. Once completed, make two copies. Sign both and ask the worker to sign both before starting the job. One copy is for your records, the other is for the worker. Use this agreement to monitor the worker's performance.



Name of Professional Caregiver: _____
Address: _____
Home Phone Number: _____ Cell Phone Number: _____
Care Recipient Name: _____ Name of Employer: _____

SALARY

Weekly Salary: _____ Weekly Total Hours: _____ To be paid every: _____
Overtime Rate: _____ To be paid when: _____
Salary Review Policy: _____

SCHEDULE

Start Date: _____ Date Probation Period Ends: _____
Daily Hours: _____ Days Off: _____
Number of Sick Days: _____ Number of Vacation Days: _____
Holiday Dates: _____

BENEFITS INCLUDED

Health Insurance: _____ Social Security Payment Arrangement: _____
Unemployment Insurance: _____ Workers' Compensation: _____
Disability Insurance: _____ Other Compensation or Benefits: _____

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JOB DUTIES

Bedroom

| | | | Frequency | Comments |
|-----------------------------------|------------------------------|-----------------------------|-----------|----------|
| Assist with getting in/out of bed | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Make bed | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Change bed linen | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |

Bathroom

| | | | | |
|---------------------------------------|------------------------------|-----------------------------|-------|-------|
| Help with bathing | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Help with toileting | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Help with grooming | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Clean sink, tub, toilet, and surfaces | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |

Personal care

| | | | | |
|------------------------|------------------------------|-----------------------------|-------|-------|
| Help with dressing | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Help with transferring | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Help with walking | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |

Health

| | | | | |
|----------------------|------------------------------|-----------------------------|-------|-------|
| Manage medications | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Nursing care | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Occupational therapy | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Physical therapy | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Speech therapy | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |

Meals

| | | | | |
|--|------------------------------|-----------------------------|-------|-------|
| Plan menus | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Prepare and serve meals | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Help with feeding | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Wash, dry and store dishes and utensils | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Clean sink, stove, counters, refrigerators | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |

Household

| | | | | |
|---|------------------------------|-----------------------------|-------|-------|
| Wash, dry and fold clothing and linens | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Empty and take out trash | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Clear, dust and organize surfaces throughout home | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Vacuum carpets | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Sweep floors | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Wet or dry mop in rooms you use | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Complete yard work | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |

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| | | | Frequency | Comments |
|--|------------------------------|-----------------------------|-----------|----------|
| Shopping | | | | |
| Prepare list | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Run errands | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Buy food and supplies | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Store items as requested | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Transportation | | | | |
| Take to social activities | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Take to doctor's appointments | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Take to other activities (religious, etc.) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Social activities | | | | |
| Reading to relative | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Playing games with relative | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Visit with relative (conversation) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| Other tasks | | | | |
| _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |
| _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ | _____ |

EMPLOYER POLICIES

Employer-provided meals: _____

Usage of kitchen and materials: _____

Usage of employer's telephone and personal calls: _____

Visitors allowed in what circumstances: _____

Sleeping: _____

Professional Caregiver Signature: _____ Social Security Number: _____ Date: _____

Employer's Signature: _____ Date: _____