

Initial Assessment & Service Agreement - Private In-Home Caregiver

Company: Private In-Home Caregiver

Address: 3 Cabot Pl, 3rd Fl 10A, Stoughton MA 02072

Website: www.privateinhomecaregiver.com

Email: info@privateinhomecaregiver.com

Phone: 617-686-0595

This document confirms the initial care assessment, service plan, and binding financial agreement.

* Indicates required question

1. Email *

1. Client & Responsible Party Information

2. Client Full Name *

5 points

3. Client Date of Birth *

5 points

Example: January 7, 2019

4. Service Address (including gate codes/parking instructions) * 5 points

Responsible Party (Authorized Signer)

5. Full Name * 5 points

6. Relationship to Client * 5 points

7. Billing Email Address * 5 points

8. Primary Phone Number * 5 points

2. Comprehensive Care Assessment

9. Primary Diagnosis / Condition *

5 points

Mark only one oval.

- Dementia/Alzheimer's
- Post-Surgical Recovery
- Mobility/Fall Risk
- Stroke Recovery
- Cancer Support
- General Frailty
- Other: _____

10. Activities of Daily Living (ADLs) Required *

5 points

Check all that apply.

- Bathing/Showering Assistance
- Dressing/Grooming
- Incontinence Care/Toileting
- Transferring (Pivot/Gait Belt)
- Transferring (Hoyer Lift)
- Feeding Assistance
- Oral Care
- Other: _____

11. Instrumental Support (IADLs) Required *

5 points

Check all that apply.

- Medication Reminders
- Meal Preparation (Special Diet)
- Light Housekeeping
- Laundry
- Transportation/Errands
- Safety Supervision/Companionship
- Other: _____

12. Medical History & Allergies (Food, Meds, Environment) *

5 points

13. Current Medications (Include dosage/frequency if known) *

5 points

3. Home Safety & Access

14. Home Access Method *

5 points

Mark only one oval. Lockbox Hidden Key Family will be present Key provided to Agency Keypad Code Other: _____

15. Keypad Code / Key Location *

5 points

16. Pets in Home? *

5 points

Mark only one oval. None Dog(s) - Friendly Dog(s) - Will be kenneled Cat(s) Other Other: _____

17. Smoking Policy * 5 points

Mark only one oval.

- Non-smoking household
- Smoking permitted outdoors only
- Smoking permitted indoors

4. Service Schedule & Logistics

18. Service Start Date * 5 points

Example: January 7, 2019

19. Service Days * 5 points

Check all that apply.

- Mon
- Tue
- Wed
- Thu
- Fri
- Sat
- Sun

20. Shift Hours (e.g., 8:00 AM - 12:00 PM) * 5 points

21. Guaranteed Minimum Hours Per Week 5 points

Recommended Level of Care

22. Recommended Level of Care *

5 points

Mark only one oval.

Hourly In-Home Care (4 Hours Minimum)

Daily Care

Overnight Care

24-Hour / Live-In Care

Other: _____

23. Care Goal *

5 points

Mark only one oval.

Short-term recovery

Long-term support

Transitional/post-discharge

Other: _____

5. Financial Agreement

24. Standard Hourly Rate (\$35.00/Hour) *

5 points

Check all that apply.

Yes

No

25. Weekend / Holiday Rate (\$37.50/Hour) 5 points

Check all that apply.

- Yes
 No

26. Initial Retainer Fee (\$1225.00) * 5 points

This retainer is held on account and applied to your final invoice. Please Send Checks to Private InHome Caregiver at 3 Cabot Pl, 3rd Fl 10A, Stoughton MA 02072.

Mark only one oval.

- Yes
 No

27. Additional Fees * 5 points

Check all that apply.

- Additional hours (current rate)
 Overnight differential \$2.50 per Hour
 Weekend/Holiday rate \$2.50 per Hour
 Short-notice / urgent start fee \$3.50 per Hour
 Parking fee (going rate for particular location)
 Late payment fee 2.5% of Invoice (charged after 7 days receipt of invoice)
 Other: _____

28. Preferred Payment Method * 5 points

Mark only one oval.

- ACH / Bank Transfer
 Credit/Debit Card (3% processing fee)
 Check

6. Legal Acknowledgments & Policies

Please review our company policies:

HIPAA Policy: <https://www.privateinhomecaregiver.com/hipaa-acknowledgment>

Privacy Policy: <https://www.privateinhomecaregiver.com/privacy-policy>

Terms & Conditions: <https://www.privateinhomecaregiver.com/terms-and-conditions>

29. Required Acknowledgments *

5 points

Check all that apply.

- I have read and agree to the HIPAA Acknowledgment.
- I have read and agree to the Privacy Policy.
- I have read and agree to the Terms and Conditions.
- I agree to the 24-hour Cancellation Policy (Full shift charged if notice is not given).
- Non-Solicitation: I agree not to hire any caregiver privately for 12 months after service ends.
- I understand caregivers are non-medical and cannot perform invasive procedures.

7. Emergency Authorization & Signature

30. Emergency Contact Name *

5 points

31. Emergency Contact Phone Numbers *

5 points

32. In Case of No Response Additional Phone Number * 5 points

33. Preferred Emergency Hospital * 5 points

34. DNR or Advanced Directive Status (If applicable) 5 points

35. Agreement to Care * 5 points

Check all that apply.

I authorize Private In-Home Caregiver to provide services as outlined in this agreement.

36. Electronic Signature (Type Full Name) * 5 points

37. Date Signed * 5 points

Example: January 7, 2019

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