

# 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](http://www.privateinhomecaregiver.com)

Email: [info@privateinhomecaregiver.com](mailto:info@privateinhomecaregiver.com)

Phone: 617-686-0595

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

\* Indicates required question

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1. Email \*

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1. Client & Responsible Party Information

2. Client Full Name \*

5 points

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3. Client Date of Birth \*

5 points

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*Example: January 7, 2019*

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

5 points

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Responsible Party (Authorized Signer)

5. Full Name \*

5 points

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6. Relationship to Client \*

5 points

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7. Billing Email Address \*

5 points

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8. Primary Phone Number \*

5 points

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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 &amp; Allergies (Food, Meds, Environment) \*

5 points

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

5 points

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## 3. Home Safety &amp; 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

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## 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 &amp; Logistics

## 18. Service Start Date \*

5 points

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*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

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### 31. Emergency Contact Phone Numbers \*

5 points

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

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33. Preferred Emergency Hospital \* 5 points

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

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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

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37. Date Signed \* 5 points

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*Example: January 7, 2019*

