

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

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

Bathroom

Help with bathing	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Help with toileting	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Help with grooming	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Clean sink, tub, toilet, and surfaces	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Personal care

Help with dressing	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Help with transferring	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Help with walking	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Health

Manage medications	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Nursing care	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Physical therapy	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Speech therapy	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Meals

Plan menus	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Prepare and serve meals	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Help with feeding	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Wash, dry and store dishes and utensils	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Clean sink, stove, counters, refrigerators	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Household

Wash, dry and fold clothing and linens	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Empty and take out trash	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Clear, dust and organize surfaces throughout home	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Vacuum carpets	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sweep floors	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Wet or dry mop in rooms you use	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Complete yard work	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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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: _____