



Service Agreement

At-Home Services, Inc. 514 N. "H" St., Ste B, Lompoc CA 93436
 Tel: 805 736-8249, Fax 805 736-8258, E-mail info@at-homeservices.com

Client's name:	Tele:
Residence address:	City:
Representative's name:	Relationship
Representative' address:	Tele:
Billing Address:	City

Services Initially Requested

Personal Care <small>Times/Wk</small>	Homemaking <small>Times/Wk</small>
<input type="checkbox"/> Shower; standing, sitting	<input type="checkbox"/> Meal preparation
<input type="checkbox"/> Bath; tub, bed	<input type="checkbox"/> Shopping for the client
<input type="checkbox"/> Grooming; hair, nails trim, shaving	<input type="checkbox"/> Transportation to appointments, shopping
<input type="checkbox"/> Oral care	<input type="checkbox"/> Dishwashing
<input type="checkbox"/> Dressing	<input type="checkbox"/> Vacuuming, dusting
<input type="checkbox"/> Lifting to stand, walk	<input type="checkbox"/> Heavier cleaning: windows, refrigerators, other
<input type="checkbox"/> Transfer to chair or commode	<input type="checkbox"/> Bed making
<input type="checkbox"/> Care for incontinence	<input type="checkbox"/> Change bedding
<input type="checkbox"/> Colostomy	<input type="checkbox"/> Launder clothing
<input type="checkbox"/> Respiratory care; oxygen, inhalers	<input type="checkbox"/> Outdoor: yard watering, sweeping
<input type="checkbox"/> Exercise, range of motion	<input type="checkbox"/> Organize bills,
<input type="checkbox"/> Assist, monitor medications	<input type="checkbox"/> Visiting, activities, and socialization
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Service Frequency and Terms

Service of Days: _____ ; Start & end time(s): _____ ; Date Service Begins: _____
Fees: Minimum: \$ ____./visit; Rural travel:\$ ____./visit; Premium: Wkend, Holiday, Night fee \$ ____./ hr.
1.5 to 4.0 hrs/visit \$ ____./hr.; 4.5 hrs to 11.5 hrs/visit \$ ____./hr.; 12.0 or more hrs/ visit \$ ____./hr.
Bill insurance \$ ____./service hr.; Estimated weekly fee: \$ ____.; Payment due: weekly, bi-weekly, monthly
Transportation: Local \$ ____./trip; Out of town fee \$____., + \$____./mi.; Errands by Staff \$____./mi.
Needs Assessment \$ ____ Immediate Service (less than 24.0 hrs notice to begin) \$ ____.

Agreement to provide and accept these services for the times requested for the above stated price using the terms stated on the reverse side is indicated by the signatures given here:

 Client or Representative (Payment Guarantor)

 Date

 for At-Home Services, Inc.

 Date

Terms of Service Agreement

At-Home Services, Inc., 514 N. "H" St., Ste B, Lompoc CA 93436
Tel: 805 736-8249, Fax 805 736-8258, E-mail info@at-homeservices.com

This Agreement is between At-Home Services, Inc., and the Payment Guarantor named on the reverse side. It is the full agreement. Any amendments are effective only when signed and dated by both parties.

At-Home Services, Inc.'s Responsibilities:

1. Provide services listed on the reverse side in a courteous, conscientious, and effective manner during the hours stated.
2. Maintain bonding and professional liability insurance coverage for all staff.
3. Make a best effort to provide services with the resources available. If service cannot be provided for reasons beyond our control, At-Home will immediately notify the Client or their representative. At-Home may end service immediately with notice if the Client or others around client cause or allow breaches of *Client's Responsibilities* that At-Home believes are unsafe or notably interferes with its care givers' performance. At-Home may, for other reasons including non-payment, terminate service by giving the Client or Guarantor 7 days written notice.
4. **Guarantee that service will meet the Client and guarantor's personal satisfaction.** If you are not satisfied with our service for any reason, tell one of our supervisors within 24 hours and there will be no charge for that visit.

Client and Payment Guarantor's Responsibilities:

1. Provide At-Home staff with accurate descriptions of the client's health, emotional, and physical status and needs.
2. Provide all equipment and supplies to complete the agreed upon services.
3. Allow the immediate return of all service logs and records maintained by staff while providing services.
4. Immediately communicate any incident or suspicion of staff misconduct including discourtesy, theft, poor sanitation, or physical or emotional abuse to an At-Home supervisor, or to the S.B. Co. Adult Protective Services, Tele: 737-7043.
5. Treat At-Home's staff with courtesy. Allow services to be conducted in an environment and by methods that are safe for both the client and the caregiver.
6. Directly contact an At-Home supervisor to change services agreed upon here. Correspondingly, the Client and his or her representative will not contact At-Home's *service staff* outside of assigned service hours.
7. Pay a \$1,000.00 finder's fee to At-Home Services, Inc. and collection costs if any, if the client, guarantor, or immediate family employs for any purpose any At-Home staff member within 180 days after last receiving services from At-Home.
8. Pay for service hours provided and billed. Services hours are billed in increments of the one half hour (0.5). Service time includes fifteen (15) minutes of travel time at the end of the visit. Pay the greater of 2.0 hours or half the scheduled time if the Client or their representative reduces or cancels service with less than one full business day's notice (24.0 weekday hours) except for hospitalization or the end of life.
9. Accept the ultimate responsibility for making payment in full even when a third party promised to pay. Make full payment within 10 days of being invoiced. Pay a delinquency fee of 1½ % per month on the unpaid balance. Pay reasonable administrative and legal costs for the collection of unpaid charges. Use Santa Barbara County as the venue to resolve any disputes.

Guarantor's Initial _____

End of Terms of Service Agreement

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