

Lend a Hand Companion Care & Transport Services, LLC.

CAREGIVER NAME: _____ EIN #: _____

CLIENT NAME: _____

DAY	DATE	START	END	HOURS	DAILY CLIENT SIGNATURE
MON					
TUES					
WEDS					
THURS					
FRI					
SAT					
SUN					

CLIENT TERMS AND CONDITIONS - PRIVATE PAY

It is certified that the hours recorded on this time slip are correct and that the work was performed satisfactorily. It is also agreed that all payments due will be made upon receipt of this bill. Payments not received within 30 days of billing shall be subject to an additional charge of 1.5% monthly and result in the loss of service to the client. I further agree that I will not solicit on behalf of myself or any other person, the services of any assigned caregiver for a period of six months after completion of the contractual obligation to Lend a Hand Companion Care & Transport Services, LLC. Any violation of the above agreement will result in penalty plus court and attorney fees.

Rate of Pay: _____
Total Hours Worked: _____

- Companionship
- Meal Preparation & Planning
- Medication Reminders
- Light Housekeeping & Laundry
- Errands & Shopping
- Accompany To/From Medical
- Trash Removal
- Linens Changed

Notes:

CAREGIVER TERMS AND CONDITIONS:

The undersigned caregiver hereby certifies that the forgoing record of time worked is correct & accurate & understands that making a knowingly false entry will result in no longer being offered hours & can subject him / her to criminal prosecution. A faxed/scanned copy must be given in by Sunday 5PM each week to be paid by Friday.

Caregiver Signature: _____

Date: _____