

SAMPLE AGREEMENT FOR A LIVE-IN COMPANION

This sample agreement was drafted to reflect a very specific live-in caregiver arrangement. All of the following conditions must be met:

- an individual with a disability, his or her parents, guardian or another household member employ the caregiver (e.g., hire, train, supervise, set schedule, evaluate performance, etc.)
- the caregiver will live, work and sleep in the home of the individual with a disability seven days per week on an ongoing basis
- there is no third party employer involved, such as another private agency or government entity
- the caregiver primarily provides companion services, in the form of fellowship and protection, to the individual with a disability
- the caregiver does not perform medically related tasks
- the caregiver does not spend over 20% of work time providing “care” (assisting with activities of daily living such as bathing, dressing, grooming, feeding, ambulating, toileting, transferring, etc. and instrumental activities of daily living such as laundry, housekeeping, maintenance/repairs, bill paying/money management, meal preparation, shopping, transportation, making appointments, etc.).

Sections of this agreement that are in *italics* can be customized based on the needs of the parties to the agreement. While this agreement is structured to comply with Fair Labor Standards Act requirements for the live-in companion arrangement described above, it has not been reviewed by an attorney. It is highly recommended that users have an attorney familiar with federal, state and local labor laws review this agreement before utilizing it.

LIVE IN CAREGIVER AGREEMENT

This agreement (the "Agreement") is made by and between _____, a _____ (the Employer of Record), and _____, an individual residing at _____ [address] _____ (the "Caregiver"), for the delivery of Companion Services to _____ (the "Service Recipient").

1. **Parties.**

- a. **Service Recipient** is an individual with a disability who requires assistance to live independently, including Companion Services, delivered in accordance with the Individual's Service Plan (Attachment A).
- b. **Caregiver** is an individual qualified to provide Companion services to the Service Recipient in the Service Recipient's owned or leased home. Caregiver is an employee of the Employer of Record for the purpose of providing support services.
- c. **Employer of Record** is the Service Recipient or the Service Recipient's family or household, which is responsible for recruiting, hiring, directing, and supervising the Caregiver, establishing performance evaluation criteria for the Caregiver and monitoring performance; establishing work schedules and tasks to be completed by the Caregiver; keeping track of the services the Caregiver provides; establishing a system for signing and submitting timesheets; paying the Caregiver and processing the Caregiver's taxes; and approving Caregiver's leave requests.

2. **Contractual intent.** In consideration of the terms and conditions set forth herein and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereby agree as follows with the intent to be legally bound.

3. **Purpose.** The purpose of this Agreement is to set forth the terms and conditions upon which Caregiver agrees to provide Companion Services as described herein in exchange for the payments and quality oversight services provided by Employer of Record as described herein.

4. **Conditions to Agreement.** The obligations of Employer of Record are subject to the following conditions:

5. **Employee/Independent Contractor Status.** In the performance of this Agreement, the Caregiver is in all respects an employee and is not an independent contractor. Caregiver is not an agent of the Employer of Record and neither the Caregiver nor any of his/her officers, employees, agents or family members, shall have the authority to bind the Employer of Record.

- a. The employee is a domestic service worker residing in the employer's home and is not entitled to federal, state and/or local minimum wage or overtime payments. *Identify any employee benefits that will be paid by the Employer of Record on the Service Recipient's behalf (e.g., disability benefits, life insurance, workers compensation, retirement, health insurance, unemployment insurance). Explain how federal and state taxes will be paid. Employer of Record is not required to withhold federal and state income taxes from wages paid to household employees. If annual cash wages of \$2,000 or more are paid to Caregiver,*

then social security and Medicare taxes must be withheld. The taxes are 15.3% of total wages, and the Employer of Record will withhold half, or 7.65% from wages. The remaining 7.65% is the Caregiver's share of these taxes. No social security and Medicare taxes are assessed on room and board provided in lieu of wages) Employer of Record must also pay federal and state unemployment taxes, depending on total cash wagesⁱ].

- b. [If an employee, identify any restrictions on outside employment (e.g. Caregiver may not engage in other paid employment, including self-employment, during hours and days of the week he/she is scheduled to provide services to the individual under this Agreement).]*

5. Caregiver Obligations

- a. Companion Services: Caregiver shall provide Companion Services in accordance with Service Recipient's service plan (Attachment A), training provided by Service Recipient and Employer of Record, and all applicable laws, regulations and policies.

- b. Insurance: Caregiver shall maintain automobile liability insurance with minimum limits of \$ _____ for any vehicle used to transport Service Recipient.

Caregiver may elect to procure renter's insurance to protect personal belongings located in the Service Recipient's home and Workers' Compensation coverage for him/herself.

- c. Schedule: Caregiver shall work according to the schedule in Attachment B. Caregiver will not revise this schedule without consent of Service Recipient and Employer of Record.

- d. Household Expenses. If "Caregiver" is provided with funds for household expenses, "Caregiver" will keep detailed records on forms provided by "Employer". Caregiver will only make purchases that are approved by "Employer".

- e. Safety: *[address issues regarding weapons, smoking, alcohol use, illegal drugs, pets, preapproval of guests/overnight guests, maintaining current vehicle registration and driver's license, vehicle upkeep, maintenance of home in accordance with safety codes and regulations (or list the terms and conditions in an attachment)].*

- f. Incident Reports: *[detail obligations to submit reports of incidents related to abuse, neglect, exploitation, rights violations, accidents, injuries, etc. in accordance with applicable regulations and policies or list the terms and conditions in an attachment].*

- g. Record Maintenance: *[outline obligations to maintain records in accordance with applicable laws, regulations and policies or identify the terms and conditions in an attachment].*

- h. Confidentiality: *[detail obligations to maintain confidentiality and HIPAA compliance in accordance with applicable laws, regulations and policies or list the terms and conditions in an attachment].*
- i. Prevention of fraud and financial abuse: *[detail obligations to prevent fraud and financial abuse in accordance with applicable laws, regulations and policies or list the terms and conditions in an attachment].*
- j. Restrictions: Smoking is prohibited during work hours and inside the house. Personal phone calls are prohibited during work hours. Visitors are not permitted during work hours or overnight. Parties (gatherings of five or more individuals) must be approved by the Employer of Record in advance. The exchanging of gifts, money or other items between the Caregiver and care recipient are not permitted. Other restrictions include:

- k. Non-discrimination: the employee agrees to comply, to the extent applicable, with the requirements of Section 504 of the Federal Rehabilitation Act of 1973, as amended, relating to discrimination against people with disabilities; Title 21 V.S.A. Chapter 5, Subchapter 5, relating to fair employment practices; the Civil Rights Act of 1964; the Americans with Disabilities Act of 1990; and agrees further to make compliance with these provisions part of any subcontracts.
- l. Indemnification: The Caregiver agrees to indemnify and hold harmless the Employer of Record, its officers, directors, employees, attorneys, agents, successors and assigns against any claims, costs, obligations or liabilities whatsoever arising from or otherwise relating to the Caregiver's acts, omissions, obligations or performance under this Agreement, including, but not limited to: (a) any lawsuit, settlement and/or judgment, (b) any assessment resulting from any administrative proceeding, such as a claim for unemployment benefits or workers' compensation benefits, (c) any attorney's fees or other costs relating to the defense of any lawsuit and/or administrative proceeding; and (d) any claims or damages relating to Caregiver's unauthorized use or disclosure of Service Recipient's protected health information.
- m. Training Requirements: *[detail obligations to participate in training and to maintain qualifications/certifications or list the terms and conditions in an attachment. Consider first aid/CPR training, seizure management, positive behavior supports, building relationships in the community, communication techniques to use with people who have disabilities, etc.].*
- n. Cooperation with Employer of Record.
 - i. Communication. Caregiver shall maintain regular communication with Employer of Record regarding Service Recipient's physical and mental condition. Caregiver must immediately notify Employer of Record whenever Service Recipient is out of the care or supervision of Caregiver, including but not limited to: visits to family, temporary care, caregiver vacations, illnesses, incarceration,

or other situations that cause the individual to be cared for by anyone other than the Caregiver. Caregiver must submit copies of all incident reports to Employer of Record within [X] hours of an incident and must immediately contact Employer of Record in the event of a serious incident (e.g., life threatening injury or illness, arrest/incarceration, elopement/missing person).

- ii. Access. Caregiver shall provide Employer of Record full access to his/her room in individual's home and to his/her records, at reasonable times with or without advance notice, for the purpose of monitoring the quality of the living environment and the services provided by the caregiver.
- iii. Periodic Announced and Unannounced Inspections. The Employer of Record has the right to conduct periodic announced and unannounced inspections of the Caregiver's service provision throughout the term of this Agreement for the purpose of monitoring the quality of the living environment and the services provided by the caregiver. Periodic is defined as no more than once every four months. No more than one unannounced inspection is permitted per year. The Employer of Record must give the Caregiver at least 24 hours advance written notice of an announced inspection. Prior to the first inspection, the Employer of Record shall submit a checklist of inspection items to the Caregiver so he/she is aware of what the Employer of Record will be reviewing.
- iv. Special Inspections. The Employer of Record has the right to conduct a special inspection upon the Service Recipient's request or if the Employer of Record suspects the Service Recipient is in a dangerous, unsafe, or unhealthy situation; or if abuse or neglect is suspected. The Employer of Record must give the Caregiver at least 24 hours advance written notice of a special inspection.

6. Obligations of Employer of Record

a. Payment for services

- i. Standard number of hours Caregiver will work per week (see schedule in Attachment B): _____
- ii. Payment in lodging and food: the estimated monthly fair value of rent, utilities, Internet, cable and food is \$_____ (See Attachment C). Based on the _____ hour workweek identified in 6(a)(i) above, the hourly value of lodging and food is \$_____/hour. This is the primary payment the Caregiver will receive.

Caregiver is permitted to occupy the Service Recipient's residence at _____ [address] by virtue of his/her employment status. At any time should the Service Recipient no longer need the services of the Caregiver, or should the Caregiver's services be terminated, the Caregiver shall immediately move from the Service Recipient's unit.

The Caregiver qualifies for occupancy only as long as the Service Recipient needs companion services and lives at this residence. The Caregiver shall abide by all of the Service Recipient's lease terms and with rules and regulations for the property (Attachment C). If the Service Recipient or Employer of Record learn of

violations by Caregiver, Caregiver's employment will immediately be terminated and removed from the premises.

Because Caregiver occupies the unit only to provide services to the Service Recipient, if the Service Recipient is absent from the unit for more than one week (7 days and/or nights), Caregiver will vacate the Service Recipient's unit and shall not occupy the unit until the Service Recipient returns.

- iii. Non-work time: Time the Caregiver spends engaging in typical private pursuits, such as eating, sleeping, entertaining, and other periods of complete freedom from all duties is not eligible for payment under this Agreement. Any calls to duty during these otherwise unpaid periods must be paid. There are a certain number of flexible hours built into the work schedule to accommodate such unanticipated calls to duty. If Caregiver consistently bills for these flexible hours over several weeks, Caregiver, Service Recipient and Employer of Record will review the Service Plan and make needed adjustments.
 - iv. Payment of additional wages: Caregiver must request approval in advance from the Employer of Record to exceed the approved number of work hours on the schedule. The Caregiver will be paid a wage equivalent to the hourly value of lodging and food, or \$_____/hour.
 - v. Pay period: Payment of any additional wages will be issued on the _____ of the month.
- b. Reimbursement of work-related expenses. The Employer of Record will reimburse the following work-related expenses upon Caregiver's submission appropriate documentation: *[choose what you will pay for and explain how much you will reimburse, what must be submitted]*
- i. Premium differential for automobile liability insurance (Caregiver shall submit documentation showing previous insurance premium and a receipt for payment of premium with increased liability coverage).
 - ii. Gas mileage for trips to take individual to activities. Any miles driven while on the job using the Caregiver's car will be reimbursed at the IRS Mileage Reimbursement Rate, which covers the cost of gasoline as well as general wear and tear on the vehicle. Caregiver will maintain a mileage log and submit to Employer of Record for reimbursement at the end of the pay period.
 - iii. Other work-related expenses. All other work-related expenses must be pre-approved by the Employer of Record and shall be reimbursed at cost. Caregiver shall keep all receipts and submit to employer for reimbursement at the end of the pay period.
- c. Leave.
- i. **Regular Leave:** The Caregiver is entitled to ____ hours of regular leave for the twelve month period beginning on the Commencement Date of this Agreement, and each twelve month period thereafter. Leave may be taken for any reason, but it must be requested in writing to the Employer of Record at least ten days in advance and must be approved in writing by the Employer of Record before it may be taken. Unused regular leave cannot be carried over from year to year.

ii. **Sick Leave:** The Caregiver is entitled to _____ hours of sick leave for the twelve month period beginning on the Commencement Date of this Agreement, and each twelve month period thereafter. Sick leave may be taken if the Caregiver or his/her children are ill or injured. It must be requested to the Employer of Record as soon as the need is known, preferably by phone or email and must be approved by the Employer of Record verbally or by email before it may be taken. Unused sick leave cannot be carried over from year to year.

iii. **Holiday Leave:** The Caregiver is entitled to the following paid holidays:

- | | |
|---|---|
| <input type="checkbox"/> New Year's Day | <input type="checkbox"/> Martin Luther King, Jr.'s Birthday |
| <input type="checkbox"/> President's Day | <input type="checkbox"/> Memorial Day |
| <input type="checkbox"/> July 4 th | <input type="checkbox"/> Labor Day |
| <input type="checkbox"/> Thanksgiving Day | <input type="checkbox"/> Christmas Day |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

iv. **Unentitled Leave:** If the Caregiver requests additional regular, sick or holiday leave beyond what he/she is entitled to in any twelve month period as outlined above ("Unentitled Leave"), it is at the Employer of Record's discretion to approve. However, any Unentitled Leave granted will result in the Employer of Record assessing the Caregiver a room and board fee equivalent to the hourly wage multiplied by the number of hours of leave taken.

d. **Quality Oversight and Assistance.** The Employer of Record shall provide administrative and support services to monitor the quality and effectiveness of the [support services] provided to the Service Recipient and to provide assistance as needed to the Caregiver. Such administrative and support services shall include the following:

[describe scope of Employer of Record's services, e.g., site inspections, trainings, emergency assistance, etc.]

7. Agreement Term and Termination

a. **Agreement Term.** The term of the Agreement shall be _____, commencing on _____ ("Commencement Date") and terminating on _____ ("Termination Date"), unless sooner terminated in accordance with the terms provided in this Agreement. This Agreement may be renewed upon agreement of the parties if the Caregiver has met all conditions and obligations of this Agreement. In the event the parties continue their relationship after the Termination Date, the provisions of this Agreement shall govern until such time as a revised Agreement has been signed by both parties.

b. **Termination without cause.** Except as otherwise provided in this Agreement, either party may terminate this Agreement without cause upon ___ days written notice to the other party. The Caregiver is responsible for producing all required documentation and

personal property of the Individual within ____ business days of the termination or as otherwise negotiated with the Employer of Record. The parties may agree in writing to waive, shorten or lengthen notice period to the extent permitted under applicable law and regulation.

- c. Termination with cause or upon occurrence of a specified condition. The Employer of Record shall have the right to terminate this Agreement with or without advance notice upon the occurrence of any of the following circumstances:
- i. The Individual choose to move or dies.
 - ii. The Individual is incarcerated in a correctional facility or transferred to a nursing home, group home or other living arrangement.
 - iii. After the thirty-first (31st) consecutive day of hospitalization of the Individual by providing five (5) business days written notice to the Caregiver.
 - iv. Caregiver has been charged with a criminal offense.
 - v. Caregiver has breached an obligation under the Agreement or failed to satisfy required conditions of the Agreement.
 - vi. Caregiver has had X unexcused absences from work or Y unexcused late arrivals to work.
 - vii. Caregiver has engaged in any of the following activities:
 1. Alcohol or drug use on the job
 2. Reporting to work intoxicated
 3. Verbal, physical or sexual abuse of the Service Recipient
 4. Dishonesty
 5. Stealing
 6. Misuse of household funds
 7. Breach of Service Recipient's confidentiality
 8. Unapproved visitors
 9. Smoking while on duty or inside the unit while off duty
 10. Overuse of cellphone or computer while on duty
 11. Failing to report any money or gifts given to Caregiver by Service Recipient
 12. Use of pornographic written or electronic material
 - viii. The Employer of Record determines, in its sole discretion, that the Individual is in a dangerous, unsafe, or unhealthy situation; or if abuse or neglect is suspected; or if, in the sole discretion of the Agency, the best interests of the Individual require that the Caregiver placement with the Individual terminate.
 - ix. The funding that the Service Recipient or Employer of Record receives from public or private sources, including State and federal sources, for the purpose of supporting the Service Recipient is eliminated or reduced below the level in existence on the commencement date of this Agreement.
 - x. Upon the occurrence of an event described under subsections iv – vi above, the Employer of Record shall have the option to suspend the Agreement with or without advance notice by removing the Individual until Caregiver comes into compliance, in which case Caregiver will not be paid for the period of suspension.

- d. Final payment. Upon termination of this Agreement, payment to the Caregiver will be limited to amounts invoiced for service rendered prior to the termination of the Agreement. The Agency reserves the right to withhold final payment to the Caregiver until all required documentation and personal property of the Individual is returned.
8. Attorney's Fees. In the event of any breach of this agreement, the party responsible for the breach agrees to pay reasonable attorneys' fees and costs incurred by the other party in the enforcement of this agreement or suit for recovery of damages. The prevailing party in any suit instituted arising out of this agreement will be entitled to receive reasonable attorneys' fees and costs incurred in such suit.
9. Amendment. This Agreement supersedes all prior oral and written agreements between the parties and constitutes the entire agreement between the parties. This Agreement may be supplemented, amended or revised only in writing and signed and dated by the parties.
10. Assignment. This Agreement shall not be transferred or assigned by either party without the prior written permission of the other party, but nothing in this section is intended to prevent the Caregiver from employing or contracting with and using a substitute caregiver to provide assistance with some of the Caregiver's duties under this Agreement while on Employer of Record-approved leave. Such substitute caregivers are not assignees. Nothing in this Agreement is intended to permit the transfer of this Agreement to the spouse or other family member of the Caregiver without the express written permission of the Agency.
11. Binding Effect. This Agreement is for the benefit of and is binding upon the parties, any agency or any assignees of either party for whom permission has been given by the other party under Section 9 (Assignment) of this Agreement.
12. Waiver. No waiver of any default under this Agreement shall constitute or operate as a waiver of any subsequent default of this Agreement, and the failure by either party to exercise any right under this Agreement shall not constitute a waiver of that right.
13. Third Party Beneficiaries. Except as provided in Section 10 (Binding Effect), nothing in this Agreement, express or implied, is intended or shall be construed to confer any rights or benefits upon any person, corporation or entity other than the parties to this Agreement, and all of the terms, covenants and conditions of this Agreement shall be for the sole and exclusive benefit of the parties to this Agreement, their successors and when agreed to, their assigns.
14. References to Caregiver. The "Caregiver" is the person or persons listed at the beginning of this Agreement for Services. The Caregiver is referred to in the singular throughout this Agreement as a matter of convenience. If there is more than one Caregiver listed at the beginning of this Agreement, each Caregiver must execute this Agreement and this Agreement shall be binding upon each such Caregiver.
15. Attachments incorporated. All terms and conditions set out in Attachments (*list attachments*) are hereby incorporated into the Agreement and shall be considered as part of the Agreement.

16. Dispute Resolution. *[insert preferred dispute resolution terms]*

SAMPLE

WE THE UNDERSIGNED PARTIES ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTOOD THE TERMS OF THIS AGREEMENT.

(Include Signature and Date)

Caregiver:

Caregiver

Date

Employer of Record:

Name

Date

SAMPLE

ATTACHMENT A

Companion Service Plan for _____

Section A: General Information About the Service Recipient

1. Describe this person's general disposition from day to day. _____

2. What is this person like around people he/she knows? _____

3. What is this person like around people he/she doesn't know or has only met a few times? _____

4. What kinds of environments and situations does this person enjoy? How do you know? _____

5. What kinds of environments and situations are unpleasant for the individual? How do you know? _____

6. What does the person like to do for fun? _____

7. What activities does this individual not like to do? What happens when he/she participates in them? _____

8. Who does this person enjoy being around? _____

9. Who does this person avoid being around? What happens if he/she has to be around them? _____

10. What kinds of foods does this person like? _____

11. What kinds of foods does this person not like? What happens if he/she eats them? _____

12. What are this person's major talents, strengths and abilities? What do people compliment this person for? _____

Section B: Basic Support Needs

13. Basic information about the individual needing services:

a. Date of Birth _____

b. Diagnosis _____

14. What type of support does this individual need with activities of daily living? (place an "X" next to the type of support needed for each task)

Task	Total Physical Assistance	Assistive Technology	Hand Over Hand Assistance	Physical Prompts	Verbal Cues	Picture or Photo Cues	No Support	Other (describe)
Bathing								
Toileting								
Grooming								
Dressing								
Eating								
Walking								

15. What type of support does this individual need with independent living skills? (place an "X" next to the type of support needed for each task)

Task	Total Physical Assistance	Assistive Technology	Hand Over Hand Assistance	Physical Prompts	Verbal Cues	Picture or Photo Cues	No Support	Other (describe)
Shopping								
Meal Preparation								
Paying Bills								
Reading Mail								
Taking Medication								
Doing Laundry								
Housecleaning								
Doing Dishes								
Taking Out Trash								
Using Telephone								
Calling 911								
Exiting Home Safely in Emergency								
Locking Door & Windows/Answerin								

g Door Safely								

16. Does this individual have any other specialized care or support? (circle one)
- Yes, medical care including skilled nursing
 - Yes, medical care but not skilled nursing
 - Yes, assistance taking medications only
 - Yes, behavioral supports that require frequent intervention
 - Yes, behavioral supports that require occasional intervention
 - Other (describe) _____
 - No, no specific other supports are needed
17. Does the individual need assistance with mobility? (circle one)
- Yes, total assistance
 - Yes, some assistance
 - No, the individual can independently operate an assistive device (e.g. wheelchair)
 - No, the individual needs no assistance with mobility
 - The individual does not need assistance now but likely will need supports in the future
18. How does this individual communicate? (circle one)
- Verbally – clear with functional vocabulary
 - Verbally – functional vocabulary but difficult to understand
 - Verbally – clear but limited vocabulary
 - Uses vocalizations (e.g., grunts, squeals, hums, clicks, cries)
 - Sign language – clear with functional vocabulary
 - Sign language – functional vocabulary but difficult to understand
 - Sign language – clear but limited vocabulary
 - Pictures or photographs
 - Typing
 - Blinking
 - Other (describe): _____
19. Does this individual require any specialized adaptive equipment (e.g. a communication device or medical equipment)?
- Yes, multiple items or items with which the individual needs assistance
 - Yes, but the individual can operate and maintain these items with some independence
 - Yes, but the individual can operate and maintain these items with total independence
 - No, no specialized equipment is used
20. Describe any adaptive equipment or assistive technology the individual uses: _____
- _____
- _____

21. What is the individual's daily routine?

WEEKDAYS

Time Period	Activity
Example: 6:30 am – 7:00 am	Wake up and shower

WEEKENDS

Time Period	Activity
Example: 8:00 am – 8:30 am	Wake up and shower

Section C: Companion Services to Be Provided

Caregiver’s primary role is to provide Companionship support. Companionship is defined as the provision of fellowship and protection to an individual with a disability who needs assistance in caring for him/herself. The provision of “fellowship” means to engage the person in social, physical, and mental activities, such as conversation, reading, games, crafts, accompanying the person on walks, on errands, to appointments, or to social events. The provision of “protection” means to be present with the person in their home, or to accompany the person when outside of the home, and to monitor the person’s safety and well-being. Companionship services also include the provision of care, when the care is provided attendant to and in conjunction with the provision of fellowship and protection, and does not exceed 20 percent of the total hours worked per individual and per workweek. The provision of “care” means assisting the person with:

- Activities of Daily Living (ADLs) such as dressing, grooming, feeding, bathing, toileting and transferring;
and
- Instrumental Activities of Daily Living (IADLs) which are tasks that enable a person to live independently at home, such as meal preparation, driving, light housework, managing finances, assistance with the physical taking of medications, and arranging medical care.

Caregiver is expected to perform the following types Companionship activities, in accordance with the schedule in Attachment B:

General Activity	Specific Description
Fellowship	
Conversation	
Reading	
Games	
Crafts	
Walks	
Errands	
Appointments	
Social events	
The following activities shall not exceed 20% of the total hours per workweek	
ADLs	
Dressing	
Grooming	
Eating/Feeding	
Bathing	
Toileting	

Transferring	
Ambulation	
IADLs	
Meal Preparation	
Driving	
Light Housework	
Laundry	
Shopping	
Budgeting	
Bill Paying	
Reading Mail	
Assistance with Self Administration of Medications	
Arranging Medical Care	
Transportation	
Using Phone	
Home Maintenance	

SAMPLE

**ATTACHMENT B
CAREGIVER WORK SCHEDULE**

- Sat Begin: _____ am/pm End: _____ am/pm
 Begin: _____ am/pm End: _____ am/pm Daily Hours ____
- Sun Begin: _____ am/pm End: _____ am/pm
 Begin: _____ am/pm End: _____ am/pm Daily Hours ____
- Mon Begin: _____ am/pm End: _____ am/pm
 Begin: _____ am/pm End: _____ am/pm Daily Hours ____
- Tue Begin: _____ am/pm End: _____ am/pm
 Begin: _____ am/pm End: _____ am/pm Daily Hours ____
- Wed Begin: _____ am/pm End: _____ am/pm
 Begin: _____ am/pm End: _____ am/pm Daily Hours ____
- Thurs Begin: _____ am/pm End: _____ am/pm
 Begin: _____ am/pm End: _____ am/pm Daily Hours ____
- Fri Begin: _____ am/pm End: _____ am/pm
 Begin: _____ am/pm End: _____ am/pm Daily Hours ____

Weekly Flex Hours (e.g., for nighttime wake up calls) _____

Total Weekly Hours _____

ATTACHMENT C
 Lodging and Board Calculation
 Service Recipient Lease
 Property Rules and Regulations

The lodging and board calculation is based on an estimated monthly fair value of fifty percent of the cost of rent, utilities, Internet, cable and food:

Full Monthly Rent for the Unit	\$
Utilities	\$
Average Electric/Month	\$
Average Gas/Month	\$
Average Water/Month	\$
Average Trash/Month	\$
Average Oil/Month	\$
Average Internet/Month	\$
Average Cable/Month	\$
Average Food for Two/Month	\$
TOTAL	\$
50% of TOTAL	\$

ⁱ For information on how to determine whether and how much Virginia income tax and unemployment tax will be owed, see <http://www.tax.virginia.gov/content/household-employer>, <http://www.vec.virginia.gov/employers/faqs/Employer-UI-Tax-Questions#a73> and <http://www.vec.virginia.gov/forms-publications>

SAMPLE