

Self-Directed Personal Services Program Employment Agreement

This agreement is made on _____, 20 ____ between the

Employer, _____ and the Personal Care Assistant, _____.

_____ Bathing / Showering: Assist / prompt with bath, shower or sponge bath and / or transfer in / out of tub or shower.

_____ Dressing: Assist with prompting, selecting and / or putting on and taking off appropriate clothing. (Includes prosthesis when applicable).

_____ Toileting: Assist with prompting and / or transferring to / from urinal / bedpan / commode, manage ostomy or catheter, personal hygiene and adjustment of clothing.

_____ Transferring: Assist with movement to / from bed, chair, wheelchair, and standing position.

_____ Walking / Mobility: Assist with movement between locations and / or assist with wheelchair.

_____ Eating: Assist with prompting, cutting, and / or physical assist of food and drink

_____ Meal Preparations: Assist with planning, preparing, and / or serving meals.

_____ Shopping: Assist with purchasing food, clothing and household items.

_____ Money Management: Assist in prompting to pay bills in a timely manner, writing checks, and / or balancing check book.

_____ Accompanying for Medical: Assist in arranging and obtaining transportation for physician appointments.

_____ Laundry / Housekeeping: Assist, prompt and / or perform the household tasks such as laundry, dishes, light dusting and / or managing and cleaning of commode etc.

_____ Management of medication / treatments: Assist in prompting, administering, and / or preparing medications and / or assist individual in the administration of medications and / or treatments.

_____ Other assignments:

I have read and understand the above responsibilities and agree to complete tasks as indicated at the direction and training of the Consumer / Employer.

Personal Care Attendant

Date

Consumer / Employer

Date

- * The activities in this agreement should follow the Attendant Care Worksheet for which the Customer was allotted the time for specific activities. Activities outside the Attendant Care Worksheet should not be submitted for payment to CILSWKS Inc. Any time over the hours allotted in the Plan of Care will not be paid by CILSWKS Inc.
- * Personal Care Assistants cannot be paid while the Customer is hospitalized, in a nursing home or other institution.
- * Customers are responsible for: Gathering the timesheets, checking for accuracy, signing, sending and / or bringing timesheets in.
- * Customers are responsible that the Plan of Care and Attendant Care Worksheet is followed. Any time submitted over the Plan of Care will not be paid.
- * Knowingly submitting timesheets with false information is fraud and customers and / or personal assistants can be prosecuted. Services may also be discontinued to any customer who submits false information.