



HCS Client ID # _____

CONTRACT FOR CAREGIVER SERVICES AND WEEKLY WORK LOG

This Agreement between Client _____ and Caregiver _____

represents the actual caregiver services requested by Client and provided by Caregiver for the dates listed below.

By signing below I (Client) contracted with above Caregiver for whom I certify performed all services noted below satisfactorily and I agree to pay PayFirst Services, Inc as the Caregiver's billing and collection agent. I understand that if services were not performed as requested, I should not sign and should call 800-285-3836 immediately to adjust the schedule.

* Work logs submitted without the checking of Instrumental Activities of Daily Living actually performed (below) and required by the insurance company, may result in the client being billed directly by PayFirst Services, Inc.

** Caregiver has reviewed Confirmation of Services Requested by Client and agrees to same **

Signed by Client: _____ Signed by Caregiver: _____

Week Ending Date: _____ Role: Companion/Sitter/Homemaker _____

Pursuant to Regulations by the Agency for Health Care Administration, it is mandatory that Caregiver document any changes in caregiver services. Consequently, it is imperative that client report any change(s) in services immediately to American In-Home Care.

American In-Home Care Florida State Licenses #: NR30211518, NR30211295, NR30211586, NR30211651 and Registration # HCS5661

USE ORIGINAL FORM ONLY

As per the direction of Client, Caregiver did / did not perform the following services:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Housekeeping							
Vacuum							
Clean Kitchen							
Clean Bathroom							
Change Linens							
Laundry/ Light Ironing							
Load/Unload Dishwasher							
Organize Closets							
Mend Clothes							
Feed/Walk Pet(s)							
Supervise Home Maintenance- Housecleaning service, gardener etc.							
Meal Preparation & Serve Food							
Remind Client of Medications							
Companionship							
Grocery/Clothes shopping							
Cook Together							
Play Board Games-Crossword Puzzles							
Watch TV-Read Newspaper/books							
Transportation							
Doctors/ Dentists							
Pharmacist							
Attend Church Service							
Dine out							
Dry Cleaners							
Hair Salon/ Nail Salon							
Family Gathering							

DAY	DATE	TIME STARTED	DATE	TIME FINISHED	TOTAL HOURS	CHANGE IN ORIGINAL SCHEDULED HOURS	CLIENT'S SIGNATURE
SUN							
MON							
TUE							
WED							
THUR							
FRI							
SAT							

FAX ONLY TO: 1-800-325-6272

Telephone: 1-800-285-3836

- Worklog must be signed daily by client, signed weekly by Caregiver, and submitted to the office by 9 AM every Monday immediately following the end of each work week.
*** Failure to timely submit will result in delay of caregiver payment until next pay period ***
*** Complete with black ink pen ONLY ***
- Inform the office immediately whenever case ends or whenever client is hospitalized or if there are client gross behavioral changes.