

Elder Care Agreement

1. Employer

Employer(s)' name(s): _____

Address(es): _____

Home phone number(s): _____

Work phone number(s): _____

Cell phone: _____

Email: _____

2. Elder Care Provider

Elder Care Provider's name: _____

Address: _____

Home phone number: _____

Cell phone: _____

Email: _____

3. Older Adult(s) to Be Cared For

Employer(s) desire(s) to contract with Elder Care Provider to provide elder care for:
_____ *[names and birthdates of person(s) in need of
elder care]*.

4. Location and Schedule of Care

Care will be provided at: _____ *[your address or other
location where care is to be given]*.

Days and hours of elder care will be as follows: _____

5. Beginning Date

Employment will begin on _____ [date].

6. Training or Probation Period

There will be a training/probation period during the first _____ [length of training period] of employment, ending on _____ [date].

7. Responsibilities

The care to be provided under this agreement consists of the following responsibilities [describe and provide details]:

_____.

8. Wage or Salary

Elder Care Provider will be paid as follows:

\$_____ per hour

\$_____ per month

other: _____

9. Payment Schedule

Elder Care Provider will be paid on the following intervals and dates:

once a week on every _____

twice a month on _____

once a month on _____

other: _____

10. Benefits

Employer(s) will provide Elder Care Provider with the following benefits [describe and provide details]:

11. Termination Policy

Either Employer(s) or Elder Care Provider may terminate this agreement at any time, for

any reason, without notice.

12. Additional Provisions

Employer(s) and Elder Care Provider agree to the following additional terms:

13. Modifications in Writing

To be binding, any modifications to this contract must be in writing and signed by both parties to the agreement.

Signatures

Employer(s)' signature(s)

Date

Elder Care Provider's signature

Date