



## Client Home Care Standard Agreement Template - Example

**Client Name:** John Smith

**DOB:** 31/02/1930

**Address:** 123 Fourth St. Anywhere, Manitoba R1R 1R1

**PHIN/MHSC:** 123 456 789

Southern Health-Santé Sud Home Care is a community-based program that provides home support to individuals who require health services or assistance with activities of daily living to assist them to remain in their home for as long as safely possible. The Home Care team works to ensure that there is a safe plan in place to support a client's identified care needs. This plan may include alternate resources such as caregivers, family or friends, alternate service providers or clients themselves, if safe and reasonable.

As a service program there are certain requirements that Home Care must follow in order to ensure that clients and employees are safe and services are provided in as efficient and effective a manner as possible. The goal is always to provide a safe care plan within program policy to effectively meet a client's care needs.

The **purpose** of this agreement is to:

1. Provide written clarification of responsibilities between Mr. John Smith and Southern Health-Santé Sud Home Care Program;
2. Inform parties of potential outcomes should either party fail to comply with the agreement;
3. Facilitate communication and understanding by all parties.

**Concern/ Issue Identified:** Pet Policy – Pet poodle “Abe” often present in home and around Home Care Attendant/client when Home Care Attendant present to provide home care services. Mr. Smith often requests Home Care Attendant feeds Abe and/or let him in and out of the house.

### Home Care Responsibilities:

- Respite Monday to Friday from 1000-1600;
- Daily AM & HS Care;
- Breakfast Assist;
- Lunch Heat & Serve;
- Med administration 3x/day (AM, Lunch & Supper) Monday to Friday;
- Med administration 1x/daily (AM) Saturday and Sunday;
- Bath Assist 2x/week.

**Note:** Home Care Attendants cannot be responsible for letting the dog in and out of the home or providing any care to the dog.

**Client/Family Responsibilities:**

- Dog is not to be in contact with any home care staff at any time during service provision including when staff arrives at and departure from your home.
- Dog is to be physically contained away from Home Care staff at all times (e.g. dog to be restrained by lease or in another room behind a gate or door);
- It is strongly recommended that your dog not be tied to walker at any time due to client's fragility and high risk for falls;
- All dog care will be provided by you and/or your family.

Your signature below indicates you understand and agree to comply with the above itemized responsibilities. Failure to do so may result in disruption of your Home Care Services.

_____ (Client's Signature)	_____ (Primary Caregiver Signature as appropriate)	_____ (Case Coordinator Signature)
Date: _____	Date: _____	Date: _____

Cc: Home File Client Care Plan