



## Client Home Care Standard Agreement Template

**Note to Users: Please ensure cues are removed from agreement prior to attaching to care plan.**

**Client Name:**

**DOB:** (dd/mm/yyyy)

**Address:**

**PHIN/MHSC:**

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 **(Cue-Insert name of client)** 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(s) Identified:**

**(Cue – Choose concern/issue from drop menu and type in any details you wish to highlight to the client/family).**

**Home Care Responsibilities:**

**(Cue- Type in short version of care plan activities – See Attached Sample Agreement for Examples)**

**Client/Family Responsibilities:**

**(Cue –Type in actual expectations - See Attached Sample Agreement for Examples)**

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: \_\_\_\_\_

***(Cue - CC to attach copy of agreement as an Addendum to Client Care Plan located in client's home and office file and make a notation on the Procura care plan that an agreement exists and is attached to client care plan.)***