

# Sample Senior Care Contract

Dear \_\_\_\_\_,

Thank you for providing this much-needed care! The following contract is to make sure we are all on the same page about responsibilities, vacation days, taxes, payments and schedules. The attached "Senior Care Rules" and "Daily Schedule" offer a little more information about how our family works and how we are hoping you can assist our loved one. While the below contract is very black and white, the addendum will be an agile document and we know things might change.

This contract, executed on \_\_\_\_\_, between \_\_\_\_\_ and \_\_\_\_\_, has the following terms of employment:

### 1. START DATE

Employee will start employment on \_\_\_\_\_ and continue until either party elects to terminate the relationship.

### 2. WORKSITE ADDRESS

Work will be performed at \_\_\_\_\_.

### 3. WORK SCHEDULE

The following represents a typical schedule\*. Employer will limit fluctuations as much as possible and provide as much notice as possible.

- |                                       |                  |                |                   |                |                       |
|---------------------------------------|------------------|----------------|-------------------|----------------|-----------------------|
| <input type="checkbox"/> <b>Sat.</b>  | Begin: ___ am/pm | End: ___ am/pm | Resume: ___ am/pm | End: ___ am/pm | Total Daily Hours ___ |
| <input type="checkbox"/> <b>Sun.</b>  | Begin: ___ am/pm | End: ___ am/pm | Resume: ___ am/pm | End: ___ am/pm | Total Daily Hours ___ |
| <input type="checkbox"/> <b>Mon.</b>  | Begin: ___ am/pm | End: ___ am/pm | Resume: ___ am/pm | End: ___ am/pm | Total Daily Hours ___ |
| <input type="checkbox"/> <b>Tues.</b> | Begin: ___ am/pm | End: ___ am/pm | Resume: ___ am/pm | End: ___ am/pm | Total Daily Hours ___ |
| <input type="checkbox"/> <b>Wed.</b>  | Begin: ___ am/pm | End: ___ am/pm | Resume: ___ am/pm | End: ___ am/pm | Total Daily Hours ___ |
| <input type="checkbox"/> <b>Thur.</b> | Begin: ___ am/pm | End: ___ am/pm | Resume: ___ am/pm | End: ___ am/pm | Total Daily Hours ___ |
| <input type="checkbox"/> <b>Fri.</b>  | Begin: ___ am/pm | End: ___ am/pm | Resume: ___ am/pm | End: ___ am/pm | Total Daily Hours ___ |

\* If the employee is required to be at the worksite for 24 consecutive hours or more, federal laws allows an employer to exclude up to 8 hours of sleep time if employer provides adequate sleeping arrangements, employee is able to sleep uninterrupted by work tasks for at least 5 consecutive hours and the employee accepts the arrangement. Employers in California are NOT allowed to exclude sleep time.

Based on the above schedule, employee \_\_\_\_\_  accepts  does not accept a sleep time exclusion.



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## 4. JOB RESPONSIBILITIES

Here are some of the things you will be responsible for during this job:

### Social Pursuits

- Going on walks or sitting outside
- Playing card or board games
- Reading out loud
- General companionship and conversation

### Bedroom

- Help with getting in and out of bed
- Straighten room
- Change bed sheets

### Personal Care

- Assist with transfers from chairs, toilet, bath, etc.
- Assist with toileting
- Assist with walking
- Assist with personal grooming
- Assist with bathing
- Assist with dressing
- Assist with exercises
- Observe and record any health or behavior changes

### Meals and Nutrition

- Plan \_\_\_ meals and \_\_\_ snacks a day
- Assist with feeding
- Wipe counters and stove
- Prepare and serve food
- Clean, dry and put away dishes
- Grocery shopping

### General Duties

- Clean bathtub, toilet and sink
- Sort recycling items
- Wash, dry, fold and put away laundry
- General dusting and cleaning of home surfaces
- Water plants and/or maintain garden
- Empty trash cans and take out garbage
- Care for pets
- Vacuum carpets and sweep floors
- Secure home when leaving
- Shovel and/or de-ice steps

### Health Care

*These services should be provided by a licensed therapist or nurse. It is advised to see a current license and make a copy.*

- Speech therapy
- Rehabilitative or therapeutic physical
- Medication prompting
- Wound care or bandaging
- Occupational therapy

### Providing Transportation\*

- Employee will be provided a vehicle
- Social visits to family and friends
- Arranging for alternative transportation
- Beauty or personal care appointments
- Medical and dental appointments
- Faith-based events

\*If a vehicle is not provided, any miles driven while on the clock using the employee's car will be reimbursed and the IRS Mileage Reimbursement Rate of 58 cents per mile. This covers the cost of gasoline, as well as general wear and tear on the vehicle. Employee will maintain and mileage log and submit to employer for reimbursement at the end of the pay period.

*Additional timelines and instructions are attached in the Senior Care Rules and Daily Schedule*

## 5. NOTES ABOUT THE PERSON REQUIRING CARE

The person you will care for, \_\_\_\_\_,  can  cannot be left alone and has been diagnosed with \_\_\_\_\_. This can cause these changes in his/her behavior: \_\_\_\_\_

*(Please include any essential information about dementia, Alzheimer's, food allergies, chronic pain, or other chronic conditions.)*

## 6. COMPENSATION

Regular rate of pay \$\_\_\_\_\_ per hour  
+ Overtime rate of pay \$\_\_\_\_\_ per hour (for all hours worked over 40 in a week)  
Total compensation \$\_\_\_\_\_ per week

Wages will be paid  weekly (every Friday)  bi-weekly (every other Friday or 26 times per year)

*Please reference the Labor Law Rules addendum for additional notes on overtime and any exemptions*

### Tax-Advantaged Benefits

In addition to the wages stated above, employer will contribute to the following employee expenses. These amounts are considered "non-taxable" compensation (up to the limits noted below), meaning neither employer nor employee will pay any taxes on this portion of the compensation:

- Health insurance at \$\_\_\_\_\_ per month (up to total amount of premium)
- Public transportation at \$\_\_\_\_\_ per month (up to \$265/month - or \$140/month if you live in Massachusetts)
- Parking at \$\_\_\_\_\_ per month (up to \$265/month)
- College tuition at \$\_\_\_\_\_ per month (up to \$5,250 per year)
- Cell phone service at \$\_\_\_\_\_ per month (up to total amount of bill)

*Families are generally not required by law to provide any of these benefits. Rates and limits may vary in some locations. Call HomePay at (888) 273-3356 for more information.*

## 7. TAX WITHHOLDING & REPORTING

Employee will complete Form I-9 (available at [www.uscis.gov/forms](http://www.uscis.gov/forms)) and provide the required documentation verifying employment eligibility within 3 days of hire. Employer will withhold the required Social Security & Medicare taxes from the employee's pay, along with income taxes per the employee's instructions on Form W-4 and state withholding form (if applicable).

Employer will pay Social Security & Medicare taxes as well as federal and state unemployment insurance taxes. Employer will provide employee with Form W-2 by January 31st after the calendar year concludes. Employer will report employee's earnings to the Social Security Administration so that employee receives the appropriate credits.

*For help with the payroll and tax process, please call HomePay at (888) 273-3356.*

**HomePay**<sup>SM</sup>  
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## 8. PAID TIME OFF

Employee will receive the following paid time off:

- Sick Leave: \_\_\_\_ hours per year. Advance notice is requested for any appointments which may cause employee to miss work.
- Vacation: \_\_\_\_ hours per year. Employee will request to use vacation time at least \_\_\_\_ weeks in advance. (Please see Senior Care Rules for how approval of vacation will be determined).

**Paid Time Off Notes:** Employers are generally not required by law to provide paid time off to senior caregivers. However, there are several cities/counties/states that mandate paid sick leave and/or vacation. Please call HomePay at (888) 273-3356 for details.

## 9. HOLIDAYS

Employer will provide the following PAID Holidays:

- |   |   |
|---|---|
| <input type="checkbox"/> New Year's Day   | <input type="checkbox"/> Martin Luther King, Jr.'s Birthday |
| <input type="checkbox"/> President's Day  | <input type="checkbox"/> Memorial Day                       |
| <input type="checkbox"/> July 4th         | <input type="checkbox"/> Labor Day                          |
| <input type="checkbox"/> Thanksgiving Day | <input type="checkbox"/> Christmas Day                      |
| <input type="checkbox"/> _____            | <input type="checkbox"/> _____                              |

Employer will also provide the following UNPAID Holidays:

- |   |  |
|---|--|
| <input type="checkbox"/> New Year's Day   | <input type="checkbox"/> Martin Luther King Jr.'s Birthday |
| <input type="checkbox"/> President's Day  | <input type="checkbox"/> Memorial Day                      |
| <input type="checkbox"/> July 4th         | <input type="checkbox"/> Labor Day                         |
| <input type="checkbox"/> Thanksgiving Day | <input type="checkbox"/> Christmas Day                     |
| <input type="checkbox"/> _____            | <input type="checkbox"/> _____                             |

**Holiday Pay Note:** Employers are not required by law to provide paid holidays.

## 10. GROUNDS FOR TERMINATION

The following are grounds for immediate termination:

- Allowing the safety of the senior to be compromised
- Inconsistent or non-performance of agreed-upon job responsibilities
- Concerning issues in background checks
- Dishonesty
- Stealing
- Misuse of family automobile
- Breach of confidentiality clause
- Persistent absenteeism or tardiness
- Allowing unapproved guests to enter the home
- Smoking or consumption of alcohol while on duty
- Use of an illegal drug
- Overuse of cell phone or computer while on duty
- Negotiating terms of employment with the senior directly
- Failing to disclose any additional monies or gifts given to caregiver by senior
- \_\_\_\_\_
- \_\_\_\_\_

**11. SOCIAL MEDIA POLICY**

Employee understands that no information about his/her location, plans for the day or pictures of family members should be shared on any social media network. Employee will also not tell strangers to the family (i.e. caregiver’s friends) where he/she is spending the day, unless the family has authorized.

**12. RAISES & REVIEWS**

Upon the first 90 days, employee will have an initial review with the family to check in and gauge how the relationship is going. Afterwards, employee will receive a formal review \_\_\_\_\_.

At this time, employee will be eligible for a raise based on the following factors:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Raise and review notes:** Employers are not required to give caregivers raises, but it is common practice. Check the Bureau of Labor Statistics website for the Consumer Price Index ([www.bls.gov/cpi](http://www.bls.gov/cpi)) to see the rate of inflation as a starting point.

**Employer hereby agrees to be fully bound by the terms of this contract.**

Employer Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone Number: \_\_\_\_\_

Employer Email: \_\_\_\_\_

Date: \_\_\_\_\_

**Employee hereby agrees to be fully bound by the terms of this contract.**

Employee Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

Employee Telephone Number: \_\_\_\_\_

Employee Email: \_\_\_\_\_

Date: \_\_\_\_\_



# Labor Law Notes

## Overtime

With very few exceptions, senior caregivers are classified as “non-exempt” workers, which entitles them to be paid for every hour they work. Overtime (time-and-a-half) must be paid for each hour worked over 40 in a 7-day workweek.

Generally, live-in employees are exempt from overtime requirements, however, the states of CA, HI, MD, MA, MN, ME, NJ, NV NY and OR have special overtime requirements for live-in employees. Your caregiver is considered a live-in employee if their primary residence is the home of the person they are caring for, or if they work 120 hours or more per week.

The state of California also has a daily overtime requirement if the caregiver works more than 9 hours in a day. Call HomePay at (888) 273-3356 for details.

## Companion Worker Designation

The Department of Labor allows employers to be exempt from minimum wage and overtime if they hire a companion caregiver. It’s a very narrowly defined worker whose primary role is to provide “fellowship and protection.” This means the caregiver’s duties are usually restricted to reading, taking walks, playing games, etc.

If the caregiver spends more than 20% of his/her time on Activities of Daily Living, such as cleaning the house, assisting with meals, transferring, etc., they would not fit the definition. It’s also important to note that, even if the worker qualifies as a companion, some states will not allow families to take the overtime exemption. Please call HomePay if you believe you are hiring a companion and we’ll be happy to explain these rules further.

# Senior Care Rules

This is a document that both Employer and Employee will work with and develop together. The goal is to fill out this document at the start of the working relationship, but update it as the senior's needs develop and change -- and the trust grows deeper between family members and caregiver.

**Date:** \_\_\_\_\_

**Family Philosophy:**

Describe yourselves and how you want your parent or loved one to be cared for. Explain what is important to you (i.e., caring and compassionate treatment, retaining mom or dad's dignity, monitoring medications carefully, etc.). How independent is your loved one? Will s/he have a large say in day-to-day needs or does s/he need direction? Describe how much involvement you will have and how much managing you will want to do of your loved one's daily schedule.

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**Family History:**

Share a little bit about your family and the history of your loved one (Were they married for 50 years? What was their career or their favorite hobby?), so the caregiver gets to know them.

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**Specific Diagnoses:**

Does your loved one have a medical diagnosis like diabetes, congestive heart failure or dementia? Let your caregiver know the specifics and history here.

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**Attention:**

Can your loved one be left alone? Some seniors have certain illnesses that require supervision at all times. If this is the case, be very clear with your caregiver about this. What steps should your caregiver take if another caregiver or family member is late to relieve him or her of their duties?

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**Medication Monitoring:**

Will the caregiver need to prompt your loved one to take medication at designated times? What happens if your loved one refuses to take the medication? See the Daily Schedule for Senior Caregivers for proper medication schedules and dosages.

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**Physical or Cognitive Impairments:**

Let your caregiver know of any physical or cognitive impairment your loved one has. How is their hearing? Do they need eye glasses? Does arthritis make getting out of bed difficult? Will your loved one know how to follow the caregiver’s instructions without help? If your loved one gets confused or anxious, let your caregiver know and share common triggers and best practices for calming them down.

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**Typical Reactions to Receiving Care:**

If your loved one is very independent, make sure your caregiver knows when and how to approach with offers of help. Do they reject assistance with one activity, but accept it with another? Do you have any tips to offer?

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**Handling Behavioral Issues:**

This is typically a necessary area to cover if your loved one has Alzheimer’s or another form of dementia. As mentioned above, you’ll want to let your caregiver know what kinds of situations can trigger difficult behaviors (such as aggression or another emotional state) in your loved one. Triggering situations can be time of day, certain activities, the caregiver’s emotional state and much more.

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**Additional Care:**

What doctors is your loved one currently seeing or what types of additional care or therapies (such as physical therapy) are in progress or anticipated? Do the providers come to the house or will the caregiver need to bring your loved one to appointments?

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**In-Home Entertainment Options:**

Does your loved one have a favorite television show? Does he or she like to read, be read to, listen to specific music, play cards, do puzzles, listen to the radio or do crafts? Do they have regular visitors in the home?

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**Visitors:**

Does your loved one have regular visitors in the home? Who is allowed/not allowed? Are there any restrictions on how long your loved one can have visitors?

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**Sleep Preferences:**

Talk about your loved one’s typical sleep patterns and needs. Explain any particular rituals or habits they like to follow. Do they need a nap after lunch or following a doctor’s appointment? Should the room be dark? Do they want the temperature warm or cool?

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**Communication:**

Would you like to hear from the caregiver throughout the day or get overall daily or weekly updates? What particulars do you want to know about immediately? What can wait? Do you want a phone call, text or email? Do you want a written record of the day? How would you like to discuss concerns that arise? Is the caregiver allowed to discuss your loved one’s care with other relatives? Which ones?

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**In an Emergency:**

What do you want your caregiver to do in an emergency? After calling emergency services, who else should be notified? List names and numbers here.

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Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_



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**SAMPLE DAILY SCHEDULE:**

12:00am \_\_\_\_\_  
1:00am \_\_\_\_\_  
2:00am \_\_\_\_\_  
3:00am \_\_\_\_\_  
4:00am \_\_\_\_\_  
5:00am \_\_\_\_\_  
6:00am \_\_\_\_\_  
7:00am \_\_\_\_\_  
8:00am \_\_\_\_\_  
9:00am \_\_\_\_\_  
10:00am \_\_\_\_\_  
11:00am \_\_\_\_\_  
12:00pm \_\_\_\_\_  
1:00pm \_\_\_\_\_  
2:00pm \_\_\_\_\_  
3:00pm \_\_\_\_\_  
4:00pm \_\_\_\_\_  
5:00pm \_\_\_\_\_  
6:00pm \_\_\_\_\_  
7:00pm \_\_\_\_\_  
8:00pm \_\_\_\_\_  
9:00pm \_\_\_\_\_  
10:00pm \_\_\_\_\_  
11:00pm \_\_\_\_\_

**Medication Prompting**

Medication: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Scheduled times to take: \_\_\_\_\_  
Prescribing doctor: \_\_\_\_\_  
Additional notes: \_\_\_\_\_

Medication: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Scheduled times to take: \_\_\_\_\_  
Prescribing doctor: \_\_\_\_\_  
Additional notes: \_\_\_\_\_

Medication: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Scheduled times to take: \_\_\_\_\_  
Prescribing doctor: \_\_\_\_\_  
Additional notes: \_\_\_\_\_

**Employer has completed these rules to the best of their ability and agrees to the terms.**

Employer Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Employee hereby agrees to be fully bound by the terms of these rules.**

Employee Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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