



A NON FOR PROFIT AGENCY

50 Adelaide St. S. Chatham ON N7M 6K7
519-354-6221 x243

CHAP HOME HELPER PROGRAM

Community Home-Support Assisting People

Client Agreement of Service

Services \$14.00/hr minimum 2hr charge

- | | | |
|---|------------------|---|
| Meal Preparation | Ironing | General Light Housekeeping/Vacuuming/Dusting |
| Bed Changing | Laundry | Floors Mopping |
| Cleaning Cupboards | Kitchen/Bathroom | Cleaning Refrigerators/Stoves |
| Companionship/Caregiver Relief | | Pet Assistance |
| Organize closets/cupboards | | Take garbage to curb |
| Grocery Shopping/Errands | | Safety Checks/Medication Reminders (blister packs only) |
| Caretaker/Feeding/Patient at home or hospital | | Alzheimer/Transitional/Respite Care |
| Escort/Accompaniment to Medical appointments | | Attendant Care/Personal Care |

Home and Yard Maintenance – No Contracts – Pay as you need: Standard Lot - Client Equipment - Grass cut and Trim \$20.00 – Helper Equipment \$25.00

Additional work as follows \$16.00/hr 1hr Minimum Charge

- | | | | |
|--|-------------------|-----------------|--|
| Cleaning Storms/Screens | Wall/Window Wash | Garage cleaning | Baseboards, Floors Hands and Knees, Curtains |
| Raking/Bagging Leaves | Gardening/Weeding | Minor Painting | Pack for moving or purging |
| Spring/Fall Heavy Cleaning or regular Heavy Cleaning | | | |

Snow Removal Hand Shovel or Snow Blower

\$16.00 single small Laneway/\$25.00 Double Laneway -Over 25cm(10inches) \$30.00 Single Laneway/ \$50.00 Double Laneway – \$16.00/hr additional charge for clearing sidewalks/pathways to entrance doors
\$10/clearance return after plow service - \$5 cancellation fee if a scheduled worker arrives and snow has been cleared
Hourly rate applies for additional tasks

*****Depending on scope of work, fees left to the discretion of the Community Outreach Coordinator*****

*****\$.41 Mileage charge per applies depending on client requests for use of Helper Vehicles*****

Other scope of work: _____

Are you seeking occasional, daily, weekly, biweekly, monthly services? _____ **RECEIPTS PROVIDED**

Payment is required upon completion of work durations payable directly to helper.

Helpers are required to have Criminal Records Check, References, and be part of the PSW Registry at www.pswregistry.org See Reverse



Home Helper Service Agreement

1. Client agrees to in-home assessments to review services required (Scope Of Work)
2. Client understands they are to provide cleaning tools, equipment and supplies including plastic gloves
3. Client understands Home Helpers may have allergies and will discuss alternative cleaning liquids
4. Client understands over the minimum charge, additional time charged is based on 15 minute increments
5. Client pays Home Helper directly
6. Client agrees they will receive a receipt for services
7. Client informed to use receipts on income tax – Caregiver/Falls Prevention/Safety
8. Client agrees Home Helpers have rights to refuse tasks
9. Client agrees to provide direction to Home Helpers
10. Client understands if they are not satisfied or comfortable with Home Helper assigned to contact Community Outreach Coordinator
11. Client understands Home Helpers may need to adjust schedule
12. Client will provide Home Helpers 48 hours' notice to cancel or reschedule services whenever possible
13. Client vacation time may affect regular Helper schedule. It is recommended to pay helper to secure time slot.
14. Client and Home Helpers agree to treat each other with respect
15. Clients understands fee schedule may be adjusted depending services required and/or Chatham-Kent location
16. Client large gifts/tips must be reported to the CHAP Community Outreach Coordinator – Client/Helper Protection

I, _____, for and in consideration of being part of the CHAP Home Helper Program, hereby undertake to be present on my property when services arranged through CHAP are performed and do hereby remiss, release and forever discharge Family Service Kent, CHAP, and their respective agents and employees of and from all manner of actions and causes of action, suits, debts, dues, accounts, bonds, covenants, contracts, claims and demands whatsoever against Family Service Kent, CHAP, their respective agents, employees and any contractor referred to me.

Client Signature _____ **Date:** _____

Coordinator signature _____ **Date:** _____