Madea's
FAMILY HOME CARE

COMPASSIONATE CARE.
RIGHT AT HOME.

SERVICE AGREEMENT

Thank you for choosing Madea's Family Home Care.

We are committed to providing compassionate, dependable, and personalized non-medical home care services that promote independence, dignity, safety, and peace of mind.

OUR PROMISE: Compassionate care. Trusted support.
Treating every client like family.

CLIENT INFORMATION

Client Name: _____
Date of Birth: _____
Address: _____
City/State/Zip: _____
Primary Phone: _____
Emergency Contact: _____
Relationship: _____
Phone: _____
Start Date of Services: _____

CARE TEAM

Madea's Family Home Care Caregiver(s): _____
Phone: _____ Contact Date: _____
Care Coordinator: _____
Phone: _____ Contact Date: _____
Other Professionals Involved: _____
_____

SERVICES TO BE PROVIDED

(Please check all that apply)

- ☐ Companionship
- ☐ Personal Care Assistance
- ☐ Bathing Assistance
- ☐ Dressing Assistance
- ☐ Grooming Assistance
- ☐ Medication Reminders
- ☐ Meal Planning
- ☐ Meal Preparation
- ☐ Feeding Assistance
- ☐ Light Housekeeping
- ☐ Laundry & Linen Changes
- ☐ Grocery Shopping
- ☐ Prescription Pick-Up
- ☐ Transportation
- ☐ Escort to Appointments
- ☐ Safety Supervision
- ☐ Fall Prevention
- ☐ Activities & Enrichment Program
- ☐ Memory Care Support
- ☐ Respite Care
- ☐ Post-Hospital Recovery Support
- ☐ Other: _____

_____

SCHEDULE OF SERVICES

Days of Service:

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

Hours:
Arrival: _____
Departure: _____
Estimated Weekly Hours:
_____

ACTIVITIES & ENRICHMENT PROGRAM

Every new client receives a complimentary welcome activity kit that includes:

- **Puzzle Activity Book**
- **Classic Trouble® Board Game**

Activities are personalized according to each client's interests, hobbies, abilities, and goals.

Examples include:

- Gardening
- Arts & Crafts
- Games
- Reading
- Music
- Shopping Outings
- Flower Shops
- Scenic Drives
- Community Activities
- Memory Activities
- Conversation & Companionship

CLIENT RESPONSIBILITIES

The Client agrees to:

- ☐ Provide a safe working environment.
- ☐ Treat caregivers respectfully.
- ☐ Notify Madea's Family Home Care of schedule changes.
- ☐ Provide accurate medical and emergency information.
- ☐ Inform us of any changes in health condition.
- ☐ Secure pets if necessary.
- ☐ Provide payment according to this agreement.

OUR COMMITMENT

Madea's Family Home Care agrees to:

- ✔ Provide dependable, compassionate caregivers.
- ✔ Maintain confidentiality.
- ✔ Respect client dignity and independence.
- ✔ Arrive on time whenever possible.
- ✔ Communicate concerns with the client or representative.
- ✔ Personalize care based on the Care Plan.
- ✔ Promote safety, comfort, and quality of life.

PAYMENT AGREEMENT

Hourly Rate: $_____
Minimum Hours Required: _____
Holiday Rate (if applicable): _____
Mileage Fee (if applicable): _____
Payment Method:
☐ Invoice ☐ Check ☐ ACH ☐ Credit/Debit Card
Payment Due:
☐ Daily ☐ Weekly ☐ Bi-Weekly
Late Payment Policy:
Payments not received by the due date may be subject to additional fees and/or suspension of services until the account is brought current.

CANCELLATION POLICY

Please provide at least 24 hours' notice for cancellations.

Cancellations made with less than 24 hours' notice may be subject to a cancellation fee.

LIMITATION OF SERVICES

Madea's Family Home Care provides non-medical home care services only.

Our caregivers do not:

- Administer medications or injections
- Perform skilled nursing services
- Diagnose medical conditions
- Lift clients in an unsafe manner
- Perform procedures requiring a licensed professional

In the event of a medical emergency, caregivers will contact 911 immediately and then notify the client's emergency contact.

HOME ACCESS INFORMATION

Home Entry Method:
☐ Key ☐ Garage Code ☐ Lockbox
☐ Family Present ☐ Other: _____

Special Home Instructions: _____
_____
_____

CLIENT ACKNOWLEDGMENT

I understand the services described above and voluntarily agree to receive services from Madea's Family Home Care.

Client Signature: _____
Print Name: _____
Date: _____

RESPONSIBLE PARTY (If Applicable)

I acknowledge the terms of this agreement and will support its implementation.

Signature: _____
Relationship: _____
Date: _____

MADEA'S FAMILY HOME CARE

This Service Agreement has been reviewed and accepted.

Representative: _____
Signature: _____
Date: _____

WE GO ABOVE AND BEYOND
to make your loved one feel comfortable, valued, and cared for—*like family.*

PROUDLY SERVING CENTRAL ARKANSAS
Conway • Mayflower • Greenbrier
Morrilton • Maumelle

TRUSTWORTHY. RELIABLE. COMPASSIONATE.
Peace of mind for you.
Quality care for them.

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