



Senior Care Outreach

10397 N Hualapai Dr.
Casa Grande, Arizona 85122
Phone: 602.707.7300

Website: www.seniorcareoutreach.org

PROGRAM PARTICIPATION AGREEMENT

Senior Care Outreach: In-Home Care Grant Program

Participant Name: _____

This Agreement outlines the terms under which **Senior Care Outreach** ("the Charity") will provide financial assistance to you ("the Participant") for non-medical in-home care services.

1. Scope of Assistance

- **Grant Purpose:** The Charity agrees to pay a designated Care Provider Agency for specific non-medical services to support your ability to live independently at home.
- **Funding Limits:** Assistance is provided based on available charitable funds. The Charity reserves the right to increase, decrease, or terminate funding with [14] days' notice if program budget levels change.
- **Payment Method:** The Charity will pay the Care Provider directly. No cash will be given to the Participant.

2. Relationship of Parties

- **Independent Provider:** You understand that the caregivers are employees of the **Care Provider Agency**, not the Charity.
- **Liability Waiver:** The Charity does not supervise, train, or employ the caregivers. You agree to hold **Senior Care Outreach** harmless from any claims, damages, or injuries resulting from the acts or omissions of the Care Provider Agency or its staff.

3. Participant Responsibilities

To remain eligible for this program, you agree to:

- **Accuracy:** Provide truthful information regarding your financial and medical needs.
- **Notification:** Notify the Charity within [7] days if your income changes significantly or if you move to a facility (like a nursing home or assisted living).

- **Cooperation:** Treat caregivers with respect and provide a safe environment for care to be delivered.
- **Verification:** Initial or sign the caregiver’s weekly time logs to confirm that the hours were actually served.

4. Termination of Participation

This agreement may be ended if:

1. The Participant no longer meets the financial or medical eligibility criteria.
2. The Charity’s program funding is exhausted.
3. The Participant provides false information on their application.
4. Either party provides written notice of termination for any reason.

5. Confidentiality & Privacy

The Charity will maintain your records in accordance with our Privacy Policy. You authorize the Charity to share your care plan and authorization limits with the Care Provider Agency to ensure seamless service.

ACKNOWLEDGMENT & SIGNATURE

I have read this agreement and understand that Senior Care Outreach is providing financial aid only and is not responsible for the direct delivery of my care.

Signature of Participant: _____ **Date:** _____

Signature of Legal Representative: _____ **Date:** _____ *(If signing for the senior, please specify relationship: _____)*