Companion Care

COMPASSION ♥ SUPPORT ♥ PEACE OF MIND

Because Everyone Deserves to Feel Valued

Companionship Today... Independence Tomorrow

CLIENT SERVICE AGREEMENT

This Service Agreement is between Companion Care ("Provider") and the undersigned client or authorized representative ("Client").

Phone: 708-971-0277

Email: info@thepivotalproject.com

Service Area: Bolingbrook, Romeoville, Plainfield & Crest Hill, Illinois

1. PURPOSE OF SERVICES

Companion Care provides non-medical companion and home-support services intended to promote comfort, companionship, dignity, safety, and independence. Services are designed to supplement—not replace—medical care, skilled nursing, emergency services, or other professional healthcare services.

2. SERVICES

Services may include:

- Companionship and conversation
- Senior check-in visits
- Respite support for family caregivers
- Grocery shopping and errands
- Meal preparation
- Light household assistance
- Appointment and activity accompaniment
- Routine and organization support
- Safety-focused supervision
- Transportation assistance (when available and agreed upon)

The specific services, schedule, and responsibilities will be discussed and agreed upon with the Client before services begin.

3. SERVICES NOT PROVIDED

Companion Care does not provide medical diagnosis, medical treatment, skilled nursing, or other services requiring a medical license or professional healthcare credential. The Provider will not administer medications, perform medical procedures, or provide services outside their qualifications or applicable legal requirements.

4. SCHEDULE

Services will be provided according to the schedule agreed upon by the Client and Provider.

Days/Times: _____

Expected Hours Per Visit: _____

The schedule may be adjusted by mutual agreement.

5. RATES & PAYMENT

The standard starting rate is $30 per hour, unless another rate is agreed upon in writing.

Agreed Rate: $_____ per hour

Payment Schedule (accepted):

☐ End of each visit ☐ Weekly ☐ Other: _____

Accepted Payment Methods:

☐ Cash ☐ Check ☐ Zelle ☐ Other: _____

Additional charges, including transportation or mileage, will be discussed and agreed upon before they are incurred.

6. CANCELLATION POLICY

The Client agrees to provide at least 24 hours' notice when canceling or rescheduling a scheduled visit whenever possible.

Repeated late cancellations or missed appointments may result in a **cancellation fee or termination of services.**

Cancellation Fee, if applicable: $_____

7. TRANSPORTATION

Transportation services are only provided when specifically agreed upon. If provided, the Client understands that additional requirements, insurance considerations, mileage charges, and applicable laws may apply. Transportation will not be provided when the Provider reasonably believes that doing so would be unsafe.

8. EMERGENCIES

Companion Care is not an emergency medical service. If the Client experiences a medical emergency or situation requiring immediate professional assistance, the Provider may contact 911 or appropriate emergency services and notify the Client's designated emergency contact.

Emergency Contact: _____

Relationship: _____

Phone: _____

9. CLIENT SAFETY

The Client agrees to provide a reasonably safe environment for the Provider. The Provider may decline or discontinue a service when conditions present a serious or unreasonable safety risk, including but not limited to dangerous behavior, unsafe premises, or situations beyond the Provider's training or ability to safely manage.

10. CONFIDENTIALITY & PRIVACY

The Provider will respect the Client's privacy and maintain confidentiality regarding personal information learned while providing services, except when disclosure is required by law or necessary to address an emergency or safety concern.

11. RESPECTFUL ENVIRONMENT

Both the Client and Provider agree to maintain a professional and respectful relationship. Harassment, threats, violence, discrimination, or inappropriate conduct will not be tolerated and may result in immediate termination of services.

12. PERSONAL BELONGINGS&MONEY

The Provider will not be responsible for handling significant amounts of Client cash, valuables, financial accounts, passwords, or personal, or personal financial transactions unless specifically agreed upon in writing. Clients are encouraged to maintain appropriate safeguards for valuables and personal property.

13. TERMINATION

Either party may terminate this Agreement by providing reasonable notice. The Provider may terminate services immediately when necessary because of safety concerns, inappropriate conduct, nonpayment, or circumstances outside the Provider's ability to safely provide services.

14. ACKNOWLEDGMENT

By signing below, the Client acknowledges that:

- The services provided are primarily non-medical companion and home-support services.
- The Client understands the services being provided.
- The Client understands the rates and payment terms.
- The Client has had an opportunity to ask questions about the services.
- The information provided to the Provider is accurate to the best of the Client's knowledge.

CLIENT INFORMATION

Client Name: _____

Address: _____

_____

Phone: _____

Email: _____

AUTHORIZED REPRESENTATIVE (IF APPLICABLE)

Name: _____

Relationship to Client: _____

Phone: _____

SIGNATURES

Client / Authorized Representative

Signature: _____

Printed Name: _____

Date: _____

Provider – Companion Care

Signature: _____

Printed Name: _____

Date: _____

Real People. Real Support. A Brighter Tomorrow.

Companion Care

SAFE • RELIABLE • COMPASSIONATE SUPPORT AT HOME

708-971-0277

info@thepivotalproject.com

Serving Bolingbrook, Romeoville, Plainfield & Crest Hill, Illinois