



19737 Ventura Blvd Suite # 205 Woodland Hills, CA 91344

1-866-632-4503 (Fax)

1-877-264-0896 (Toll Free)

Your Direct Health Care (DBA) Senior Home Care

Senior Home Care “ THE COMPANY” has its primary location at 19737 Ventura Blvd Suite 205 Woodland Hills CA 91364. This “ Agreement” is made effective as of _____(date) between the “COMPANY” and client(Name Client) _____ located at (Client’s Address)_____

2. The Home Care Company’s Duties

Provide a caregiver to take care of client in their home. Caregiver/CNA will have clean background check, experience, and pass drug test. Caregiver/CNA will help client with activities of daily living. Caregiver/CNA can help with bathing, medication reminders, medication assistance,grooming, meal preparation and other activities. Caregiver is not allowed to perform any medical procedures such as injections. “ THE COMPANY” takes full responsibility for caregivers as our workers. Client may cancel contract provided a one day notice. We have no start fees or cancelation fees.

3. Client

Agrees to pay to agency rate of \$_____ dollars per hour based upon the level of care needed. Client can be invoiced either once a a week or twice a week depending on what is comfortable for the client. In addition client can pay online for a discounted rate. There is no start up fees or cancellation fees. We ask that if you are no longer needing the care that you give us a 1 day notice to cancel services.

4. This is the parties’ entire agreement as shown by their signatures below.

DATED:

(Client’s name/ Rep Client) Signature Who Agrees To Make Payment)

DATED: (10/26/17)

James Anderson (Regional Director)

(Senior Home Care Agency Rep Name And Signature)

