

# Personal Care Home Agreement

This agreement is between \_\_\_\_\_ (client) and  
\_\_\_\_\_ (owner) of \_\_\_\_\_ (company) herein referred to as  
management. Resident will reside at \_\_\_\_\_ (Street)  
\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)  
Resident will be in a room that is a \_\_\_\_\_ (private or shared) and on the  
\_\_\_\_\_ (first or second) floor. If room is located on the second floor, indicate whether the  
resident is able to climb the stairs without any issues. \_\_\_\_\_ (Yes / No)

## Rent

Resident will pay rent of \$ \_\_\_\_\_ payable on the 1st of the month and every month thereafter as long as they are a resident of this home. Rent is delinquent on the 4th day and will incur a \$50 late fee. If payment is not paid by the 7th day of the month or suitable arrangements are made, you may be asked to vacate the premises. Payments can be made by using the following payment methods Zelle. Rent increases will occur from time to time and you will be notified two weeks in advance.

## Community Fee / Deposit

The community fee of \$ \_\_\_\_\_ is non-refundable and is payable upon move in unless other arrangements have been made.

Deposit will hold the room for a max of 14 days and is considered part of their rent payment as long as the resident moves in. If resident does not move in, deposit is forfeited.

## Refunds

There are NO refunds for community fees or rent unless the personal care home is shut down by the Sheriff's office or the owner shuts down the personal care home voluntary. If this happens, a prorated refund must be paid to the residents for all unused rent. Shutdowns are not the fault of the resident, they are the fault of the owner.

# Personal Care Home Agreement

## Rented Room

- Residents must keep their room neat and clean.
- No slamming of any door in the home for any reason.
- Management reserves the right to do a room search at any time deemed necessary to ensure the security of the home, this includes your personal effects and any vehicles, if applicable.
- Eating in your room or having a mini fridge shall be at the manager's discretion.
- The resident can be moved to a different room within the home when it is deemed necessary by management. This is applicable only to semi-private accommodation.

## Bedbound Residents

Is the resident bedbound? \_\_\_\_\_ (Yes / No)

Is this a 24 hours around the clock care? \_\_\_\_\_ (Yes / No)

Doorways are 32" to accommodate a wheelchair in the event of a fire \_\_\_\_\_ (Yes/No)

## Hospice

Is the resident currently on Hospice? \_\_\_\_\_

Company Name \_\_\_\_\_

Can the resident be enrolled in Adult Day Care or similar activities? \_\_\_\_\_ (Yes or No)

# Personal Care Home Agreement

## Rules and Regulations

I understand that this is a personal care home, and this is an agreement, not a lease.

Management has the right to exercise due diligence to contact and obtain the services of the resident's physician or emergency medical services if resident's condition warrants. Residents or the resident's family will be responsible for any charges that arise from these services.

Management controls the keys to the premises and all individual rooms.

Management will pay for utilities, furnishings, cleaning supplies, and laundry supplies.

Management does NOT provide personal care items or spending money that the resident may need.

Management does NOT pay the resident's hospital or doctor's bills. These are strictly the responsibility of the resident or the resident's family.

Management does NOT provide haircuts or grooming services.

Management does NOT provide incontinent supplies such as adult diapers, adult pull-ups, wipes, gloves, or bed pads. These must be provided by the resident, hospice company or insurance.

Management does NOT provide professional care services, medical equipment, medical supplies, rehabilitation, or medication.

(These services may be available under your insurance, Medicaid / Medicare, or Home Health)

Management does not provide vitamins or minerals.

No overnight guests unless it is approved by the owner.

Visitors must observe established visiting hours 9:00 AM to 6:00 PM

## Personal Care Home Agreement

### Resident's belongings

The resident will have the following items with him when he moves in

\_\_\_\_ Clothes    \_\_\_\_ Cell phone    \_\_\_\_ TV    \_\_\_\_ Clock    \_\_\_\_ Other (put details below)

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### Medical Equipment

The resident has the following medical equipment and will be bringing it to the home:

____ Hospital bed	____ Foam mattress	____ Hoyer
____ CPAP	____ Power Wheelchair	____ Manual Wheelchair
____ Nebulizer	____ Oxygen Concentrator	____ Air Mattress
____ Portable oxygen tanks	____ Other (explain below)	

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Is equipment being leased or do you own the medical equipment?    \_\_\_\_ Leased    \_\_\_\_ Own

If being leased, name of DME company \_\_\_\_\_

# Personal Care Home Agreement

## Kitchen Usage

Kitchen hours are 7:00 AM until 7:00 PM

Residents are NOT permitted to use kitchen appliances..

Staff will prepare all meals. If you need a revision to your diet, delivered notify staff 2 hours in advance if possible.

## Ordering Food

If you are going to order and have food delivered, please notify staff at least one hour prior to meal.

## Lobby Hours

Our lobby hours are 9:00 AM to 7:00 PM No food drinks or smoking allowed.

## TV / Stereo Volume

Any TV / stereo volume must be lowered so as not to disturb the other residents between the hours of 8:00 PM until 9:00 AM.

## Storage

No additional storage space outside the rented room is provided for or authorized by this agreement. Any items that do not fit inside the room must go to a storage facility or a relative unless you have made arrangements in advance.

## Hygiene

Each resident must have at least 3 baths or showers a week with a daily change of clothes.

## Loans

Residents should not lend or borrow funds from other residents in the home.

# Personal Care Home Agreement

## Property Damage

Should the resident damage or destroy property, the resident or responsible party will pay for the repair or replacement of the item(s). If item(s) are not repaired or replaced within 30 days, the resident will be in violation of this agreement and will have 2 days (48 hours) to permanently vacate. Legal action will also be taken, and the resident or responsible party will have to pay fees, court costs plus the repairs for the damaged item(s).

## Medication

For those not administering their own medication, it will be in a locked cabinet until the medication specialist administers it.

Residents must abide by prescription labels if administering their own medication. Resident taking more than the prescribed amount will not be permitted unless authorized by a doctor. The doctor must talk to and or email management to ensure an overdose is avoided.

Residents caught taking another person's medication, regardless of whether they have permission from the person who it was prescribed to, shall be asked to permanently vacate the premises within 2 days (48 hours)

Street (illegal) drugs are prohibited in the resident's room and on the Property.

## Alcohol

Alcohol will not be allowed in the resident's room or on the property without prior approval from management.

## Meals

Three Meals plus snacks will be served between the hours of 8 AM and 6 PM. Meals are planned according to the residents' diet.

## Phone Usage

Residents may use the house phone in emergency situations only or at management's discretion.

# Personal Care Home Agreement

## Planned Absence

The resident must notify the management at least 24 hours in advance of a resident's planned absence.

## Laundry

Any clothing of the resident will be washed by the owner or caregiver as long as it does not require dry cleaning or special services. All personal clothing must be marked with the resident's name for easy identification.

## Resident Information

Management will keep all of the resident's information confidential, only sharing with authorized personnel and agencies.

## Respect

Residents and visitors must respect the privacy of other residents, management and caregivers and others in the home. Each resident is expected to conduct themselves in a socially acceptable manner when inside or outside of the home.

In the event any resident should have a grievance against another resident, manager, or caregiver, inform and discuss with the owner. The owner has the final decision as to whether a resident is following the rules and whether the resident can remain at the home.

## Violent Hostile Acts

Threats and violent hostile behavior is unacceptable and will not be tolerated. If a resident threatens a manager, caregiver, or other residents, the resident shall be asked to permanently vacate the premises within 2 days (48 hours)

## Firearms

Firearms of any kind are prohibited in the resident's room and on the Property.

# Personal Care Home Agreement

## Shouting

We will not allow shouting at the owner or caregiver. All conversations should be in a normal tone.

## Pest Infestation

Any pest infestation must be treated immediately and if the infestation cannot be controlled, then the resident must remove or destroy all personal property that are affected. We reserve the right to ask you to temporarily vacate the property and remove all furniture, clothing, and personal belongings for us to perform pest control service. If the issue is found to have been caused by the resident or his/her affected personal belongings which were brought into the residence, the pest control service will be at the resident's expense. If you do not cooperate with us, you will be asked to permanently vacate the premises within 2 days (48 hours).

## Smoking

Smoking only in designated areas. No smoking in your room or anywhere in the home.

## Discharge

When discharged from the home, all personal effects must be removed at once when the resident moves. The home will not be responsible for items that are left in the home.



## Personal Care Home Agreement

### Emergency Contact Info

Resident \_\_\_\_\_

#### **Emergency Contact #1**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship: \_\_\_\_\_

#### **Emergency Contact #2**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Care Physician (PCP) \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

## Personal Care Home Agreement

### Resident's Medication List

Resident \_\_\_\_\_

Name of Drug: \_\_\_\_\_

Strength: \_\_\_\_\_

Number Times Taken Per Day: \_\_\_\_\_(1, 2 ,3, 4)

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Strength: \_\_\_\_\_

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Strength: \_\_\_\_\_

Number Times Taken Per Day: \_\_\_\_\_(1, 2 ,3, 4)

Name of Drug: \_\_\_\_\_

Strength: \_\_\_\_\_

Number Times Taken Per Day: \_\_\_\_\_(1, 2 ,3, 4)

## Personal Care Home Agreement

### Medical information

Resident \_\_\_\_\_

Does the resident have diabetes? \_\_\_\_ Yes \_\_\_\_ No Type: \_\_\_\_ Type 1 \_\_\_\_ Type 2

Endocrinologist (Diabetes Doctor) Name & Phone: \_\_\_\_\_

\_\_\_\_\_

Is the resident on an insulin pump? \_\_\_\_ Yes \_\_\_\_ No

Pump manufacturer \_\_\_\_\_

Is resident on a continuous glucose monitoring device that tells blood sugar readings? \_XX Yes  
\_\_\_\_ No

Continuous monitoring device manufacturer \_\_\_\_\_

Who manages the devices? \_\_\_\_ N/A \_\_\_\_ resident \_\_\_\_ caregiver \_\_\_\_ relative

Name and phone number of responsible party to maintain the devices.

\_\_\_\_\_

Any other medical conditions that management and the caregivers should know about?  
(IE: Asthma, Alzheimer's, Dementia, COPD, CHF, AFib)

\_\_\_\_\_

## Personal Care Home Agreement

Resident \_\_\_\_\_

### Diet Restrictions

Low sodium no more than \_\_\_\_\_ mg of sodium

\_\_\_\_\_ Vegetarian diet    \_\_\_\_\_ Vegan diet    \_\_\_\_\_ No diet restrictions

Limited fluid intake no more than \_\_\_\_\_ liters

### Food Allergies

Does the resident have food allergies? \_\_\_\_\_ Yes or No

Which foods are they allergic to: (list below)

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# Personal Care Home Agreement

## Responsible Party's Obligations

Resident Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Responsible Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_

1. To assume responsibility as the sole family member or surrogate decision maker having jurisdiction over the decisions made on behalf of the resident.
2. To fully disclose all known information regarding the resident's ability to perform the activities of daily living in a shared environment as well as any risks or problems that could have adverse effects on the resident, other residents, or caregivers.
3. To arrange the services of an attending physician unless the resident is on hospice.
4. To accept the consequences of refusal of care by the resident or noncompliance with physician's orders.
5. To assume responsibility for all medical fees, medical supplies, medication cost, rehabilitation, and other services or aids that might be ordered from the physician. (Insurance, Medicare/Medicaid might cover these services)
6. To set up or provide medical transportation for the resident's appointments. In the event emergency transport is needed, 911 will be called. In the event of a non-emergency, and the resident's responsible party or designated party is unable to provide support, a professional transport service will be utilized. If any charges are incurred, they will be billed to the resident or responsible party.

Note: Insurance may provide free transportation as part of their extra benefits or Medicare / Medicaid may pay for the cost.

7. To provide personal clothing, personal care items, and spending money that the resident may need. All personal clothing must be marked with the resident's name and in sufficient quantities to keep the resident neatly dressed.

## Personal Care Home Agreement

\_\_\_\_\_  
Resident or Responsible Party Printed Name

\_\_\_\_\_  
Resident or Responsible Party Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Management Printed Name

\_\_\_\_\_  
Management Accepted Signature

Date: \_\_\_\_\_

Date : \_\_\_\_\_

**Disclaimer: This document is for informational only and is NOT a legal document.**