

SERVICE AGREEMENT

Please review this agreement carefully, as it sets forth the understanding between you ("Client") and Light Homemaker Companion Services LLC ("Agency") regarding the services you have requested and we will provide for you. If you have any questions, concerns or issues about the content of this Agreement please contact us for clarification before signing it.

This agreement made this day month year

("Effective Date") by and between Light Homemaker Companion Services LLC and
Name of Client and/ or Responsible Person *

Street Address City State Zip Code

Home Phone Cell Other

Emergency Contact Name Relationship Phone No.

Description of service needed

Type of Services: Personal Care Task Companion Sitter Task

Service schedule Date of Contact Date of referral

("Client") on the terms and conditions set out below:

1. Term of Agreement. The term of this agreement will start on the Effective Date, and will continue on an as-needed basis until the Agreement is terminated by either party, as provided hereunder.
2. Services Requested. We will provide the services ("Services") requested and agreed upon as set out in the Service Plan enclosed. The preferred day, time and duration of services will be mutually agreed upon by you and/or your representative and the agency.
3. Rates, Fees & Deposits. We will provide the services at the rates set out in the current

Homemaker, Sitter-Companion, Caregiver, Orlando Florida, Home Health Care Service Agreement.

\$ per hour \$ per visit \$ per overnight/sleep over

\$ other \$ per visit \$ per 24-hour live-in

Rate/Fee Schedule enclosed. A deposit for one day of service \$ required prior to commencing services.

4. Billing. We bill weekly on Monday and expect to receive your payment by Thursday. Each visit to client requires a minimum of 4 hours. If fewer hours are required you will be billed for 4 hours. Time slips may be signed by the client, responsible party, or designee and that time slip form the basis of billing for service regardless of their being signed. Any questions regarding your invoice should be directed to our office. You can receive your bill by mail or e-mail
5. Payment and Overdue Accounts. Fees for services rendered are payable upon receipt of invoice. Payment may be made by check, money order, cash or direct deposit. An account is considered overdue if not paid within 5 days of the billing date. Interest will be charged on account balances which remain unpaid for 6 days or more after the same becomes due at the rate of 5% per month (10% per annum), until paid. We reserve the right to discontinue providing services until the account is paid in full, including any additional charges and accrued interest. A \$35.00 returned check fee will be charged. Checks are to be made payable to Light Homemaker Companion Services LLC. Client is responsible for all collection, court and attorney's cost relating to the collection of this debt.
6. Cancellations. Cancellations may be made up to 8 hours in advance of a scheduled visit without charge. We reserve the right to charge for a scheduled visit if insufficient notice is not given.
7. Termination. Either "Client" or "Agency" may terminate this agreement at any time upon written notice to the other party. If either party terminates this Agreement, all fees due at time of termination will be due and payable by you immediately. We will immediately refund any prepaid fees.
8. Governing Law. The laws of the State of Florida shall govern this agreement.
9. Agency's Responsibilities. Light Homemaker Companion Services LLC responsibilities are outlined on the enclosed "Rights and Responsibilities" form
10. Client's Responsibilities. Your responsibilities are outlined on the enclosed "Rights and Responsibilities" form. You will be required to sign it.
11. Transportation. If a contractor of the Agency transports a client in their own, company vehicle or the client's vehicle, the client will release the Agency and/or that contractor from all liability should an injury or accident occur. The contractor is required to have insurance and the client is also required to have insurance.
12. Private/Direct Hiring. You may not privately/directly hire an Agency contractors for a period of 90 days following the date that employee last provided services for you. In the event you break this condition, a replacement fee of _____ is due to the Agency immediately upon your employment of that individual.
13. Severe/Bad Weather. In severe weather, we may determine it is not safe for our Home Care Workers to travel and provide services to your home that day and may have to cancel that day's service. When this occurs we will notify you and reschedule. We appreciate your understanding regarding this matter.
14. Supplies and Equipment. You are responsible for supplying all supplies (i.e. cleaning, personal care etc.) and equipment which may be necessary in the provision of services. Extra charges will apply if the Agency provides the supplies and/or equipment.
15. General Information. You will be provided with a list of contact names and numbers in the event you have any questions or concerns or should an emergency arise. Client authorizes home management services for client use only in helping with bill payment, shopping, and any other activities.

I understand that it is my responsibility to report to the Agency any problems or issues related to my services.

Rates may be increased with 30 day written notice from Agency.

I understand that photocopy / facsimile signature shall have the same force and effect as original signatures on this Service Agreement or any other documents.

I certify that I have answered all the questions in the best of my knowledge.

Date