

Elder Care Agreement

Employer

Employer's name: _____

Address: _____

Phone number: _____

Elder Care Provider

Elder Care Provider's name: _____

Address: _____

Phone number: _____

Adult(s) to Be Cared For

Employer desires to contract with Elder Care Provider to provide elder care

for: _____

_____ (names and birthdates of persons in need of elder care).

Location and Schedule of Care

Care will be provided at:

_____ (your address or other location where care is to be given).

Days, hours, and responsibilities of elder care will be as follows:

Wage or Salary

Termination Policy

Either Employer(s) or Elder Care Provider may terminate this agreement at any time, for any reason, without notice.

Additional Provisions

Modifications in Writing

To be binding, any modifications to this contract must be in writing and signed by both parties to the agreement.

Signatures

Employer's signature

Date

Elder Care Provider's signature

Date