

SOBARMAAJHE

Registrar under Indian Trust Act.

Trust Deed No.: IV-1903-03829

Regd. Date : 31 Dec 2019

Pan No.: AAZTS6806R



SOBARMAAJHE OLD AGE HOME DRAFT AGREEMENT COPY

CARE AGREEMENT

This agreement made this ____ day of _____, _____), by and between [name of older adult] (hereafter referred to as "Senior Citizen"), and , Sobermajhe oldage home, Caregiver (hereafter referred to as "Caregiver").

1. Purpose. The purpose of this agreement is to set forth the terms and conditions under which Caregiver will provide assistance with day to day living for _____ in his/her at sobermajhe oldage home in exchange for reasonable compensation.

2. Services to be performed by Caregiver. Caregiver shall furnish _____ with the services and incidentals specified herein, provided that _____ remains in his/her 24 house and performs his obligations under this contract. In consideration of the mutual promises contain herein, the parties intent to be legally bound, agree as follows:

3. Nutrition. a. Balanced meals- Caregiver hereby agrees to prepare three (3) nutritionally balanced meals per day when such assistance is requested. One such meal shall be served in the morning, one at mid-day, and one in the evening for _____.

b. Special Diet- Special diets will be provided only upon order of a licensed physician. c. Additional Duties- Caregiver agrees to grocery shop for _____ with nutritious meals in mind. Following the preparation of meals, Caregiver shall assist with feeding, if necessary, and cleaning the kitchen which included washing dishes.

4. Cleaning. Caregiver agrees to provide cleaning services on a weekly basis as follows:

a. General cleaning

b. Make bed

c. Wash Laundry/ change sheets

d. Wash dishes

e. Empty waste containers

f. Sweep and mop all uncarpeted floor, stairs and hallways

g. Scrub floors

h. Disinfect all bathroom

i. Replace bathroom supplies

j. Maintain bedroom in a neat and orderly condition

5. Housekeeping. _____ shall maintain the home in a clean and sanitary and orderly condition. Caregiver shall make available to _____ all supplies necessary for _____ to perform the usual housekeeping in order to maintain his or her accommodations. Caregiver shall perform all ordinary and heavy housekeeping as set forth in detail above.

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6. Assistance outside the Home. Caregiver shall run daily errands for _____. These may include but are not limited to, picking up dry cleaning, grocery shopping, shopping for necessities and, if applicable, maintaining _____'s car.

7. Personal Care Needs. Caregiver shall observe _____'s physical and mental states on a regular basis, and shall make arrangements, as necessary, to meet health needs by arranging transportation to the physician of _____'s choice. Caregiver shall provide assistance to _____ in carrying out the instructions of physicians including storing, distributing and reminding _____ to take prescribing medications. Caregiver shall also provide _____ with personal assistance with bathing, dressing, toileting, hair care, shaving, eating, care of clothing, personal shopping and incidental services, as needed.

8. Transportation. Caregiver shall assist with transportation needs by arranging for public transportation or help with specially provided elderly transportation.

9. Companionship and Entertainment. Caregiver shall provide companionship and support for _____. 10. Compensation. _____ shall pay Caregiver: _____ Weekly _____ Monthly On each _____ of the week/month \$ _____ per hour.

11. Governing Law, Entirety of Agreement and Severability. This agreement shall be governed by the laws of state of _____. It constitutes the entire agreement between the parties regarding its subject matter. If any provision in this contract is held by any court to be invalid, void or unenforceable, the remaining provisions shall nevertheless continue in full force and effect. THIS IS A LEGALLY BINDING CONTRACT. EACH PARTY HAS READ THE ABOVE AGREEMENT BEFORE SIGNING IT. EACH PARTY UNDERSTANDS THE AGREEMENT THAT HE OR SHE IS MAKING. We, _____ and Caregiver having read this agreement, agree to its terms and sign it as our free act on the _____ Day of _____, _____.
_____ [name of older adult]

Caregiver Witness _____
Signature Address _____