



TrustedCompanion Home Services Inc.

CLIENT SERVICE AGREEMENT

Client Name: _____

Client Address: _____

Client Contact: (1): _____ **(2):** _____

Service Provider: TrustedCompanion Home Services

This Agreement outlines the terms of service for non-medical home support.

Services Provided:

TrustedCompanion Home Services will provide the following services as selected:

- Personal Support - Companionship
- Personal Support - Safety Monitoring
- Cognitive stimulation & structured activities
- Overnight Supervision - Active
- Overnight Sleepover
- Community Engagement (Shopping, Outings, Errands)
- Transportation to appointments
- Home Routine Assistance - Light Housekeeping
- Home Routine Assistance - Laundry
- Home Routine Assistance - Meal preparation
- General Home Routine Assistance and Organization
- Health & Safety - Verbal Medication Reminders
- Health & Safety - Post-Hospital Non-Medical Support
- Respite care for family caregivers
- Health & Safety - Mobility assistance (Non-medical)
- Babysitting services



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Coverage Type:

- Long-term indeterminate
- Long-term Determinate: From ----- to -----
- Short term: Weeks-----, Days-----
- Casual/On-Call Relief

Service Model:

- Hourly Coverage (Minimum four hours per call)
- Part-time Coverage (On a long-term or short-term coverage & selected schedule)
- Full-time Support (On a long-term or short-term coverage & selected schedule)
- Overnight Coverage
- Respite Coverage - Same as Full-time Coverage

Schedule:

Services will be provided on:

- Days
- Evenings
- Nights

between Start Time:----- and End Time:-----.

Fees and Payment:

- **Hourly Rate:** \$----- per hour.
- **Transportation Fee:** If client transport is requested, a rate of \$----- per km will be charged in addition to the hourly rate.
- **Invoicing:** Invoices will be sent
 - Weekly



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- Bi-weekly
- Promptly after service rendered

and are payable within:

- 30 days for Government-Funded care.
- 14 days for a long-term Private Home Services arrangement.
- Promptly after services are rendered for a short-term contract.

Liability and Safety:

- **Health & Safety:** Employees are permitted to provide **verbal-only medication reminders**. They are not authorized to administer medication.
- **Liability:** TrustedCompanion Home Services maintains commercial general liability insurance.

Cancellation Policy:

Clients must provide:

- 24 hours for a short-term contract
- 48/72 hours for a long-term contract

notice to cancel a scheduled visit. Visits cancelled with less notice may be charged at the full hourly rate.

Signatures:

_____ (Client) Date: _____

_____ (Agency) Date: _____



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CLIENT INTAKE FORM

Client Intake Form: Pets & Mobility Needs

Purpose: To assess environmental risks, set service boundaries, and ensure employee safety. According to Alberta Occupational Health and Safety (OHS) legislation, TrustedCompanion Home Services must perform a hazard assessment considering the worker's physical capabilities to perform the work.

A. Client Information

Name: _____ Date: _____

Address: _____

B. Mobility & Safety Assessment

1. Do you use mobility aids inside the home?
 - No
 - Walker
 - Cane
 - Wheelchair
2. Are you able to stand and walk unassisted?
 - Yes
 - No
3. Do you require assistance for transferring? (e.g., bed to chair)
 - No (Independent)
 - Yes (**Note:** Employees cannot provide physical assistance for transfers)
4. Do you have a lift system installed in the home?
 - Yes
 - No

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C. Pet Information

1. **Do you have pets residing in the home?**
 - No
 - Yes
2. **If yes, please list:**
 - **Pet 1:** Name/Type/Breed: _____
 - **Pet 2:** Name/Type/Breed: _____
3. **Are pets able to be secured in a separate room during visits?**
 - Yes
 - No
4. **Do pets have any behavior issues (biting, excessive jumping)?**
 - No
 - Yes: _____



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Client Service Agreement (Includes Pet Clause)

Client Name: _____

Service Provider: TrustedCompanion Home Services

Services Provided: As agreed upon in the attached client intake form.

Pet Policy:

- Clients must disclose all pets residing in the home prior to the commencement of services.
- For the safety of our employees, pets must be secured in a separate room or crate during housekeeping activities.
- While employees may provide basic companionship to pets (feeding, petting), employees are **not** responsible for cleaning up pet waste, grooming, or walking pets unless explicitly agreed upon in writing as a premium service.
- TrustedCompanion Home Services reserves the right to suspend services if a pet poses a safety threat to the employee.

Signatures:

_____ (Client) Date: _____

_____ (Agency) Date: _____



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