This agreement is to inform you of Constant Companions Home Care’s policies and the type of service you will be receiving. Please read the following items carefully. Signing the caregiver’s timesheet constitutes full agreement to the following: If you do not agree with the terms of this contract, do not use the service and immediately contact Constant Companions Home Care at 858.722.9352.

1. The client/conservator acknowledges that the caregivers are paid by Constant Companions Home Care. Therefore agrees not to pay the caregiver/companion nor employ them directly within one (1) year of the last date of service with Constant Companions Home Care. If the client directly employs any caregiver employed by Constant Companions Home Care, client/guarantor will be charged a $5,000 finder’s fee, payable immediately per caregiver in direct employ.

2. The caregiver/companion duties will vary according to your personal needs. Services may include personal care, assistance with daily activities, medication supervision, meal preparation, light housekeeping and laundry and companionship.

3. If your caregiver is a live-in, you will furnish them with adequate meals and a reasonable place to sleep within your residence. Additionally, our caregivers are expected to be working approximately 10-12 hours per day with only 2-3 sleep disturbances through the night. If the caregiver is unable to rest adequately, the agency will contact you about furnishing additional caregivers to supplement the primary live-in caregiver to ensure safety of both client and caregiver in delivery of services. The Client agrees to give caregiver/companion(s) sufficient breaks, lunch periods and if live-in, sleep periods.

4. The caregiver/companion is not a licensed nurse, therefore is forbidden by state law to administer any medication, including orally. All medications must be pre-measured and/or pre-poured by a family member or licensed nurse. The caregiver/companion may remind the patient of the time for each medication and assist.


6. Constant Companions Home Care invoices are due and payable upon RECEIPT. Invoices are processed and mailed bi-weekly, based on signed timesheets submitted to the office by the caregiver/companion(s).

7. There will be a $25.00 late fee applied per invoice not received within two weeks of the date of each invoice.

8. There is a $25.00 returned check charge. The Client/Conservator must call Constant Companions Home Care immediately to resolve any billing issues to prevent interruption of services.

9. By signing this agreement, you understand that you will financially responsible for any and all charges incurred in the event that your account is sent to collections including all court costs and attorney fees.

10. Prices are subject to change with a written two (2) months notice from Constant Companions Home Care. At such time an addendum altering original pricing will be attached to this original contract.

11. Both parties have the right to terminate services at any time with a 24-hour notice. The agency has grounds for immediate cancellation of services if: Client refuses necessary personal care, inadequate supplies provided for proper care, unhealthy and/or unsafe environment or non-payment of services.

12. Both parties agree that any litigation arising out of this agreement shall be commenced at the designated Superior Court, as set forth by Constant Companions Home Care. Both parties consent to such jurisdiction, agree that said venue will be proper in such courts and waive any objections based upon Forum Non Conveniens.

13. If you dispute charges on your bill, you must notify Constant Companions Home Care immediately upon receipt of said bill and no later than one week of the date on the bill or else you waive the dispute.

14. Client/Conservator agrees to pay in advance a deposit in the amount of two (2) weeks of agreed-upon service, to be noted at the end of this document after a meeting with a Constant Companions Home Care representative at the start of service. This deposit will be held in a secured account and returned to the Client/Conservator at termination of services or in lieu of the final bill.

Security Deposit Worksheet:

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Print Name of Conservator/Guarantor: Gabriela F. Brown
CEO/Care Coordinator: Constant Companions Home Care

Signature of Conservator/Guarantor: ____________________________  Date: ____________

Security Deposit Receipt:
CHECK #: ____________
AMOUNT: ____________
DATE: ____________