



Sitter Solutions

Senior Companion Care Application

Date		Email Address	
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Family Information

Primary Caregiver's First Name		MI		Last	
Secondary Caregiver's First Name		MI		Last	
Address where care will be provided				City	Zip
Home Telephone (primary caregiver)				Cell No.	
Home Telephone(secondary caregiver)				Cell No.	

Primary Caregiver's Occupation					
Employer					
Address		City/State		Zip	
Office Telephone					

Secondary Caregiver's Occupation					
Employer					
Address		City/State		Zip	
Office Telephone					

Services Needed: (check all that apply):

Full time Care <input type="checkbox"/>	Part time Care <input type="checkbox"/>	Evening Care <input type="checkbox"/>	Weekend Care <input type="checkbox"/>	Overnight Care <input type="checkbox"/>
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Starting date for service: _____

Senior's Information

SENIOR'S NAME		Age	DOB	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Describe personality:					
Describe interests/ hobbies					
Who resides with senior?					
Married Yes <input type="checkbox"/> No <input type="checkbox"/>	Spouses Name		Do they need care as well? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Grown children Yes <input type="checkbox"/> No <input type="checkbox"/>	City/State of their residence				
Needs assistance with meals Yes <input type="checkbox"/> No <input type="checkbox"/>	Need assistance with walking Yes <input type="checkbox"/> No <input type="checkbox"/>	Need assistance with toileting Yes <input type="checkbox"/> No <input type="checkbox"/>	Need assistance dressing Yes <input type="checkbox"/> No <input type="checkbox"/>		

SENIOR'S NAME		Age	DOB	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Describe personality					
Describe interests/ hobbies					
Who resides with senior?					
Married Yes <input type="checkbox"/> No <input type="checkbox"/>	Spouses Name		Do they need care as well? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Grown children Yes <input type="checkbox"/> No <input type="checkbox"/>	City/State of their residence				
Needs assistance with meals Yes <input type="checkbox"/> No <input type="checkbox"/>	Need assistance with walking Yes <input type="checkbox"/> No <input type="checkbox"/>	Need assistance with toileting Yes <input type="checkbox"/> No <input type="checkbox"/>	Need assistance dressing Yes <input type="checkbox"/> No <input type="checkbox"/>		

Is transportation needed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	To where?	
Is sitter expected to use	Her own car <input type="checkbox"/> Families car <input type="checkbox"/>		
Do you have any pets? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, please list		
What qualities are most important to you when choosing the right senior companion sitter?			
Describe job duties & responsibilities:			
Is there any other information that you would like to include that would be helpful in providing your family with the ideal sitter?			

How did you hear about Sitter Solutions? _____

SERVICES: At the family’s request, SITTER SOLUTIONS, LLC. will research, screen & recruit appropriate candidates for contractual employment. The sitter/nanny is to be paid by the family.

REGISTRATION FEE: The registration fee in the amount of \$150.00 is charged to the family for the services of SITTER SOLUTIONS, LLC. This fee is non-refundable.

GUARANTEE: SITTER SOLUTIONS, LLC. makes no guarantees but will put forth all efforts of replacement as needed, representing up to 2 candidates for replacement as per available. Refunds are not made.

I CERTIFY THAT I HAVE ANSWERED ALL THE QUESTIONS ON THIS APPLICATION ACCURATELY AND TO THE BEST OF MY KNOWLEDGE. I HAVE NOT WITHHELD ANY INFORMATION, WHICH WOULD CAUSE THE INFORMATION GIVEN ABOVE TO BE MISLEADING.

Signature of Applicant

Date



Family Agreement for Senior Companion Care

Purpose

This agreement is entered into this _____ day of _____, 20____, between Sitter Solutions, LLC (hereinafter referred to as "the agency") and _____ (hereinafter referred to as "the family"). This agreement shall be construed under the laws of the state of Mississippi. The purpose of this agreement is to define the terms and conditions under which the agency will assist the family with referrals of care providers (hereinafter referred to as "sitter").

Our Mission

Sitter Solutions, LLC knows that finding quality, trusted care is absolutely essential for today's families. Let us help by providing exceptional senior care solutions that both you and your senior will LOVE!

Agency Responsibilities

The agency agrees to solicit applications, screen and refer qualified persons. The agency will collect detailed information from each prospective sitter regarding experience, qualifications, and expectations. The agency will obtain references and will contact these to determine the prospective sitter's qualifications and suitability for referrals through our agency. The agency will conduct criminal background checks, social security trace, and search sex offender registries, both state and national. The agency will also personally interview any prospective sitter.

Family Responsibilities

The family agrees to provide accurate and complete information to the agency regarding its expectations for a sitter. The family agrees to bring any and all concerns to the agency owner to allow for mutual resolution should any issues arise. The family agrees that ALL scheduling is to be handled through the office. The family will provide Sitter Solutions, LLC as well as the sitter with appropriate information, guidance and instruction as to what the family expects.

Senior companion care is to specifically include the following:

Tasks related to the direct care of the senior will always take precedence, but in the event that there is time, sitter can provide minimal housekeeping assistance- these responsibilities will include:

Transportation

Please check the appropriate choice(s) below.

- No transportation is needed.
- Sitter will be transporting senior in her vehicle.

The sitter will be expected to have their personal vehicle during the job requested for the purposes of transporting the senior as required and agreed upon. Mileage will be reimbursed by the family at the current rate set by the IRS. The sitter is responsible for maintaining appropriate insurance coverage. Seniors are to be properly restrained as state law requires at all times.

Make Model and Year of vehicle _____

- Sitter will be transporting senior in our family's vehicle.

The use of a family car will be provided when needed for the purposes of transporting the senior as required and agreed upon. Seniors are to be properly restrained as state law requires at all times. Automobile maintenance will be at the family's expense. The family will cover the sitter under their automobile insurance policy; however, any damages resulting from the sitter's use of the car, which is not covered under the family's policy (i.e., the deductible), is the sitter's responsibility. No mileage fee will be charged when sitter uses the family's vehicle.

Make Model and Year of vehicle _____

Insurance company and policy number _____

Guarantee

Sitter Solutions, LLC makes no guarantees but will put forth all efforts of replacement as needed. Refunds are not made.

Medical Care Disclaimer

Sitter Solutions, LLC provides referrals for Senior Companion Sitters. Sitters are not nurses or nursing assistants and are not medically trained, other than CPR/First Aid. These services are intended for seniors who need companionship and assistance with basic activities around the house. Sitters cannot provide medical care, assist with medical treatments, administer medications and/or give baths.

Family and Sitter/Nanny Agreement

As a registered family of Sitter Solutions, LLC, we expect your integrity in appropriate use of our agency & guidelines. The agency must be informed of EACH job request. ALL scheduling is done through the office. This is extremely important for job assignments & availabilities. Families may not, at any time, request senior care services directly through sitters (past or present) of Sitter Solutions, LLC. If the family chooses to participate dishonestly and/or receive senior care services from the sitters of Sitter Solutions, LLC without booking through the agency, the family will be dismissed from the agency and a penalty fee of \$1000 will be owed directly to the agency due to contract being breached.

Signature _____

Payment Procedures

Fees & Payments have been arranged between family, sitter, & Sitter Solutions, LLC. A booking fee will be paid to the agency upon confirmation of each booking. Sitter's payment, including mileage will be made after the completion of each job, unless arranged otherwise with the agency (i.e., multiply days throughout the week = one payment versus several.) Payments will be made by cash or check made to the sitter personally. Tips are welcomed from families. An invoice/receipt will be provided with required signatures of each party (family and sitter) to guarantee type of services received.

Signature _____

Liability

On this _____ day of _____, 20____, intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless Sitter Solutions, LLC and any of its contracted employees or agents representing or related to Sitter Solutions, LLC in regard to seniors under our care. This release is for any and all liability for personal injuries (including death) and lost and/or stolen items, property damage occasioned by, or in connection with an activity or accommodations of care giving activities.

Signature _____

Fee Agreement: _____

Directions to Home: _____

THE ABOVE AGREEMENT HAS BEEN AGREED TO:

FAMILY SIGNATURE DATE



Important Information

FAMILY NAME:

SENIOR'S PERSONAL INFORMATION:

Name:

Date of Birth & Age:

Gender:

Eye Color:

Hair Color:

Allergies:

Medical Conditions:

SENIOR'S PERSONAL INFORMATION:

Name:

Date of Birth & Age:

Gender:

Eye Color:

Hair Color:

Allergies:

Medical Conditions:

MEDICAL INSURANCE INFORMATION:

Name of Insured:

Employer:

Insurance Company:

Member No.:

Group No.:

Telephone No.:



Important Phone Numbers

EMERGENCY: CALL 911

POISON CONTROL CENTER: _____

FAMILY NAME:

NEAREST HOSPITAL:

Address:

Phone No.:

DIRECTIONS TO:

PHYSICIAN:

Address:

Phone No.:

DENTIST:

Address:

Phone No.:

PRIMARY CAREGIVER'S NAME:

Employer/Occupation:

Address:

Office Telephone:

Cell No.:

SECONDARY CAREGIVER'S NAME:

Employer/Occupation:

Address:

Office Telephone:

Cell No.:

FAMILY MEMBERS

Name, relationship & phone no.:

Name, relationship & phone no.:

FRIENDS & NEIGHBORS:

Name & address:

Phone No.:

Name & address:

Phone No.: