



## Independent Contractor Agreement

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Emergency Name and phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_

- This office requires a current PA Criminal Background Check. (cost is \$22.00) We will provide this or any information contained within it to the Client or the Client's agent if requested. Do you understand? \_\_\_\_YES \_\_\_\_NO
- Have you been a resident of PA for the last two consecutive years? \_\_\_\_YES \_\_\_\_NO If NO then an FBI finger print check is required. Proof of residency may be required from you.
- Under all current U.S. and Pennsylvania state laws I am legally permitted to work in the U.S. and legally permitted to provide elder care in PA. \_\_\_\_\_ If this is correct please sign here.  
You may be asked to provide proof of this to the Clients who interview you.
- The State of PA requires a **negative two-step TB** test for all direct care workers prior to working. Your doctor or other health care professional can do this. Will you have one done? \_\_\_\_YES \_\_\_\_NO

Describe yourself (friendly, bashful, etc.): \_\_\_\_\_  
Describe your caregiving work experience: \_\_\_\_\_

Do you drive? \_\_\_\_ If so, your operator's #: \_\_\_\_\_ State: \_\_\_\_\_  
➤ **REQUIRED: bring in or send a copy of your photo driver's license & proof of auto insurance to keep here with your file.**

Will you drive clients to appointments? \_\_\_\_ Your car? \_\_\_\_ Their car? \_\_\_\_  
Do you have car insurance (necessary if you transport clients in your car)? \_\_\_\_NO \_\_\_\_YES

Do you smoke? \_\_\_\_ Do you use any mood altering drugs? \_\_\_\_ Explain yes answers: \_\_\_\_\_

☐ **Optional information:** Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_ Do you have dependent children? \_\_\_\_\_

☐ What days and hours are you available to work? \_\_\_\_\_  
Can you do 24-hour care (live-in)? \_\_\_\_ Work overnights? \_\_\_\_ Weekends? \_\_\_\_ Only Hourly? \_\_\_\_  
How much do you charge? Hourly: \_\_\_\_\_ 24-hour live-In: \_\_\_\_\_ Overnight with sleep: \_\_\_\_  
Are you a CNA? \_\_\_\_YES \_\_\_\_NO. Are you an LPN? \_\_\_\_YES \_\_\_\_NO. Are you an RN? \_\_\_\_YES \_\_\_\_NO.  
Do you have a CPR card? \_\_\_\_YES \_\_\_\_NO. Do you have a current Red Cross Card? \_\_\_\_YES \_\_\_\_NO.

- **New PA state regulations require one of the following: a nursing license, CNA certification, passing a state-approved competency exam or taking a state-approved training program. There will be an annual review of competency. In some cases the review may occur more frequently.**

None of the following are required but are used as guidelines in matching caregivers with clients whose requirements exceed normal care.

Will you: Bathe a patient? \_\_\_\_ Transfer patients? \_\_\_\_ Do ranges of motion? \_\_\_\_ Change a patients diaper? \_\_\_\_  
Are you a good cook? \_\_\_\_ Dust and run sweeper? \_\_\_\_ Clean the bathroom? \_\_\_\_ Be a companion? \_\_\_\_  
Turn a patient? \_\_\_\_ Empty a catheter? \_\_\_\_ Other skills: \_\_\_\_\_

Do you have nurse's aide liability insurance? (We have applications available if needed) \_\_\_\_YES \_\_\_\_NO  
How did you find out about Care For People? \_\_\_\_\_  
Do you know anyone who might be interested in doing this kind of work? \_\_\_\_YES \_\_\_\_NO \_\_\_\_\_

**LIST THE NAMES OF TWO PEOPLE YOU HAVE KNOWN FOR A LONG TIME:**

1) \_\_\_\_\_ Telephone # \_\_\_\_\_

**(CARE FOR PEOPLE NOTES ONLY) Date reference taken: \_\_\_\_\_ Reference taken by: \_\_\_\_\_**

[illegible]

2) \_\_\_\_\_ Telephone # \_\_\_\_\_

**(CARE FOR PEOPLE NOTES ONLY) Date reference taken: \_\_\_\_\_ Reference taken by: \_\_\_\_\_**

[illegible]

**LIST THE NAMES OF THREE PEOPLE WHO ARE FAMILIAR WITH YOUR WORK ETHICS:**

1) \_\_\_\_\_ Telephone # \_\_\_\_\_

**(CARE FOR PEOPLE NOTES ONLY) Date reference taken: \_\_\_\_\_ Reference taken by: \_\_\_\_\_**

[illegible]







1-800-322-9292

## INDEPENDENT CONTRACTOR AGREEMENT with "Care For People" & "Care For People Clients"

This agreement is by and between "Care For People" and on behalf of "Care For People Clients" and

(Independent Contractor)

(Please print your full name)

an individual residing at: \_\_\_\_\_

(Please print

your full address)

Care For People, on behalf of the Care For People Clients and Independent Contractor, are legally bound and agree with each other as follows:

1. Care For People will refer you (Independent Contractor) to Clients who have requested services of a Caregiver, Companion or Homemaker. The Client will determine whom they wish to perform service and have the right to interview prospective workers.

2. You (Independent Contractor and Care For People Clients) will agree to services to be performed, compensation for services rendered and work schedules.

3. You (Independent Contractor) agree to maintain records (CFP supplies bills) and submit proper documentation to the Client on a weekly basis as to the amount of money owed to both you (Independent Contractor) and Care For People. **\*\*You (Independent Contractor) agree to NOT take part in any sort of collusion between you and the Client as far as the Client's trying to avoid the payment of Care For People Registry Fees. You (Independent Contractor) will be held liable for the loss of Care For People Registry Fees if such collusion should take place. You (Independent Contractor) will contact Care For People immediately if the Client would suggest any such plan, as mentioned above.\*\***

4. You (Independent Contractor) understand that **any and all** information regarding your Care For People Clients is **strictly confidential** and is NOT to be discussed with anyone who is not involved directly with the case. Please read and sign the "Confidentiality Agreement".

5. You (Independent Contractor), fully understand that you operate as an **Independent Contractor** and not as an employee of either Care For People or Care For People Clients. You (Independent Contractor) do understand that you **do not** qualify for any benefits including but not limited to, health insurance, Unemployment Compensation, or Worker's Compensation from either Care For People or Care For People Clients. Please do not list Care For People as an "employer" on any applications in the future.

6. As an Independent Contractor, you (Independent Contractor) understand that you are responsible for filing and paying your own Federal, State and local income taxes in addition to both employer and employee portions of the Social Security and Medicare taxes.

7. You (Independent Contractor) agree to release Care For People and Care For People Clients, its officers, directors, agents, employees and office directors and their employees, from any and all liability, potential or real, due to injury, damage or loss incurred in connection with the performance of this agreement or the performance of services for a Client.

8. You (Independent Contractor) have read and understand the Care For People **Non-Discrimination Policy** statement on the cover sheet accompanying this application. You have also received and understand the "Client's Bill of Rights and List of Reportable Events" and the "Confidentiality Agreement".

9. This agreement is the complete agreement between Care For People and on behalf of Care For People Clients and you (Independent Contractor).

\_\_\_\_\_  
(Legal Independent Contractor Signature)

\_\_\_\_\_  
Date