Care For People

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**

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: _____

2) _____ Telephone # _____

(CARE FOR PEOPLE NOTES ONLY) Date reference taken: _____Reference taken by: _____

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: _____

Continued on next page

2) _____ Telephone # _____

(CARE FOR PEOPLE NOTES ONLY)) Date reference taken: _____Reference taken by: _____

3) _____ Telephone # _____

(CARE FOR PEOPLE NOTES ONLY) Date reference taken: _____Reference taken by: _____

CERTIFICATION AND RELEASE

Intending to be legally bound, I certify that all facts are true and complete to the best of my knowledge and understand that if I am placed in the pool available for referral by CARE FOR PEOPLE , false or misleading statements on the caregiver information form shall be grounds for removal from the pool. I authorize investigation of all statements and any references given to you and all information concerning my previous experiences or employment and any pertinent information they may have, personal or otherwise. I release all parties giving references or other information to confirm the information from any and all liability for any damage that may result from their giving information to you.

I HEREBY CERTIFY THAT I HAVE READ ALL THE ABOVE MATERIAL AND HAVE NOT GIVEN FALSE INFORMATION.

_____ DATE: _____

Independent Contractor's Signature

I agree that any information regarding my character, general reputation, personal characteristics or other pertinent information may be given to any client.

I have met with and had a face-to-face interview with a Care For People representative.

Independent Contractor's Signature_____ Date: _____

Print Name_____ Care For People & CFP Plus representative: _____

"PLEASE COMPLETE AND SIGN BACK PAGE"

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 $10.00) 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.
- **Are you a US citizen? _____YES _____NO**
- **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 _____