

Self-Directed Personal Services Program

EMPLOYMENT AGREEMENT

Consumer/PCA

This agreement is made on _____ 20 ____ between the Employer _____ and the Personal Care Attendant _____.

_____ Bathing/Showering: Assist/prompt with bath, shower or sponge bath and/or transfer in/out of tub or shower.

_____ Dressing: Assist with prompting, selecting and/or putting on and taking off appropriate clothing. (Includes prosthesis when applicable).

_____ Toileting: Assist with prompting and/or transferring to/from urinal/bedpan/commode, manage ostomy or catherer, personal hygiene and adjustment of clothing.

_____ Transferring: Assist with movement to/from bed, chair, wheelchair, and standing position.

_____ Walking/Mobility: Assist with movement between locations and/or assist with wheelchair.

_____ Eating: Assist with prompting, cutting, and/or physical assist of food and drink.

_____ Meal Preparations: Assist with planning, preparing, and/or serving meals.

_____ Shopping: Assist with purchasing food, clothing and household items.

_____ Money Management: Assist in prompting to pay bills in a timely manner, writing checks, and/or balancing check book.

_____ Accompanying for Medical: Assist in arranging and obtaining transportation for physician appointments.

_____ Laundry/Housekeeping: Assist, prompt and/or perform the household tasks such as laundry, dishes, light dusting and/or managing and cleaning of commode etc.

_____ Management of medication/treatments: Assist in prompting, administering, and/or preparing medications and/or assist individual in the administration of medications and/or treatments.

_____ Other assignments:

I have read and understand the above responsibilities and agree to complete tasks as indicated at the direction and training of the Consumer/Employer.

Personal Care Attendant

Date

Consumer/Employer

Date