**PCA Contract Sample**

Job Description/Responsibilities/House Rules

|  |  |  |
| --- | --- | --- |
|  | Standards of Privacy and confidentiality Boundaries | * This is our private home. Caregiver family and friends are not permitted to visit. Always knock before entering and identify yourself.
* As an employee, treat members of this family in a professional manner.
* Adjustment of A/C or heat is the responsibility of family member. Inform family member of any problems regarding the system. Caregiver does not have permission to freely adjust system
* The upstairs on the south side of our home is our private residence and entrance is not permitted unless authorized
* For health and safety reasons our home and handicapped vehicle are monitored environments
* Professionalism is expected and information about our family is confidential and not to be shared with others.
* The code to our alarm system is private and confidential & not to be shared with anyone.
* Outings shall not include taking \_\_\_ to caregiver’s home or caregiver’s friends or family home.
* Caregiver’s animals or pets are not allowed in our home or vehicles.
 |
|  | Family Expertise | * Mrs. \_\_\_\_ is the primary caregiver and trainer, Mr. \_\_\_\_ is also expert in the ADL’s (activities of daily living) /Person Care of our son.
* \_\_\_\_\_\_\_is also knowledgeable in \_\_\_ care but please confide in either parent for answers to questions. .
 |
|  | Professional Standards. | * Dependability, flexibility, and professionalism are highly regarded.
* Arrive promptly at the designated hour. For privacy purposes, if you arrive earlier, please wait to enter until the agreed upon start time.
* Dress: Caregivers are to be well-groomed at all times. Hospital Scrubs are permitted for shower purposes but not community activities. Comfortable collared shirt Capri/ jean camp shorts are preferred.
* Talking on the phone, text messaging, reading the paper, laying down, e-mailing or engaging in activities not directly related to your job as a caregiver is unacceptable while working.
* If you need to take medication, please bring your own. You are not allowed access to the family’s over the counter medications, (aspirin, vitamins etc.)
 |
|  | Level of careMedical necessity& health & safety |  * \_\_\_\_\_\_\_\_\_\_ diagnosis is \_\_\_\_\_\_\_\_\_\_
* Because of the half-life effectiveness of certain medications, it is critical that his medication be promptly administered with each meal which should be scheduled every 4 - 5 hours.
* \_\_\_\_\_ is unable to assist or transfer himself. Please be sure to use the ceiling lift system provided
* A back brace is also available for your convenience.
 |
|  |  Van | * The van is provided for the exclusive use by \_\_\_\_\_\_ for community inclusion activities and gathering of necessary supplies. It is not for use by caregivers for personal errands or for any other purpose.
* Van use is a privilege and requires your utmost attention & responsibility. Drive carefully and defensively.
* The minimum clearance for any entry is 8 feet
* Notify parent when the gas gauge reaches ¼ tank and they will fill the van with gas.
* When parking in handicapped parking, ample space is required on the right side to accommodate the swing out lift system
* Absolutely **NO talking or texting** on cell phone while driving
 |
|  | Dressing  | * Use good judgment. \_\_\_\_\_ is to be well groomed at all times. If it is hot outside, dress him in shorts and shirt. If the weather is cool dress him appropriately, long pants and long sleeve shirt etc.
 |
|  | Home Phone | * Answering machine will answer the home phone when family is not around, unless family member indicates you need to answer.
* Cell phone is required when going out in community
* Limit talking on personal cell phone or home phone to your designated break times or in case of emergency.
* Talking on your cell phone while driving the van is not permitted.
 |
|  |  Money | * \_\_\_\_ has a Visa Buxx account. Use this as you would use a credit card. Be sure to enter the amount in his check register.
* Always balance the account after each transaction.
* This is not an ATM card. NO cash withdrawals are permitted.
* Keep all receipts and tape in the blue record book.
* Notify Parent when his balance falls below $50, and they will replenish the account.
 |
|  | Community Inclusion | * Outings should be no longer than 4 hours.
* Aquarium, Zoo, and Busch Garden passes are available for community activities.
* \_\_\_\_\_ pays for his own lunch and any purchases with his Visa Buxx card.
* \_\_\_\_\_\_ does not pay for the caregiver’s lunch.
* Pre-approval by parent/family member for all inclusionary activities are required. (where, when, how long)
* Personal/business activities are not permitted during outings with Scotty. This includes personal (caregiver) family activities.
 |
|  | Household Responsibilities | * Bedroom
* Change bed and towels weekly
* Bathroom – Clean 1 X week
* Clean shower chair 1 X month
* Damp mop – Bedroom Wood floors Weekly
* Closets – Keep organized and neat (learn to fold items as directed)
* Laundry-daily or as needed. Please be considerate and finish by the end of your shift.
* Kitchen-Wash and put away dirty dishes. Run dishwasher if full. Counters are to be clutter free.
* Slings for Lift system – wash wet one 1 x wk.
* Check supplies on Saturday and replenish weekly or as needed.
* Return kitchen items to designated place (if you’re not sure where it goes please ask)
* Make notation on shopping list of items to be replaced from kitchen or our son’s supplies.
 |
|  |  bed  | * Change bedding 1 X a week
* Bed should have: protect-a-bed sheeting, mattress pad & sheet
* Pillows require: Protect-a-pillow & pillowcase.
 |
|  | Wheelchair | * **Do not adjust any straps**.
* Do not release just the bottom of the 4 point strap, this will choke our son.
* Clean 1 X a week
* Check bag upon returning from an outing and ensure that everything is clean, replenished and in order: (bibs, cups, napkins, silverware etc.)
 |
|  | Mealtime and diet.  | * Our son **DOES NOT CHEW.** He does eat a normal diet. Ensure that all his food is either soft or chopped up in the Cuisinart. Hard, difficult to process foods should be avoided such as nuts, radishes, etc.
* **Breakfast should consist of: grain, protein, fruit & dairy**
* **Lunch should consist of: protein, vegetables, starch & fat**
* **Dinner should consist of: Protein, vegetable starch, fat, dessert.**
* Our son Drinks from a cup. He does not like hot drinks. Does not normally drink fizzy drinks such as coke etc.
* He should have at least 2 cupfuls of liquid at each meal.
* Light snack in the afternoon is appropriate, around 4 p.m.
 |
|  | Medication  | * Notify Parent if medication container needs to be refilled.
* Notify parent when nasal sprays need to be refilled
* All prescription and non-prescription drugs are designated solely for the use of our family members. If caregiver requires prescription or non prescription drugs or supplements they must bring their own.
 |
|  | Seizures | * Seizures occur most often in the morning
* Make him comfortable, roll him to his left side if laying down.
* If he is sitting up, do **NOT** feed him while he is seizing.
* If seizures persist, call Family Member.
 |
|  | Therapy, Range of Motion and Positioning | * Physical therapy on Friday’s @ 4:00 pm Massage therapy on Tuesday’s at 11:30.
* Positioning on wedge in morning and afternoon for 45 minutes to 1 hour.
* AFO’s on feet during positioning
* He enjoys watching his DVD while in position
* Range of motion exercises as directed by therapist daily.
 |
|  | TV Channels | * Sometimes our son enjoys watching TV while in position. The following are channels he enjoys:
* 10 – Price is right – 11-12 p.m. \*\*\*\*
* 6 - Family Feud – 2:00 p.m. \*\*\*\*
* 35 - Animal Planet
* 36 - NIK
* 40 - Disney
* 71 - National Geographic
* 105-Disney
* 116 –Game Shows \*\*\*\*

**\*\*\* Indicates favorites** |
|  | Social Interactions | * Our son loves chatter and singing.
* He loves going out into the community.
* One on one interaction is encouraged.
 |
|  | **CAREGIVER**  | **INFORMATION** |
|  | Payroll | * Payroll is processed every 2 weeks. You may expect a paycheck within 5 – 8 working days. automatic deposit is available.
* Medicaid pays your salary. It is not appropriate to request a payroll advance from our family.
 |
|  | Scheduling | * Hours as previously agreed upon
* Not required to work on Holidays. However, inform Parent if you would like to work on holidays. (Thanksgiving, Christmas, Easter, New Year’s)
* Vacations scheduled at the beginning of the year or after agreed upon trial period of employment. Vacations will not be scheduled during Thanksgiving or Christmas holidays.
* Call and inform parent if late or tardy. Frequent tardiness reflects irresponsibility and lack of respect for position.
 |
|  | Illness | * Our son is fragile. If you are sick or running a temperature, do not come to work as you will be exposing him to those germs and will compromise his health.
* Please call Parent as soon as you realize you are sick so she can find a replacement for you.
* When ill and unable to work for more than one day, please notify a parent every day by 4:00p.m. of your health status so that we may plan appropriately
 |
|  | Evaluation & communication | * Quarterly evaluation or as needed.
* All concerns or suggestions regarding our sons care should be brought to parents attention.
* Notify parent directly if irregularities in our sons quality of care are discovered. It is not your responsibility to direct or correct peer caregivers.
 |

**While employed by \_\_\_\_\_\_\_\_\_\_ I will consider myself as an employee in their home (my workplace). I promise to follow the rules and perform the job described above to my best ability. I will do my best to complement NOT complicate this individual and family’s home environment.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/trainer Date Personal Caregiver Date