



Consumer Direction SERVICE AGREEMENT

I. Parties to the Agreement

_____ is a CHOICES member who has signed up to be in Consumer Direction.

[Complete if applicable:]

_____ is his/her Representative for Consumer Direction.

If the member does **not** have a representative, the member is the “Employer” in this agreement. If the member has a representative, the representative is the “Employer” in this agreement.

_____ is the “Worker” in this agreement. The Worker will be employed to provide consumer directed care for the member in the CHOICES program.

This is an agreement between the Employer and the Worker. This agreement describes the responsibilities that the Employer and the Worker agree to perform. It sets out rules that the Employer and Worker agree to follow. It also describes certain rights that each party has.

Public Partnerships Limited, LLC (PPL) is **not** a party to this agreement. However, both the Employer and the Worker agree to use PPL’s services in carrying out this agreement.

II. Terms of Agreement

Services and Rate of Pay

Services the Worker will provide to the member, the rate of pay for each service, and the tasks to be performed are:

Services paid based on a hourly wage		
<input type="checkbox"/>	Personal care visits	\$____.____ per hour (\$____.____ per 15 minutes)
Tasks to be performed:		

If this page is updated or changed from original, please complete the info. below and submit only this page:

Member Name

Worker Name

Employer Signature

Worker Signature

_____/_____/_____
Date

_____/_____/_____
Date

<input type="checkbox"/>	In-home respite	\$____.____ per hour (\$____.____ per 15 minutes)
Tasks to be performed:		
<input type="checkbox"/>	Attendant care	\$____.____ per hour (\$____.____ per 15 minutes)
Tasks to be performed:		

Back-up Care

- The Worker wants to serve as back-up if other Workers are sick or unable to provide care.
- The Worker does **not** want to serve as back-up if other Workers are sick or unable to provide care.

Services paid based on a monthly fee		
<input type="checkbox"/>	Companion care	<input type="checkbox"/> \$104.96/day for 24/7 <input type="checkbox"/> \$98.15/day for 24/5
Tasks to be performed:		

Back-up Companion Care ONLY paid based on a daily rate*		
<input type="checkbox"/>	Companion care	<input type="checkbox"/> \$134.95 per day
Tasks to be performed:		

* Note: This daily rate for Companion Care service can be paid ONLY for back-up care. This is care provided when the regular Companion is sick or unexpectedly not able to work. This daily rate can't be paid as part of ongoing Companion Care services.

If this page is updated or changed from original, please complete the info. below and submit only this page:

Member Name

Worker Name

Employer Signature

Worker Signature

____/____/_____
Date

____/____/_____
Date