

Special Needs Volunteer Caregiver Program Contract
Facilitating Independence at Home for Seniors/Disabled
Providing Caregiving Services not covered by SSA and/or State Programs
Authored by Caregiver and Party who is Cared for.

4. Definition and list of amenities or current or future payment, cash, goods, services, barter, that the second party can offer the first party:

4a. Commercial value of this enumeration per month, according to estimation of second party:

5. Detail of what the first party believes his or her services are worth per month:

5a. Commercial value of this enumeration, per month, by first party's estimation:

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Explain how any discrepancy between 5 and 6 above will be resolved?:

6. Details of second party's disabilities and/or addictions, and what does second party expect from first party with respect to this:

7. Details of first party's role regarding the disabilities and/or addictions of the second party and how the services provided mitigate the second party's disabilities/addictions:

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Explain how any discrepancy between 6 and 7 above will be resolved?:

8. Name and contact info of psychiatrist/psychologist/medical provider who will monitor and arbitrate concerns of first and/or second parties, by agreement herewith of both parties:

name:
address:

phone:
fax:
e-mail:

****** Included is verification that the above medical provider accepts this role in this contract.***

******Name of Health Care Directive, Power of Attorney and or Authorized Representative/Representative Payee for second party:***

first name and position:
address:

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phone:
fax:
e-mail:

second name and position:
address:

phone:
fax:
e-mail:

9. Behavior and boundaries for first party, required by second party:

a) Confidentiality, regarding:

b) Causing emotional distress, specifically by:

c) Causing emotional distress, specifically by:

d) Causing emotional distress, specifically by:

e) Other:

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List agreed penalties for violation of any of 9 above:

\$_____.____ penalty fee

termination

other:

10. Behavior and boundaries for second party, required by first party:

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List agreed penalties for violation of any of 9 above:

\$_____.____ penalty fee

termination

other:

First party:

signed:

date:

Second party:

signed:

date:

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Details of Criminal Background check of Caregiver, with documentation of check attached:

Criminal Background check of Caregiver was paid for by:

first party:

second party:

Basic Terms and Conditions for DDA Supported Plan:

- 1. Both caregiver and cared for parties must be DDA members**
- 2. The caregiver and cared for parties must create a mutually agreed contract for their mutually beneficial Volunteer Caregiver Plan and submit a copy of this to DDA**
- 4. The agreed Volunteer Caregiver Plan Contract must include provisions for supervision and arbitrate by a licensed mental health or other licensed medical provider.**
- 5. Behavioral boundaries and other expectations must be outlined in the Volunteer Caregiver Plan Contract.**
- 5. Specifics of compensation and expectations for both parties must be outlined in the Volunteer Caregiver Plan Contract**

Volunteer Caregiver Plan Contract which do not comply as stated above will not be supported by DDA in any way whatsoever.

DDA does not ever provide or take responsibility for:

- * Health Care Benefits for the caregiver or cared for parties**
- * Abuse committed by the caregiver or cared for parties inclusive but not limited to acts covered under Mn. Statutes 609.232**

For more info and help go to:

<http://www.DDAexchange.org/volcaregiverprogram.html>

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