Family/Legal Representative Contract

I _____,legal representative of or family member of_____have retained the services of A. Lira Eldercare Registry in the placement of a home health aide into my residence or the residence of the individual I am representing. The agency fees, as well as the compensation of the homemaker, will be paid by me. I have been notified that A. Lira Eldercare Registry is not responsible for withholding Social Security taxes, Federal, State, City taxes related to payments I make to the homecare aide, or for the cost of disability insurance. I further understand that the Agency fee is a separate fee of 18%, based on the homecare aide's compensation. The compensation to the home health aide will be paid directly to the aide. Holidays worked will be billed at time and a half. The agency fee is billed separately at the beginning of the month. For cases involving Medicaid, once a managed care has taken over the home care, the agency's billing will be reduced to l0% if the aide placed by this agency signs up with the managed care and stays with the family. Agency billing is monthly in advance, and the first payment is an estimate, adjustable on the next month billing. Should you, the employer, make any separate arrangements for extra compensation, time off, or any other situation that effects our agency fee, you will notify us beforehand for accurate billing. A late fee of $20.00 will be enforced on top of the agency fee already billed if the agency fee billing is 4 weeks past due. Every week thereafter an additional fee of $5.00 will be enforced onto the billing. For home care that goes unpaid, you are responsible for small claims court and legal fees incurred by A. Lira Eldercare Registry LLC.

Please return this original signed form.

_____
FAMILY MEMBER   DATE

_____
AGENCY REPRESENTATIVE   DATE

_____
_____

Reach Us At: 718-442-2414   www.aliraeldercare.com
Fax: 347-824-2838   Email:aliraeldercare@aol.com