For the purposes of this contractual relationship, this home care client contract involves

_____

(Client's First and Last Name)

_____

(Client's Address)

_____

(Client's Phone Number)

who will be identified from hereon as "Client"

and

Aunties Angels HI LLC
P.O. Box 408, Kurtistown, HI. 96760
(808) 785-2845
who will be identified as "Service Provider".

"Client" and "Service Provider" will be considered collectively as the parties.

The purpose of this document is to set out the basis under which the relationship between the parties will be conducted in relation to the service provided to "Client" by "Service Provider" including terms of service, conditions, limitations, and responsibilities.

Auntie's Angels

In consideration of the foregoing and the information exchanged, the parties hereto agree as follows: "Client" authorizes the "Service Provider" to provide home care services to

_____

(Care Recipient)

_____

(Address of Care Recipient)

Who will be identified heron as "Care Recipient"

Said service will be performed during the hours of _____ and ____ will be performed by

_____

(Caregiver name)

The authorization attached to this document for the provision of these Home Care Services is for a term beginning on ___/___/_____ and shall remain in effect until

☐ ____/____/_____ or ☐ indefinitely

In the event that either party decides to withdraw from this contract, 10 days advance notice will be required.

Auntie's Angels

The service provider shall be responsible for providing the care of the “Care Recipient” Among the powers granted to the service provider

☐ 24 hour care _____: $_____

☐ Patient care (Minimum of 4 hour, up to 24 hours per day): $_____

☐ Laundry services (per pickup and dropoff): $_____

☐ Housekeeping: $_____

☐ Transportation to doctor’s appointments: $_____

☐ Shopping/Store Visits: $_____

☐ Pharmacy Pick up: $_____

☐ Wellness Checks: $_____

_____

_____

_____

_____

In addition, the provider may agree to additional tasks previously agreed upon by the parties.

Auntie's Angels

As a responsible party for this contract, the client's information is as follows:

_____

(Clients First and Last Name)

_____

(Client's Address)

_____

(Clients Phone Number)

_____

(Client/Care Recipient Relationship)

In emergency situations, the "Service Provider" shall contact the following person:

_____

(Emergency Contact Name)

_____

(Emergency Contact Address)

_____

(Emergency Contact Phone Number)

Finally, if that person is not available, you may use this alternate option:

_____

(Emergency Contact 2 Name)

_____

(Emergency Contact 2 Address)

Auntie's Angels

(Emergency Contact 2 Phone Number)

For the performance of this agreement, the customer agrees to make a payment consisting of

$_____ up front for set up costs

and **$**_____ Hourly

and will be provided **weekly**.

If any additional services are requested by the customer outside of the scheduled hours or holidays, an additional payment of $_____ per hour is due. In addition, any necessary or emergency expenses that the service provider may incur in order to fulfill its tasks must be reimbursed by the Client.

The home health care provider fully understands that any private information that has been obtained in the performance of his or her duties with respect to the client, the recipient of the service, the recipient's family, or significant others should not be disclosed for any reason. This information includes but is not limited to medical information, legal, financial, number of assets, profession, etc. Additionally, this confidentiality must be maintained even after the termination of this contract.

Auntie's Angels

If the performance of the activities set forth in this contract by the Client and the Service Provider is prevented, interfered with, or impeded by causes beyond the control of either party ("Force Majeure"), rendering the service provider unable to perform its function, the service provider shall proceed to notify the customer of the event. As a result, the service provider obligations will be suspended for the duration of the event and will be extended if necessary.
Acts of Force Majeure contemplated for this document include (but are not limited to): epidemics, pandemics, health crises, acts of God, fires, vandalism, storms, medical supply failures, labor strikes, national emergencies, insurrections, riots, or war. The excused party must attempt and demonstrate the efforts made to circumvent such a situation and the impossibility of doing so.

In the event that any of the clauses named in this contract become null, invalid, or unenforceable, this shall not cause the invalidity of the entire document until the contract itself is terminated. This means that the rest of the clauses will remain in effect as long as it is possible according to the laws of Hawaii.

In the event that it is necessary to issue any notice or request for communication of any fact, this may be done either person to person or communicated by telephone. In turn, in case of notices of legal proceedings, these may be addressed to the addresses of the parties indicated above.

This home care client contract complies with and shall be governed by the laws found in the state of Hawaii. Any dispute resolution or arbitration must consider the laws of the state of Hawaii for resolution.

Auntie's Angels

This agreement was signed by the parties on ___/___/_____ and shall be effective immediately upon such act.

X_____ ____/____/_____

(Client First and Last Name) (Date)

X_____ ____/____/_____

Dorelmay Rider or Representative of Aunties Angels (Date)

_____ _____

NOTARY NAME SIGNATURE

_____ _____

DATE COMMISSION EXPIRATION DATE