



Just Like Family Home Care...where your family is our family too.

950 Encore Way Suite #101 Naples, FL 34110 phone: (239) 431-6661 fax: (239) 431-6690

License #30211271

Contract and Weekly Invoice for Companion/Sitter Services

This is a contract between: (please print)

Patient Name _____ and **Companion/Sitter Name** _____

According to Florida Statutes chapter 400.462 (7) "Companion" or "Sitter" means a person who spends time with or cares for an elderly, handicapped, or convalescent individual and accompanies such individual on trips and outings and may prepare and serve meals to such individual. A Companion/Sitter may not provide hands-on personal care to a client.

As the billing and collection representative for the independent contractor Companion/Sitter listed above, the State of Florida's Agency for Health Care Administration requires Just Like Family Home Care (JLFHC) to document the services provided by the Companion/Sitter. Please indicate all services provided and time spent with you below. Any changes in services provided by the Companion/Sitter (such as changes in hours or days worked) must be documented by our office. THEREFORE ALL CHANGES MUST BE CALLED IN TO JLFHC's OFFICE IMMEDIATELY. There is additional room for any notes at bottom of the page.

If the Companion/Sitter provides transportation for you in the Companion/Sitter vehicle please fill in the mileage section below. Please note that the Companion/Sitter is reimbursed at the mileage reimbursement rate proscribed by the IRS without any fees or other charges being paid to JLFHC.

	Mo	Day	Year	In	Out	Total	Companionship	Hands-off Supervision	Prepare Meals	Grocery Shopping	Appointments	Laundry	Change Linens	Light Housekeeping	Patient/Guardian Signature
M				AM PM	AM PM										
T				AM PM	AM PM										
W				AM PM	AM PM										
T				AM PM	AM PM										
F				AM PM	AM PM										
S				AM PM	AM PM										
S				AM PM	AM PM										

Notes: _____

Mileage Reimbursement

	Beginning Reading	Ending Reading	Total Miles	Destination & Purpose	Patient/Guardian Signature
M					
T					
W					
T					
F					
S					
S					

Patient/Guardian signature on this invoice indicates that you have reviewed the above information including the hours worked by the Companion/Sitter and agree to pay JLFHC for said hours. DO NOT SIGN THIS AGREEMENT AND CONTACT JLFHC IMMEDIATELY IF THE SERVICES INDICATED WERE NOT PERFORMED! Patient/Guardian is aware of and agrees that JLFHC's role in this agreement is to act as billing and collection representative for the independent contractor Companion/Sitter.

Contract and Weekly Invoice for Companion/Sitter Services must be turned in every Monday by 9AM following the end of each work week or there will be a delay in getting paid.