How to Complete Your California Personal Care (Caregiver) Agreement

Personal Care Agreement (California)

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.

About this form. A written, signed personal care agreement documents that a family member or friend is paid for providing care. It is often needed for Medi-Cal long-term care planning, so payments are not treated as gifts.

1. **Describe the care (Page 1)**
   List the services, schedule, and a reasonable rate of pay.
2. **Both sign before a notary**
   A notarized, dated agreement is strong proof of when it was made. Bring a current, government-issued photo ID.

After It's Signed

- Keep the agreement and the care log with your records. Medi-Cal rules are complex; talk to an elder law attorney.

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California-Commissioned Notaries

SCAN TO BOOK

Questions about this document? Talk to an attorney. Gavrilov & Brooks Law Firm has attorneys licensed in California, Nevada, and other states. Phone and video consultations are available. **(916) 504-0529** · **www.gavrilovlaw.com**

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YOUR FORM BEGINS ON THE NEXT PAGE

PERSONAL CARE (CAREGIVER) AGREEMENT

California

Care recipient

Address

Caregiver

Address

1. Services. The caregiver will provide the following personal care services (for example, meals, bathing, medication reminders, transportation, housekeeping):

Schedule / hours per week

Hourly rate or monthly pay ($)

Start date

2. Terms. Payment is for services provided after this agreement is signed, at a reasonable rate, and is not a gift. The caregiver will keep a written log of services and hours. Either party may end this agreement with written notice. Compensation for past services is not included.

3. Taxes. The parties will handle any payroll or income taxes required by law.

Initials: _____

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Date

X
Care recipient (or agent)

X
Caregiver

CALIFORNIA ACKNOWLEDGMENT

STATE OF CALIFORNIA)
) **ss.**
COUNTY OF)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

On (date) before me, (insert name and title of the officer)

personally appeared

name(s) of care recipient and caregiver

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

X
Notary Public

(Notary seal)

Notary's printed name

Title (Notary Public, State of California)

My commission expires

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