How to Complete Your Colorado Personal Care (Caregiver) Agreement

Personal Care Agreement (Colorado)

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 Health First Colorado (Medicaid) 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. Medicaid rules are complex; talk to an elder law attorney.

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Colorado-Commissioned Notaries

SCAN TO BOOK

Questions about this document? Talk to an attorney. Gavrilov & Brooks Law Firm, 18 N. Sierra Madre St., Suite D, Colorado Springs, CO 80903. Attorneys licensed in California, Nevada, and other states. Phone and video consultations are available. **(719) 419-9777** · **www.gavrilovlaw.com**

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YOUR FORM BEGINS ON THE NEXT PAGE

PERSONAL CARE (CAREGIVER) AGREEMENT

Colorado

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

NOTARY ACKNOWLEDGMENT

STATE OF COLORADO)
COUNTY OF) **ss.**
)

This document was acknowledged before me on

(date) by (name of care recipient and caregiver)

X
Notary Public

(Notary seal)

Notary's printed name

Notary ID number My commission expires

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