How to Complete Your Georgia Personal Care (Caregiver) Agreement

Personal Care Agreement (Georgia)

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 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.

Need a Notary? We Come to You.

Homes • Hospitals • Care Facilities • Offices • Available Anytime
Mobile notary and apostille services.

Georgia-Commissioned Notaries

SCAN TO BOOK

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

This form is provided as a free convenience. First Choice Mobile Notary & Apostille is not a law firm, and a notary public who is not an attorney cannot give legal advice or help you decide what to write on this form. These instructions are general information only and are not legal advice. If you have questions about your situation, consult a licensed Georgia attorney. © 2027 First Choice Mobile Notary & Apostille. All rights reserved. This form may be filled in and printed for personal use; it may not be copied, altered, or redistributed for commercial purposes.

YOUR FORM BEGINS ON THE NEXT PAGE

PERSONAL CARE (CAREGIVER) AGREEMENT

Georgia

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: _____

© 2027 First Choice Mobile Notary & Apostille • (866) 828-6856 • firstchoicemobilenotary.com

Date

X
Care recipient (or agent)

X
Caregiver

NOTARY ACKNOWLEDGMENT

STATE OF GEORGIA)
) **ss.**
COUNTY OF)

Personally appeared before me, the undersigned notary public,

name of care recipient and caregiver

on (date)

who acknowledged that he/she/they signed the foregoing instrument freely and voluntarily for the purposes stated in it.

X
Notary Public

(Notary seal)

Notary's printed name

My commission expires

© 2027 First Choice Mobile Notary & Apostille • (866) 828-6856 • firstchoicemobilenotary.com