How to Complete Your New York Personal Care (Caregiver) Agreement

Personal Care Agreement (New York)

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 New York 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. New York 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.

New York-Commissioned Notaries

SCAN TO BOOK

Questions about this document? Talk to an attorney. Gavrilov & Brooks Law Firm has attorneys licensed in New York and other states. Phone and video consultations are available. **(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 New York 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

New York

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

ACKNOWLEDGMENT IN NEW YORK (RPL § 309-a)

STATE OF NEW YORK)
COUNTY OF) ss.:

On the day of | in the year (month and year)

before me, the undersigned, personally appeared

name(s) of care recipient and caregiver

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

X
Notary Public

(Notary seal)

Notary's printed name

Registration No. | Qualified in (county) | Commission expires

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