

RESPIRE CONTRACT

Parent/Guardian/Individual

Respite Worker

The respite worker agrees to provide services assisting _____ while providing the parent/guardian with a short break. This may involve helping the individual participate in activities in and out of the home including recreation and leisure activities, facilitating the development of new skills, and managing their personal care needs and activities. It is expected that the respite worker will assist the individual in a positive manner that keeps him/her safe. There may be other duties/activities that are required from time to time. At no time will the respite worker leave the person being supported alone.

Contract Period:

Respite support will be provided for an agreed upon time period, beginning _____ (start date) and ending _____ (end date). It is understood that there is a probationary period of _____ (weeks/months) wherein the worker will have the opportunity to demonstrate your capability of fulling the duties and responsibilities of the position and compatibility with the individual requiring support. Termination of your own employment requires written notice within a minimum of _____ (weeks/months). It is understood that should the family decide to terminate your employment, the will give the worker _____ notice. (weeks/months)

Rate of Pay:

Respite support will be paid by the caregiver in the amount of \$ _____ per hour on a _____ basis and in for form of _____. (daily/weekly/biweekly/monthly) (cheque/cash/e-transfer)

Costs for activities will be reimbursed by the caregiver in the following manor (please check off one)

- Paid for before respite support shift
- Paid for at the end of respite support shift (with/without receipt)
- Cost of expense(s) is added to the worker's paycheck
- Other: _____

Hours of service:

Both the family and respite worker have agreed upon the following days & hours of work:

If the days and hours of service are required to change by either party, it is agreed that both parties will give as _____ to ensure that both can make the necessary accommodations.

Duties and Responsibilities

Please list below in bullet point form the detailed duties and responsibilities agreed upon by the family and the Respite Worker.

The parties have agreed to the terms and conditions on the: _____ day of the month of _____ in the year _____.

_____	_____	_____
Respite Worker Signature	Printed Name	Date

_____	_____	_____
Parent/Guardian/Individual Signature	Printed Name	Date