



### Client Contract

This Jacobs Houses Contract is entered between (name) \_\_\_\_\_ (Client), and Camelia Iacob (the Service Provider), The Client and the Service Provider shall be collectively known herein as the Parties.

WHEREAS, the purpose of this Contract is to set out the terms of services to be provided to (name) \_\_\_\_\_ (Patient) by Service Provider generally known as "Private Care Services,"

In Consideration of the mutual promises and other valuable consideration exchanged, the Parties hereby agree and contract as follows:

#### 1. AUTHORIZATION

The Client hereby grants the authority to the Service Provider to provide Private Care Services to (patient): \_\_\_\_\_ at (JH location) \_\_\_\_\_ home located at (address): \_\_\_\_\_.

Special Agreement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 2. TERM

This grant of authorization to provide Private Care Services shall begin on (date): \_\_\_\_\_, and shall remain effective until the Patient passes. This Contract may be terminated prior to this term by either party on giving a written notice of 30 days.

**3. DESCRIPTION OF SERVICES**

The Service Provider shall provide a Caregiver to attend to (Patient) \_\_\_\_\_.

The Caregiver provided by the Service Provider shall have the power to:

- Personal Care
- Dietary needs
- Administer medications

Service Provider will determine at which of the locations operating as Jacobs Houses the Clients will be placed.

The rate shall be determined by Camelia and will vary by circumstance.

Apart from performing above tasks the Service Provider shall do similar related tasks to be mutually agreed upon by the parties.

**4. PAYMENT**

The Client shall pay a monthly contract price to the Service Provider at an amount of \$ \_\_\_\_\_.

Due to the uncertainty of term predictions, the flat rate for two weeks or less is \$5888.00, non-refundable. After two weeks, the rate changes to \$420.00 per day.

Service Provider may determine rate change if the level of care intensifies and the need for multiple Caregivers arises.

Accepted payment methods include: check, wire transfer, and direct deposit. Payments must be addressed to Jacob's Houses. If mailing a check, send to: 2343 N Delaware Ave, Springfield MO 65803

**5. CONFIDENTIALITY**

Service Provider understands that any and all private information obtained about the Client, Client's family, Patients family or relatives during the course of employment, including but not limited to medical, financial, legal, career and assets are strictly confidential and may not be disclosed to any third party for any reason.

The Client understands that any and all information obtained about the Service Provider regarding legal, financial, and business operations are strictly confidential and may not be disclosed to any third party for any reason without written permission from Service Provider. The obligations of the Service Provider and the Client under this clause survive termination of this Contract.

**6. CONTACT PERSONS**

The Client's contact information is as follows:

Name:

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Address:

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Phone Number:

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Email:

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Relationship:

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In an emergency situation, the Service Provider should immediately contact the following person:

Name:

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Address:

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Phone Number:

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If that person is not available, please contact the following alternate choice:

Name:

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Address:

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Phone Number:

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**7. SEVERABILITY**

In the event any provision of this Contract is deemed to be void, invalid or unenforceable, that provision shall be severed from the remainder of this Contract, so as not to cause the invalidity of the remainder of this Contract. All remaining provisions of this Contract shall then continue in full force and effect. If any provision shall be deemed invalid due to its scope or breadth, such provision shall be deemed valid to the extent of the scope and breadth permitted by law.

**8. AMENDMENT**

This Contract may be modified or amended in writing, if the writing is signed by the party obligated under the amendment.

**9. NOTICE**

Any notice or communication required or permitted under this Contract shall be sufficiently given if delivered in person or by certified mail, return receipt requested, to the address set forth in the opening paragraph or to such other address as one party may have furnished to the other in writing.

**10. ATTORNEY'S FEES**

In the event of any breach of this Contract, the party responsible for the breach agrees to pay reasonable attorneys' fees and costs incurred by the other party in the enforcement of this Contract or suit for recovery of damages. The prevailing party in any suit instituted arising out of this Contract will be entitled to receive reasonable attorneys' fees and costs incurred in such suit.

**11. ADDITIONAL FEES**

**a. Late Fees**

All payments must be paid on the first of each month. There is a three day courtesy window if Service Provider has proper notification and is made aware of the late payment. After three days, a \$50 dollar late fee will be added to the Client's account.

**b. Administration Fee**

Depending on the complexity of the inbound documentation, an administration fee may be applied to the Client's account.

**c. Holding Fee**

If the Client wishes to reserve a room before the Patient is admitted, the Client may secure the bed by paying the minimum daily rate to guarantee vacancy of the bed for their Patient.

**d. Moving Fee**

The Client may be charged a moving fee if the Service Provider is required to handle packaging with the Patient's personal belongings on the move in day or the move out day.

**12. APPLICABLE LAW**

This Contract shall be governed by the laws of the State of Missouri.

**13. SIGNATORIES**

This Contract shall be signed by

(Client) \_\_\_\_\_ and by

(Service Provider) \_\_\_\_\_

Client:

SIGN: \_\_\_\_\_ Date: \_\_\_\_\_

Service Provider:

SIGN: \_\_\_\_\_ Date: \_\_\_\_\_

Camelia Iacob, Director  
Jacob's Houses