



TGP at Home Service Agreement

This service agreement is made as of _____
(month/day/year)

by and between **TGP AT HOME**, 30 Terrace Street Brattleboro, VT 05301 hereinafter referred to as "**TGP AT HOME**" and _____
(Name and Address of Participant)

_____ hereinafter referred to as "I."

For the services I request **TGP AT HOME** to provide, I understand that:

- This Service Agreement will commence on _____ and will continue until terminated by either party. (month/day/year)
- Beginning each week, **TGP AT HOME** will confirm the scheduling of services of the week. Any change of the agreed upon schedule must be made through **TGP AT HOME** and myself and not with the worker(s) from **TGP AT HOME**.
- I agree to pay **TGP AT HOME** for the services rendered at the following rates:
\$21.00 per hour on weekdays and \$21.00 per hour on Saturdays and Sundays, for services of 8 hours and more.
\$22.00 per hour for services of 2 to 4 hours.
\$23.00 per hour for services of 4 to 7 hours.

I will pay time and a half for services rendered on the following holidays:

New Year's Day	12:00 am to 12:00 am
Memorial Day	12:00 am to 12:00 am
July 4 th	12:00 am to 12:00 am
Labor Day	12:00 am to 12:00 am
Thanksgiving Day	12:00 am to 12:00am
Christmas Day	12:00 am to 12:00 am

Payment terms for all services rendered by **TGP AT HOME** are billed at the end of each month and are due 10 business days upon receipt of invoice. I agree to pay interest on unpaid balance after 30 days at the rate of 12% per year or the highest rate allowed by the State. I agree to pay all collection costs including attorney's fees incurred in collection of this account if not paid within 90 days.

I assume responsibility for the payment of any and all sums that become due for stated services including third-party billings to my insurance company. **TGP AT HOME** will not bill insurance companies for services rendered unless there is prior authorization and acceptance of assignment. If I decide to submit **TGP AT Home's** invoices to my insurance company for my reimbursement, I will instruct my insurance company to pay me, as I have already paid **TGP AT HOME** for services rendered. Unless TGP AT Home agrees to accept assignment.



TGP AT HOME or its representative is authorized to investigate the references or other data obtained from me or any other person regarding my credit and financial responsibility.

TGP AT HOME will not be liable if it is unable, after reasonable efforts and prior notice to me, to render the agreed upon services.

I agree to contact my automobile insurance company and inform an authorized agent of that company that a **TGP AT HOME** employee will be driving any automobile I own to facilitate services provided under this contract. I also agree to fully indemnify **TGP AT HOME** for any losses it sustains as a result of failure by my insurance company to cover any liability incurred from accidents, damage or injuries, which occur during such vehicular operation.

I agree that any scheduled shift that is cancelled without 24 hour prior notice, for reasons including family visits, hospitalization, participant transfer or relocation, end of service and participant expiration, will be charged the full shift.

I agree that neither I nor any one on my behalf may employ any TGP AT HOME worker for a period of one hundred eighty (180) days following completion of services rendered. In the event I violate the above condition, I shall pay TGP AT HOME the sum of \$5,000.00 as liquidated damages.

This Service Agreement is the contract the participant, Power of Attorney and or Guardian must sign and return for our records prior to services beginning. ***We are not able to start service unless the signed contract has been faxed or mailed to the office.***

I understand by signing this agreement I am in agreement with the charges, terms, and conditions of this agreement. The sum of _____, one (1) week of services is due upon signing this agreement are subject to change by **TGP AT HOME** upon written notice.

TGP AT HOME Representative
PARTY

PARTICIPANT/RESPONSIBLE

By: _____
(Printed Name)

By: _____
(Printed Name)

(Signature)

(Signature)

Title: _____

Date: _____

Date: _____