

# FINAL TERMS OF AGREEMENT

Date (mm/dd/yyyy): \_\_\_\_\_

Client(s): \_\_\_\_\_

If staff initially completed form, staff member name: \_\_\_\_\_



Client: Please check additional concerns and add comments if desired:

Internal Assessment Form

Education	Check	Comment
1. Accommodation	<input type="checkbox"/>	
2. Advocacy	<input type="checkbox"/>	
3. Organization	<input type="checkbox"/>	
4. Coaching	<input type="checkbox"/>	
5. Funding	<input type="checkbox"/>	
6. Assessment	<input type="checkbox"/>	
7. Other:	<input type="checkbox"/>	
<b>Job/Career</b>	<input type="checkbox"/>	
8. Searches	<input type="checkbox"/>	
9. Role plays	<input type="checkbox"/>	
10. Coaching	<input type="checkbox"/>	
11. Interpersonal	<input type="checkbox"/>	
12. Organization	<input type="checkbox"/>	
13. Dependability Issues	<input type="checkbox"/>	
14. Assessment	<input type="checkbox"/>	
<b>15. Skill building</b>	<input type="checkbox"/>	
16. Funding for job sustainability	<input type="checkbox"/>	
17. Other:	<input type="checkbox"/>	
<b>Transport</b>	<input type="checkbox"/>	
18. Metro Access	<input type="checkbox"/>	
19. Senior Cab Service	<input type="checkbox"/>	
20. Travel training	<input type="checkbox"/>	

21. Other:	<input type="checkbox"/>	
<b>Life Transition</b>	<input type="checkbox"/>	
22. Assisted Living	<input type="checkbox"/>	
23. Respite Care	<input type="checkbox"/>	
24. Day Program	<input type="checkbox"/>	
25. Independent Living	<input type="checkbox"/>	
26. Home Care	<input type="checkbox"/>	
27. Providing Support	<input type="checkbox"/>	
28. Searching for Families	<input type="checkbox"/>	
29. Other:	<input type="checkbox"/>	
<b>Advocacy</b>		
30. Help navigate mental health system	<input type="checkbox"/>	
31. Help navigate medical system	<input type="checkbox"/>	
32. Baby Boomer Issues	<input type="checkbox"/>	
33. Dealing with difficult professionals. Please Explain: Going with client, advocating, writing reports on their behalf	<input type="checkbox"/>	
34. Medication Issues	<input type="checkbox"/>	
35. Doctor Issues	<input type="checkbox"/>	
36. Residential Issues	<input type="checkbox"/>	
37. Financial Issues	<input type="checkbox"/>	
38. Housing Issues	<input type="checkbox"/>	
39. School system	<input type="checkbox"/>	
40. Family Issues	<input type="checkbox"/>	
<b>Daily Living</b>		
41. Money Management	<input type="checkbox"/>	
42. Organization	<input type="checkbox"/>	

43. Hoarding	<input type="checkbox"/>	
44. De-cluttering	<input type="checkbox"/>	
45. Social/Recreation	<input type="checkbox"/>	
46. Community Integration	<input type="checkbox"/>	
47. Vocational	<input type="checkbox"/>	
48. Educational	<input type="checkbox"/>	
<b>Social Restoration and Friendships</b>		
49. Identifying Interests	<input type="checkbox"/>	
50. Assessments	<input type="checkbox"/>	
51. Other:	<input type="checkbox"/>	
<b>Obtaining Resources</b>		
52. Social Security	<input type="checkbox"/>	
53. Medicaid	<input type="checkbox"/>	
54. Housing	<input type="checkbox"/>	
55. Funding	<input type="checkbox"/>	
56. Transportation	<input type="checkbox"/>	
57. Doctors	<input type="checkbox"/>	
58. Legal help	<input type="checkbox"/>	
<b>Counseling/Medical</b>		
59. Recovery Coaching	<input type="checkbox"/>	
60. Grief and/or Trauma	<input type="checkbox"/>	
61. Crisis Referral	<input type="checkbox"/>	
62. Anxiety and/or Depression	<input type="checkbox"/>	
63. Psychiatrist	<input type="checkbox"/>	
64. General Counseling	<input type="checkbox"/>	
65. Telehealth Appointments	<input type="checkbox"/>	
66. Educational	<input type="checkbox"/>	

**Client's Providers:**

House Calls has initially determined that the following professional(s) will provide assistance. The suggested person or team may change following the first session.

\*Plus \$25 travel fee for local (determined by the contractor) or IRS mileage rate (for non-local travel).

Contractor	Service	Hourly Fee	Travel Fee	House Calls Comments

**Billing**

Fees will be paid by:

Person responsible for bill is: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Indicate preferred payment option:**

1. I prefer to pay for services when they are received.

2. I prefer to be invoiced monthly and pay by check or through credit card (Paypal).

\*Any invoice over \$500 must use option 3.

3. I will have my credit card charged automatically.

Name on credit card \_\_\_\_\_

Credit Card (Visa, Mastercard, American Express) \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration (mm/yyyy) \_\_\_\_\_

Security Code \_\_\_\_\_ Credit Card Signature \_\_\_\_\_

If I select monthly billing, I understand that payment must be received before the start of the next billing cycle or a \$50 late fee will be incurred each service period until payment is paid in full. **If I negotiate to be billed monthly, I understand that payment is expected 15 days after receipt of invoice by check or credit card through the paypal button on House Calls, LLC homepage.**

# Terms of Agreement Memorandum

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**(A standard travel fee of \$25 is charged for local travel within Montgomery County**

**Travel exceeding the Montgomery County radius will be based on current IRS rates per mile.**

Agree

**Any phone calls, emails, referrals, and/or advocacy work after the initial consultation, will be billed at an hourly rate (same as above). We will give you advance notice if this is necessary.**

Agree

**The action plan for services agreed will be emailed to select member(s) of the House Calls team working with this client and one client representative (if not the client).**

Agree

**Additional fees may apply if House Calls is asked to create multiple action plans, perform any other service and/or discuss the action plan with more than one client representative.**

Agree

**Name of Person Paying Bill:**

**Agree to pay House Calls, LLC immediately for all services rendered.**

Agree

NOTE: I understand if cancelling an appointment or if I do not show up for an appointment in less than 24 hours of an appointment, I will be billed the original fee.

## **Other Expenses**

I also understand that any court costs, collections, administrative work or other related expenses incurred in attempting to collect fees will be the responsibility of the party responsible for paying the bill.

Agree

## **Permission given to House Calls, LLC**

Permission is given to House LLC to communicate with other parties relevant to the client's rehabilitation goals and objectives. At all times confidentiality will be respected unless there is imminent harm, bodily injury or abuse which requires our team to seek help. We are not a crisis service and defer to family or community resources to take action.

Agree

**No Guarantees**

Client, referring party and payee (if different from client or referring party) understand that House Calls LLC does not guarantee any specific results for Client. House Calls, LLC operates as an interdisciplinary team and the client is expected to be involved in his/her progress at all times.

Agree

**Email Privacy Statement**

For Your Information: In general, email communications are not secure. Please check here for your informed consent to communicate through these channels. If you do not check this, we will assume you will print this Intake (or download the pdf Intake Form to bring with you). I am aware of the risks associated with sending House Calls emails or other channels. I give my consent for email correspondence.

Agree

Name of person responsible for paying the bill (Print name): \_\_\_\_\_

Signature/Electronic Signature of person responsible for paying the bill:

\*This signature is binding as if handwritten.

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

I hereby agree to be bound by this agreement and am aware that this electronic signature is enforceable as if it were handwritten. This verifies that I give my written consent to bill me for any of the above related expenditures including legal fees, court costs and collection expenses involved for breach of contract.

\*This agreement is effective as of the date it is signed by the client or client’s authorized representative. To the extent permitted by law, House Calls cannot be held responsible for the performance of contractors or of House Calls overall. This indemnification and hold harmless agreement shall be made effective as of the date that this terms of agreement is agreed upon by all parties wherein the client requests services from House Calls LLC, its agents and/or contractors to the maximum extent permitted by law indemnitor will indemnify, defend and hold harmless House Calls LLC, agents and/or contractors from any and all claims, actions, liabilities, lawsuits, injuries, demands, obligations, losses, settlements, time spent, judgments, penalties, costs and expenses including attorney fees and collectively all claims and all types of damages out of or relating to any act or omission by the indemnitor in connection with the performance of House Calls LLC, agents and/or contractors activities and overall performance. Any claim brought forward related to this indemnity agreement which would cause House Calls LLC agents and/or contractors to incur these costs described is the responsibility of client and/or indemnitee.

Put an x in the box and initial \_\_\_\_\_