

Escort/Shopping Aide Program Resident Statement of Understanding

I understand and agree that:

1. Not all requests can be approved because of limited resources and time and that the services should be provided to those residents most in need as determined by the service provider and/or management.
2. I will be billed for the services at the rate of \$_____ per hour.
3. \$ _____ is the minimum charge.
4. If the work continues past a full hour and the service ends during an additional half hour time period, the bill will be rounded up to a full half hour period. For example, if the aide is used for 1 hour and 20 minutes, I will be billed for 1 hour and 30 minutes.
5. I will pay for these services upon receipt of billing invoice.
6. Payment will be in the form of a check or money order payable to _____ and will be separate from my rent check.
7. My eligibility for service may be discontinued if full payment for services is not made by the 5th of the month following the service.
8. I must give a 24 hour notice of service cancellation or pay a cancellation fee of \$_____. This fee may be waived for medical emergencies only, as verified and approved by management.
9. Shopping is done for essential items only and purchases should total less than \$50.
10. Escort service to medical appointments may require me to call and wait for the aide to escort me home.

Resident Signature: _____ Date: _____