

## **Choices for Care Live-in Care Requirements**

### **Live-in Care Agreement for Services**

It is the policy of the Department of Disabilities, Aging and Independent Living (DAIL) to support individuals to reside in the setting of their choice. One housing option is live-in care, which for this purpose, is an arrangement in which an individual resides in the private home of a caregiver who is not related to them through either blood or marriage. The home is unlicensed and involves room, board, and care provided to no more than two unrelated individuals.

All live-in care arrangements must have a written agreement with the individual who is participating in the Vermont Choices for Care program. The agreement must contain the following required elements and terms.

#### **I. Agreements must identify the following:**

1. The name of the caregiver/homeowner,
2. The name of the Resident,
3. The location of the home,
4. The date that the living arrangement will begin (or began),
5. The monthly “reasonable” payment for room & board which includes the cost of:
  - a. Shelter,
  - b. Food, and
  - c. Basic utilities (electricity, heat, water, sewer, trash removal, and access to basic telephone services)
6. A description of the household arrangements to include:
  - a. bedroom arrangements, private or shared,
  - b. bathroom arrangements, private or shared,
  - c. kitchen arrangements, private or shared or not available,
  - d. living room arrangements, private or shared or not available, and
  - e. other common space arrangements, private or shared or not available,
7. List all other services and the costs associated,
8. Termination requirements by each party,
9. List of other conditions of the agreement, including a house rules and conditions of the living arrangement,
10. Signatures and dates of signature of the Resident (or legal representative when applicable),
11. Signature of the caregiver/homeowner provider,
12. Signature of the Surrogate Employer (if applicable).

#### **II. Agreements must include the following terms:**

1. Resident shall be free to come and go from the home to the extent they are able independently or with the help of others. In addition, they have the right to privacy and shall be free to receive calls and visits (scheduled and unscheduled) from friends,

family and case managers within the specified house rules as listed under “*Other Conditions of this Agreement*”.

2. The caregiver/homeowner agrees to deliver the services identified on the authorized Service Plan and Personal Care Worksheet. The caregiver/homeowner agrees to give the individual receiving services (resident) free choice of attending the local Adult Day Program as well as other social activities (based on local availability).
3. The caregiver/homeowner agrees to accept Choices for Care reimbursement as full and final payment for delivery of these authorized services.
4. The caregiver/homeowner agrees to participate in assessments and on-going monitoring with case manager or staff of the Vermont Agency of Human Services.

The Department of Disabilities, Aging and Independent Living (DAIL) has attached a model of this agreement for your convenience. A copy of the completed agreement, including signatures of all required parties, must be mailed to the DAIL. The agreement must be completed upon move in with the caregiver/homeowner and renewed only as conditions of the living arrangement change.

## Agreement for Live-in Care Including Vermont Choices for Care Services

This is an agreement between \_\_\_\_\_  
(*Caregiver/homeowner name*), and \_\_\_\_\_ (*resident name*), to  
enter into a living arrangement where room, board, and Choices for Care, Long-Term Care  
services will be provided at (*address of residence*) \_\_\_\_\_

This living arrangement will begin (or began) on (*date*) \_\_\_\_\_.

### **Room & Board:**

Resident (*or legal representative*) agrees to pay the caregiver/homeowner \$\_\_\_\_\_ each  
month for housing, food, and basic utilities.

### **Household Arrangements:** (*check all that apply*)

Bedroom:	<input type="checkbox"/> private	<input type="checkbox"/> shared	
Bathroom:	<input type="checkbox"/> private	<input type="checkbox"/> shared	
Kitchen:	<input type="checkbox"/> private	<input type="checkbox"/> shared	<input type="checkbox"/> not available
Living Room:	<input type="checkbox"/> private	<input type="checkbox"/> shared	<input type="checkbox"/> not available
Other Common Space:	<input type="checkbox"/> private	<input type="checkbox"/> shared	<input type="checkbox"/> not available

### **Other Services:**

In addition to the above room & board, the resident (*or legal representative*) agrees to pay the  
caregiver/homeowner \$\_\_\_\_\_ for the following goods and services that are not  
otherwise included in room and board as follows: (*check all that apply*)

- ☐ 24-hour protective presence (supervision)
- ☐ transportation
- ☐ cable/satellite television
- ☐ toiletries/personal care items
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_

### **Resident Rights and Privileges:**

Resident shall be free to come and go from the home to the extent they are able  
independently or with the help of others. In addition, they have the right to privacy and shall  
be free to receive calls and visits (scheduled and unscheduled) from friends, family and case  
managers within the specified house rules as listed under "*Other Conditions of this  
Agreement*".

**VT Choices for Care Program:**

The caregiver/homeowner agrees to deliver the services identified on the authorized Choices for Care Service Plan and Personal Care Worksheet. The caregiver/homeowner agrees to give the individual free choice of attending the local Adult Day Program as well as other social activities (based on local availability).

The caregiver/homeowner agrees to accept Choices for Care reimbursement as full and final payment for delivery of authorized Choices for Care services.

The caregiver/homeowner agrees to participate in assessments and on-going monitoring with case manager or staff of the Department of Disabilities, Aging and Independent Living.

**Termination of Agreement:**

The parties will give each other at least \_\_\_\_\_ days notice prior to ending this arrangement with the exception of emergency situations.

**Other Conditions of this Agreement:** *(attach additional pages is necessary)*


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**Signatures:**

We agree to the conditions of this agreement:

\_\_\_\_\_  
*Resident (or legal representative) signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Surrogate Employer signature (if applicable)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Caregiver/homeowner signature*

\_\_\_\_\_  
*Date*