



Ph. (780) 672-0063 planit@telus.net
<http://planitconsult.ca>

SERVICE AGREEMENT

This agreement shall be effective

(DD, MM, YYYY)

Between

PLAN IT CONSULTING INC.

And

(Client/ Guardian/ Trustee/ Power of Attorney)

PLAN IT CONSULTING INC. agrees to the following:

1. To provide services in accordance with the mission, vision, and beliefs of PLAN IT CONSULTING INC.
2. To provide services that are client focused, responsive to individual needs, age appropriate, and respectful of client choice.
3. To attend meetings upon request.
4. To complete the following documentation and forward as outlined:

DOCUMENTATION	FORWARD TO/ EMAIL or ADDRESS
* Involvement hours (daily log)	_____
* Monthly service invoice	_____
5. To monitor client services and report any known concerns to the guardian/ family.
6. To ensure that all information concerning the client is not disclosed to any person without written consent of the client/ guardian. This clause shall remain in effect upon termination of this agreement; permission must be provided in writing by the client/guardian to release confidential information.
7. To expect the following requirements from the employees of PLAN IT CONSULTING INC.:
 - * Criminal Record Check & Vulnerable Sector Check upon hire and signed criminal activity disclaimers annually.
 - * References (employment and personal).
 - * Valid first aid certificate within 6 months of employment.
 - * \$2,000,000 liability Vehicle insurance & Driver’s Abstract
 - * Criminal Record and Vulnerable Sector Check
 - * Client and company orientation
8. To provide liability insurance coverage for the employees of PLAN IT CONSULTING INC.

The CLIENT / GUARDIAN / TRUSTEE / POWER OF ATTORNEY agree to the following:

1. Personal information can be shared with:

2. To recognize and accept PLAN IT CONSULTING INC.s parameters of service:

- * No medication administration, medical procedures, medical support.
- * No client lifts.
- * Zero tolerance of any verbal or physical abuse.

3. To provide ongoing support and direction for services including the following information:

- * Complete the client information sheet.
- * Provide PLAN IT CONSULTING INC. with relevant changes in client information and requests for changes in services.
- * Any other information that the client/ guardian may feel is relevant to services.

4. To agree to the following rates/limits of service:

Service Rates:

- * Hourly rate: \$ 30.00 per hour
- * G.S.T.: 5 % \$ 1.50

TOTAL \$ 31.50 per hour
(Government funding is exempt from GST)

Transportation Rate:

Per Kilometer: \$.55 km.

Additional Expenses:

Reimbursement of activity/meal expenses for client and employee, clothes, personal items, etc.

**Minimum charge of 2 hours for scheduled hours – this only applies when a client/ guardian.
Request that staff be in at a specific time. Flexible hours do not apply.**

Total Hours of Service: day/ week/ month _____ **hours**

Conditions of Service (details or attach schedule desired)

Total monthly allowed for transportation and additional expenses: \$ _____

Conditions of expenses:

Total Maximum amount per month: \$ _____

Bill To(Email/ Address): _____

5. To give staff 48 hours' notice of canceled scheduled shifts. Shifts that are canceled with less than 24 hours notice may be billed a minimum of 2 hours as required by Alberta Employment Standards.
6. To pay time and half for any services provided on a statutory holiday. Plan It Consulting staff will not work on a statutory holiday unless approval has been given.
7. Billing will occur the first week of the month following services being rendered. We do accept e transfer to planit@telus.net, cheque, and cash to 4909C - 48 Street, Camrose, AB T4V 1L7

ALL PARTIES agree to the following:

1. This agreement may be terminated:
 - a) Immediately, by mutual agreement of both parties.
 - b) By either party giving 30 days written notice to the other party.
 - c) Immediately if any party has failed to fulfill the obligations of this contract.
2. On termination pursuant subsection 1(c) of this section, the client shall be liable to pay for services provided up to and including the date of termination.
3. This agreement constitutes the entire agreement between all parties.

The agreement was signed this _____ day of _____, 20_____.

Signature Client

Signature of Guardian/ Power of Attorney/ Family

Signature of PLAN IT CONSULTING INC.

Signature of Witness

Guardian/Family: _____

Phone # _____ **Phone #** _____

Email: _____

Address: _____

Trustee/ Power of Attorney: _____

Phone # _____

Address: _____