



## Nice Us Geriatric Home Care Training and Agency Limited

#3 Dos Santos Street, Mon Repos, San Fernando

Phone: 1(868) 497 2439. Email: nice.us.geriatric.training@gmail.com

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Welcome!

We are pleased that you have expressed interest in our services. Let me guide you through your options.

We offer caregivers who are certified and competent in caring for your loved ones. They are traceable and accountable, supported by a company whose core value is focused on being N.I.C.E. – Nice/pleasant to the elderly, work with Integrity, maintain Competence and give Excellent service.

When you access the services of our caregivers, you may customize the hours of service based on your needs; however, we do have a minimum quantity order of 30 hours per week.

Your relative's care is our priority, and we offer a free consultation by a Registered Nurse where your loved one's needs are assessed and a plan of care is customized with contributions from you but most importantly from your love one.

We then match one of our competent caregivers to provide home care service based on this plan of care with the support of a Registered Nurse to ensure quality care at all times.

The client is categorized according to the level of care-intervention needed. **Category I** clients maintain more independence and their priority of care is assistance, support and companionship. These clients are mobile. **Category II** clients are a bit more dependent and their priority of care is maintaining activities of daily living (such as hygiene needs) while promoting independence and providing companionship. These clients are completely bedridden/wheelchair bound. Once the assessment of the client's needs is completed, rates for our caregivers according to the client's category are as follows:

Category I: \$40 per hour.

Category II: \$50 per hour.

These rates remain the same for daylights, nights and weekends. Public holidays will incur an additional charge of \$10 per hour.

## **What is a Billing Cycle?**

Based on the client's category score and the hours you need the caregiver for, the total cost would be calculated over a monthly period if the service were required for more than two (2) weeks. Durations less than two (2) weeks will be calculated as is. This is your billing cycle.

## **How do I pay?**

For new customers, the total payment is due at the start of the service. For existing customers, payment is due at the end of the billing cycle. All payments must be paid directly to the company and **NOT** the caregiver or the registered nurse, to our bank account at **SCOTIA BANK LTD** - ***Nice Us Geriatric Home Care Training and Agency Limited A/c# 1206721*** and a picture of the receipt forwarded via Whatsapp – 1(868) 497-2439. Payments in cash deposits only at this time.

Payments are to be made by the 25<sup>th</sup> day of each month (or as close as possible to this date) to accommodate timely compensation to our caregivers. An invoice will be generated and sent to you prior to payment.

In the event the caregiver does not complete the tenure of service paid for (due to no fault of yours) the cost for that period will be reimbursed in full.

Once you have made the decision to allow us to care for your loved one, let us know and we will guide you through the process. We look forward to a great experience with you and your loved ones as we pursue the same goal - to foster good health and wellness.

Nice Us Geriatric Home Care Training and Agency Limited....Home Care with Peace of Mind.

## SCOPE OF SERVICES

Category I Client	Activity	Category II Client
√	Bed Making	√
	Bed Bath	√
√	Shower Bath	√
√	Hair Care	√
√	Nail Care	√
√	Foot Care	√
√	Skin Care	√
As needed	Pressure Area Care	√
Assisted	Mouth Care	√
Assisted	Perineal Care	√
√	Nutritional Needs/Special Diet	√
Assisted	Feeding Needs	√
Assisted	Elimination Needs	√
	Turning Needs	√
As needed	Mobility Needs	√
As needed	Wound Care	√
√	Serving Medication	√
√	Vital Signs Monitoring	√
	Alzheimer's/Dementia Case	√
√	Companionship	√
√	O.P.C./Medical Appointments	√
As needed	Passive Exercises	√
√	After Care of Client's living space	√
<p>Note Well: The client's needs may or may not include all the activities selected and the Registered Nurse will customize the care service based on the needs of the client –for optimal wellness.</p>		

**SUMMARY OF YOUR HOME CARE NEEDS**

CLIENT’S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

CLIENT CATEGORIZATION – CAT I  CAT II

HOURLY RATE - \_\_\_\_\_ HOURS PER DAY – \_\_\_\_\_

DAYS PER WEEK – \_\_\_\_\_ DURATION – \_\_\_\_\_

SPECIAL COMMENTS/REMARKS

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**SIGNATURES:**

Customer:

\_\_\_\_\_ (name in block letters)

\_\_\_\_\_ (signature)

Representative of Nice Us Geriatrics:

\_\_\_\_\_ (name in block letters)

\_\_\_\_\_ (signature)

Company Stamp: