



*Thank you for considering Elder Love USA for your cleaning needs. We are the **ONLY nonprofit** caregiving organization in the area. I founded Elder Love USA in 2016, when as a gerontological social worker, I saw countless, hard working people needing help at home, but not being able to afford it. As a nonprofit organization, we are able to keep our minimum hours and costs low through the generosity of individuals, corporations, city and county funding, cleaning services and fundraising events.*

*Please return the forms below in any of the following ways:  
Scan and email back, mail, fax or drop off during business hours.*

***Email: [pam@elderloveusa.org](mailto:pam@elderloveusa.org)***

***Mail or drop off: Elder Love USA 41550 Eclectic St, Palm Desert, CA 92260***

***Fax: 760-766-1440***

*Follow your heart,*

A handwritten signature in blue ink, appearing to read "Shannon Shea".

*Shannon Shea, Executive Director*

*As a smaller organization with less staff, it may not be possible for us to start immediately. We are always hiring and will make every effort to match your preferred schedule. To become a donor, or a sustaining donor, please visit our website [www.elderloveusa.org](http://www.elderloveusa.org)*

*And thank you for helping us to fulfill our mission of helping to keep seniors safely within their own homes for as long as possible.*



41550 Eclectic St, Palm Desert, CA 92260 \* 888-336-8322

## Client Information Form

Client Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Community/Gate code instructions: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Numbers CELL: \_\_\_\_\_ HOME: \_\_\_\_\_

How did you hear about Elder Love? \_\_\_\_\_

Do you have any pets? If so, what kind? \_\_\_\_\_

List any specific requirements about cleaning solutions or surfaces:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred days/times \_\_\_\_\_

# Client Cleaning Needs - *Mark all that apply*

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Checklist (please check all that apply)

### Light Housekeeping (your supplies and equipment)

- Vacuum/Sweep/Mop floors
- Dust shelves/décor/furniture or areas within reach of an extendable Swiffer
- Wipe counters/cook tops
- Clean toilet/sink/bath/shower
- Dishwasher unload/load
- Clean microwave
- Bed making
- Change out bathroom towels
- Laundry
- Empty trash

### Deep Cleaning - All of the above, PLUS:

- Dusting ceiling fans and lights within reach of a 2 rung step stool
  - Dust blinds/window sills
  - Clean baseboards, wipe vents
  - Vacuum furniture, and light shades
  - Vacuum accessible areas under furniture (no moving furniture)
  - Wipe down appliances and cabinet/drawer fronts
  - Clean oven
  - Clean mirrors/faucets
  - Wipe all switches and sockets
  - Wipe picture frames/wall décor - damp cloth
  - Clean hard water deposits from shower doors/walls
  - Your supplies and equipment
  - Our supplies and equipment
- Please list Optional Extras, such as: Clean inside drawers and cabinets, inside refrigerator, Steam clean surfaces/floors, vacuum outdoor cushions, wipe down outdoor furniture, clean front door & sweep threshold.

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# Elder Love USA, Inc. Consent Form

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent to receive services:** I hereby authorize Elder Love USA, Inc. to render appropriate cleaning services to the client named above. I understand personnel provided will be background checked.

**Initial** \_\_\_\_\_

**Overtime/Holidays:** All charges for services rendered on holidays are **charged at one and one half times** the applicable rate.

**Initial** \_\_\_\_\_

**Pets:** All pets will be kept contained and/or away from cleaning staff.

**Initial** \_\_\_\_\_

**Tips:** Employees are paid a fair rate and tips are not expected.

**Initial** \_\_\_\_\_

**Termination of Services:** I understand that I may terminate any scheduled appointment by giving at least twenty-four (24) hours notice to Elder Love USA, Inc.. I understand that Elder Love USA, Inc. may terminate this Agreement by providing at least three (3) days notice or other minimum notice required under applicable state law. I recognize that notification may be furnished verbally in person or by telephone and that written confirmation will follow by mail. In those circumstances in which the life, safety, or well-being of agency personnel is or may be jeopardized, Elder Love USA, Inc. may terminate this Agreement without prior notice.

**Initial** \_\_\_\_\_

**Arbitration:** Shall be settled in accordance with the rules of the American Arbitration Association.

**Initial** \_\_\_\_\_

I have read and fully understand the content of the Consent Form and hereby agree to and authorize Elder Love USA to provide services.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Elder Love USA, Inc. Electronic Visit Verification Signature Authorization

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Electronic Visit Verification (EVV) is a method used to verify home visits.

EVV is a telephone and computer-based solution that electronically verifies in-home service visits.

EVV solutions must verify the following six data elements:

- Type of service performed
- Individual receiving the service
- Date of the service
- Location of service delivery
- Individual providing the service
- Time the service begins and ends.

Elder Love USA uses the software WellSky. WellSky's Personal Care software has obtained HITRUST CSF certification, an independent third-party verification of HIPAA compliance and security and privacy best practices. The HITRUST Alliance requires compliance on over 300 controls in 19 areas such as information protection, password management, and access control. WellSky software is all in one helping with scheduling, recruitment and retention, client care plans, invoicing and payroll.

By signing below, I authorize Elder Love USA care staff to treat my electronic signature as proof that a cleaning visit was performed.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Elder Love USA Financial Agreement

The undersigned, (herein referred to as “Billing Party/ Guarantor”) wishes to enter into this Financial Responsibility Agreement (the “Agreement”) with Elder Love USA, Inc. to provide \_\_\_\_\_ (“Client”) with cleaning services.

- \_\_\_\_\_ **Light Housekeeping hourly rate for one person: \$33.00**
- \_\_\_\_\_ **Deep Cleaning with your supplies & equipment rate for one person: \$40.00**
- \_\_\_\_\_ **Deep Cleaning with our supplies & equipment rate for one person: \$50.00**
- \_\_\_\_\_ **Move In/Move Out Clean (Team of 2): \$125.00 per hour**

## **GUARANTEE**

I acknowledge that Elder Love USA, Inc. is relying upon my unconditional commitment to guarantee payment for cleaning services rendered to Client, irrespective of the Client’s ability to pay for the services. I acknowledge that I will pay my invoices in a timely manner for services rendered by Elder Love USA.

## **PAYMENTS**

Client will be invoiced weekly on the first Monday following a cleaning visit. All invoices are due upon receipt. You may choose auto pay or pay the Monday following your services.

Elder Love pays and charges holiday rates on the following five days: New Year’s Day, Memorial Day, July 4th, Thanksgiving Day and Christmas Day. Holiday/overtime rates are time and a half.

## **CHANGES IN SCHEDULE**

I acknowledge that I can change the schedule at any time as long as I give Elder Love USA, Inc. 72 hours prior notice. If a 72 hour notice is not given, there is a service charge of two hours at the standard rate. However, if there is an unforeseen emergency such as hospital stay, etc. This fee will be waived. If the cleaner arrives for a scheduled shift and the client is either not home or refuses the visit, there will be a 2 hour charge applied (and the cleaner will be paid for 2 hours).

## **CANCELLATION**

I acknowledge that I can completely cancel all services at any time, however a 72 hour notice would be required.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date



## Credit Card / ACH Authorization Form

*Elder Love USA, Inc. requires that a credit card or ACH (bank account draft) remain on file. Your financial information will be redacted once entered into our system.*

Name as it appears on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

-----OR:-----

**ACH Bank Draft (preferred)**

Bank Name: \_\_\_\_\_ Pick one: checking or savings

Routing #: \_\_\_\_\_ Acct # \_\_\_\_\_

### CHOOSE ONE:

\_\_\_\_\_ I wish to have my credit card used to pay my invoices each Monday and a copy of the paid invoice sent to me via email. I understand that credit card transactions will include a transaction fee of 3% of total.

\_\_\_\_\_ I wish to use ACH (bank account) to pay my invoices each Monday and a copy of the paid invoice to me sent to me via email. *ACH bank drafts have NO transaction fees.*

\_\_\_\_\_ I wish to have my invoice emailed to me and I will pay online each Monday.

**Email address for invoice Delivery** \_\_\_\_\_

I authorize Elder Love USA, Inc. to keep my information on file in a secure location and to charge my credit card or bank account for invoices that become past due over 14 days.

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_