

PROFESSIONAL CAREGIVING SUPPORT SERVICES



COMPASSIONATE CAREGIVING,
EVERY STEP OF THE WAY.

WELCOME NEW CLIENT

WE ARE DEDICATED TO PROVIDING



RESPECT



DIGNITY



COMPASSION

213.424.5503



SignedLoveAlways.com



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WELCOME, NEW CLIENT

First and foremost, thank you for your interest in 'Signed, Love Always'.
We look forward to providing quality care for your loved one.

Our standard policies are as follows:

- Clients must sign this agreement and complete the New Client Service Agreement and the New Client Intake Form.
- Our Caregivers are independent contractors, not employees of 'Signed, Love Always'
- Clients are required to contact us for all bookings, even if engaging a repeat/frequent caregiver.
- Respite and Check-In Caregivers will be reassigned as "Permanent Placement" if booked more than 3 consecutive weeks.
- A \$25/day per booking agency fee in addition to the Caregivers' fees.
- For Respite Care, a 4-hour minimum is required at \$25-\$35/hour.
- For Check-in Caregivers, bookings windows are 1-3 hours at \$60-\$75/hour.
- Payment for services is due at the time of booking(s).
- Client is responsible for paying the Caregiver, directly.
- Cancellations: 24-hour notice is required. A \$30 cancellation fee will be due if less than.

Signature

Signature

Print Name

Print Name

Date

Date



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NEW CLIENT SERVICE AGREEMENT

- ☐ Permanent ☐ Check-in ☐ Respite ☐ Transition
☐ Aging In-Place ☐ De-Cluttering ☐ End-of-Life

CLIENT

Client Name: _____

Phone (Primary): _____ Phone (Alternate): _____
☐ Cell ☐ Work ☐ Home ☐ Cell ☐ Work ☐ Home

Physical Address: _____

Main Cross Streets: _____

CLIENT'S FAMILY

Family Contact: _____

Phone (Primary): _____ Phone (Alternate): _____
☐ Cell ☐ Work ☐ Home ☐ Cell ☐ Work ☐ Home

eMail Address: _____

Physical Address: _____

Mailing Address: _____
If different than physical address.

Family Contact: _____

Phone (Primary): _____ Phone (Alternate): _____
☐ Cell ☐ Work ☐ Home ☐ Cell ☐ Work ☐ Home

eMail Address: _____

Physical Address: _____

Mailing Address: _____
If different than physical address.



NEW CLIENT SERVICE AGREEMENT

SERVICE DETAILS

State Date: _____
☐ Firm ☐ May Change

End Date: _____
☐ Firm ☐ May Change

Type of Care (Select all that apply):

- | | |
|--|--|
| ☐ Companion Care | ☐ Night Outings / Change of Scenery |
| ☐ Sitter / Be Present | ☐ Game Night / Fun Interactions |
| ☐ Meal Prep (Cooking) | ☐ Storytime / Reading |
| ☐ Meal Prep (No Cooking) | ☐ Gift Deliveries to Others |
| ☐ Administer Medication(s) | ☐ Errands with Client |
| ☐ Day Outings / Change of Scenery | ☐ Errands without Client |

Other (Please be detailed): _____

Specialty Needs (Please be detailed): _____

DISCLAIMERS

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Signature

Signature

Date

Date



NEW CLIENT INTAKE FORM

- ☐ Permanent ☐ Check-in ☐ Respite ☐ Transition
☐ Aging In-Place ☐ De-Cluttering ☐ End-of-Life

CLIENT

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☐ Cell ☐ Work ☐ Home ☐ Cell ☐ Work ☐ Home

Physical Address: _____

Main Cross Streets: _____

CLIENT'S FAMILY

Family Contact: _____

Phone (Primary): _____ Phone (Alternate): _____
☐ Cell ☐ Work ☐ Home ☐ Cell ☐ Work ☐ Home

eMail Address: _____

Physical Address: _____

Mailing Address: _____
If different than physical address.

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| ☐ Administer Medication(s) | ☐ Errands with Client |
| ☐ Day Outings / Change of Scenery | ☐ Errands without Client |

Other (Please be detailed): _____

Specialty Needs (Please be detailed): _____

CARE OVERVIEW

Does the client currently receive other outside services? ☐ No ☐ Yes (explain):

What services are currently in place? _____

How long has the family been providing care? _____ ☐ Weeks ☐ Days ☐ Months



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NEW CLIENT INTAKE FORM

Who has served as the primary caregiver? _____

What is their relation to the client? _____

Have there been others? ☐ No ☐ Yes (who?) _____

Does the primary caregiver work outside the home? ☐ No ☐ Yes

What have been the biggest caregiver/caregiving challenges? _____

Are there particular tasks that are overwhelming or more difficult than others? _____

How have family caregivers managed their stress levels and well-being? _____

Do you have a Therapist, Counselor, and/or Spiritual Advisor? ☐ No ☐ Yes (explain): _____

What type of support, services and/or activities have proven to be helpful with maintaining good mental health as a caregiver? _____

Who provides these services: ☐ Family ☐ Friends ☐ Online Resources

☐ Community Groups ☐ Faith-based Organization ☐ National Organization

☐ Other (explain): _____



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NEW CLIENT INTAKE FORM

What type of support or services are needed, but are not being received? _____

Are there issues with coordinating care amongst family members and/or professionals?

☐ No ☐ Yes (explain): _____

Do you feel that Medical Professionals understand the full scope of the situation?

☐ Yes ☐ No (explain): _____

What resources/tools do you feel would make caregiving easier for you? _____

Are there specific trainings and/or educational resources you wish were accessible to you? _____

Are you familiar with technological services that could assist? ☐ No ☐ Yes (explain): _____

Have you considered long-term/future care needs and how you plan to address them?

☐ No ☐ Yes (explain): _____



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NEW CLIENT INTAKE FORM

What would an ideal support system look like? _____

Has caregiving affected your personal life? ☐ No ☐ Yes (explain): _____

What do you wish others understood about the caregiving experience? _____

Has caregiving affected your personal life? ☐ No ☐ Yes (explain): _____

Is there anything else you wish to share that will assist us with tailoring services to meet the needs of your family and loved one? ☐ No ☐ Yes (explain): _____

Signature

Signature

Date

Date



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A Letter of Love to Family Caregivers

To the ones who rise early, stay late, and give endlessly. To the family caregivers, devoted friends, loving neighbors, and quiet heroes who hold someone else's world together...

This Letter is For You.

You carry a weight that is both sacred and demanding. You make meals, manage medications, soothe fears, lift spirits, and offer comfort in moments when words fall short. You are the steady presence, the gentle reminder, the familiar voice that says, "I'm here".

But in the midst of caring for someone you love, it's easy to forget something important:
You matter too.

- ▶ Your rest matters
- ▶ Your health matters
- ▶ Your joy matters
- ▶ Your story matters

Caring for another person does not mean disappearing inside their needs. You deserve space to breathe, to recover, to laugh, to reconnect with yourself. You deserve support, relief, and moments of peace without guilt or hesitation.

Please remember,

- ▶ You are not alone in this journey.
- ▶ You are not expected to carry everything by yourself.
- ▶ You are allowed to ask for help, take breaks, and to honor your own well-being.
- ▶ Your love is powerful, but even love needs rest.

At Signed Love Always, we see you. We honor your strength, your tenderness, your resilience, and the quiet sacrifices you make every single day. We are here to walk beside you, to support you, and to remind you that caring for yourself is not an act of selfishness. It is an act of survival, of balance, and of love.

Thank you for all you do, thank you for all you give, thank you for being the heart of someone's world, with compassion, gratitude, and unwavering support.

- Signed, Love Always -

VONDA DENNIS, FOUNDER



FAMILY CAREGIVER: SELF-CARE TASKS

*'Signed, Love Always' not only serves the Client, but is mindful of the family.
Below is a checklist of tasks to help remember and focus on your wellbeing.*

Today, remember to...

- ☐ Make your bed
- ☐ Take your medications and/or supplements
- ☐ Practice good hygiene (Skincare, haircare, dental care, shower/bath, etc.)
- ☐ Eat Meals (Breakfast, lunch and dinner)
- ☐ Go for a walk / inhale fresh air
- ☐ Complete Chores (Dishes, take out the trash, sweep, mop, dust, etc.)
- ☐ Do Laundry (Wash, dry, fold/hang up)
- ☐ Call or spend time with your people (your support system)
- ☐ Read or listen to an audiobook
- ☐ Take a power nap
- ☐ Journal your emotions
- ☐ Drink water. Number of 8 oz servings: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8
- ☐ Workout: If not a Rest Day, ☐ Cardio ☐ Stretch ☐ Swim ☐ Run ☐ Power Walk
☐ Lift weights ☐ Yoga ☐ Sports ☐ Other: _____
- ☐ Monitor your mood. I am feeling ☐ Happy ☐ Grateful ☐ Content ☐ Tired ☐ Sad
☐ Frustrated ☐ Angry ☐ Overwhelmed ☐ Other: _____

What contributed to or triggered this feeling? _____