



Agreement for SAGE Private Services

Client name Last First MI

Client address City, State Zip County

Date of birth Gender Marital status

Home phone Cell phone Email address

Emergency contact name Relationship

Home phone Cell phone Work phone

| Description of services to be provided: | Start date: | |
|--|------------------------------|---|
| Home-delivered meals \$ ___ per frozen bkfst. client initials ____ | Frequency (days/week) | Duration (length of enrollment) |
| \$ ___ per hot lunch client initials ____ | | |
| \$ ___ per frozen dinner client initials ____ | | |
| In-home care* <input type="checkbox"/> Personal Care \$ ___ per hour (2 hr min.) <input type="checkbox"/> Companion/ client initials ____ Homemaker | Frequency (days/week) | Duration (# of hours of service/day) |
| Nursing services* \$ ___ first hour, then 1/4 hour increment client initials ____ | Frequency (days/week) | Duration (# of hours of service/day) |
| Adult day health \$ ___ per day (inquire about half-day rates) client initials ____ | Frequency (days/week) | Duration (# of hours of service/day) |

Rates subject to change. Please check with SAGE staff for current rates.

* Holiday rates for In-Home Care/Nursing will be charged at 1.5 times the normal rate.

SCI requires a \$100.00 pre-payment for services to begin. This pre-payment will be a credit to your account and will be applied towards your first bill. You will be billed biweekly for in-home care, and monthly for home-delivered meals and adult daytime care services. Charges for these services are payable upon receipt of statement. Payments can be made by check, credit/debit card, or cash. Late charges of 1 1/2% per month for all charges not paid within 30 days of the billing date will apply. A fee of \$35.00 will be charged should a check be returned.

For In-Home Care (Nursing only): Mileage will be accrued at a rate of \$.50/mile. Mapquest will be used to determine mileage. Clients requesting errands/doctor visits will be charged mileage at a rate of \$.50/mile.

SCI has the right to terminate services permanently at any time due to lack of payment in accordance with this agreement. Rates may increase with a 15-day written notice from SCI.

Under no circumstances should a client provide SCI staff access to their funds.

SCI In-Home Care provides transportation in the client's vehicle when client has signed a Transportation Authorization prior to service.

For more information or questions, please contact SAGE at (912) 236-0363 or toll-free at (866) 579-2116 or write us at Senior Citizens, Inc., 3025 Bull Street, Savannah, GA 31405.