



## Live-in Caregiver and Participant Agreement

Participant: \_\_\_\_\_ Live-in Caregiver: \_\_\_\_\_  
Agreement Effective Date: \_\_\_\_\_

### **Definition:**

A Live-In Caregiver (LIC) is a person who resides in the same household as the Self-Direction Participant and provides support, as needed, to address the person's physical, social and emotional needs. The following agreement is between the Live-in Caregiver and the Self-Direction Participant:

This home is not owned or rented by the LIC: \_\_\_\_\_

\_\_\_\_\_  
LIC's Initials

\_\_\_\_\_  
Participant's Initials

LIC is not related to the individual by blood or marriage: \_\_\_\_\_

\_\_\_\_\_  
LIC's Initials

\_\_\_\_\_  
Participant's Initials

Room/Board is being provided free of charge to the LIC: \_\_\_\_\_

\_\_\_\_\_  
LIC's Initials

\_\_\_\_\_  
Participant's Initials

The following schedule outlines the times the LIC will be available to support the Individual:

Daily	
Weekly	
Monthly	

The supports provided by the LIC to the participant are of companionship, fellowship (social, physical, and mental activities), and general safety. In the event the LIC cannot meet the requirements as identified in this agreement, the following is the contingency/back-up plan:

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Room and board is paid for as part of the LIC Stipend. Room and board is limited to: rent, utilities and food. In the event that room and board cannot be reimbursed by the Fiscal Intermediary (FI) (i.e., the participant is hospitalized for a month or longer), the participant will be responsible for rent and utilities.

This agreement shall remain in effect until one or both parties (LIC and Participant) choose to terminate this agreement. The terminating party must provide at least 30 days written notice to the FI in order to terminate this agreement. Should the LIC not provide the support outlined in this agreement, the participant has the right to terminate this agreement effective immediately. The participant will notify the FI immediately upon terminating the agreement.

**This agreement will be reviewed at least annually by the Participant and Live-in Caregiver. The Fiscal Intermediary (AIM Services) will assist with the review of this document.**

By signing below, I agree to the terms outlined above as of the agreement effective date.

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Individual's Printed Name	Signature	Date
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Live in care giver printed Name	Signature	Date
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## **Participant and Fiscal Intermediary (AIM Services) Agreement**

Participant: \_\_\_\_\_

Fiscal Intermediary: AIM Services, Inc.

Agreement Effective Date: \_\_\_\_\_

This Live-in Caregiver (LIC) agreement is between AIM Services, Inc. (FI) and the Self-Direction Participant. The FI is not a party to the LIC agreement between the Participant and Live-in Caregiver. In the event that the Agreement between the LIC and Participant ends early, it is the responsibility of the Participant to notify the FI of the termination of the agreement. Notification must be made immediately to the FI by phone with follow up in writing. If the Agreement between the LIC and Participant is terminated, it is the Participant's responsibility to pay for expenses previously reimbursed by the LIC Stipend.

In the event that room and board cannot be reimbursed by the AIM Services, Inc. (FI) (e.g. the Participant is hospitalized for a month or longer), the Participant will be responsible for payment of rent and utilities.

- Room and board is paid for as part of the LIC Stipend. Room/board is limited to: rent, utilities and food.
- The rent payment from the FI will include the LIC portion of the rent as well as the Individual's stipend from the housing subsidy. The remainder of the payment will be made to the landlord by the Participant.
- Utilities will be paid by the Participant and reimbursed by the FI upon receipt of required documentation.
- Food is reimbursable to the Participant after the FI receives required documentation.

The FI will inform the Participant of any situations which may cause the Participant to lose eligibility for LIC reimbursement.

This agreement will be reviewed at least annually by the Individual and Fiscal Intermediary.  
By signing below, I agree to the terms outlined above as of the agreement effective date.

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Individual's Printed Name

Signature

Date

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Fiscal Intermediary's Printed Name

Signature

Date