



- As part of accepting this position, the Paid Neighbor agrees to perform the specific duties and responsibilities defined in this agreement, and in compensation for these services the Paid Neighbor will receive a monthly stipend of \$ \_\_\_\_\_. The stipend will be processed upon receiving satisfaction of Paid Neighbor supports in writing from the participant.
- It is understood by all parties that the Paid Neighbor is to provide “on-call” support, general oversight, assistance with safety as identified in this agreement. Self-hired support staff resources assist them with completing daily household activities and the goals identified in their Staff Action Plan. The Paid Neighbor would make themselves available to the participant in case of an emergency and/or medical concern that may occur, as outlined above. In the event of a pending emergency (major storm, natural disaster, manmade threat, etc.) the Paid Neighbor should check on the individual to ensure they have basic supplies and their needs are being met.
- The Paid Neighbor must be cleared as a self-hired staff and can provide Community Habilitation as needed.
- Should the participant and/or the paid neighbor be absent due to circumstances such as, a hospitalization lasting more than a month, or circumstances where the cost cannot be reimbursed by the FI, the Paid Neighbor will not receive the monthly stipend.
- It is agreed by all parties that 4 weeks’ notice must be given prior to the termination of this agreement.

This agreement is effective on \_\_\_\_\_ and must be reviewed at the Life Plan meeting and/or once a year from the effective date of this agreement.

By signing this agreement, I attest that I understand the role of a “Paid Neighbor” and agree to provide these services until the termination of this agreement, by either party.

Paid Neighbor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Participant’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_