



Paid Neighbor Agreement

_____ is a participant in Self Direction Services (SD), a program that is funded by the State of New York and administered by AIM Services, Inc. This program provides a budget for a "Paid Neighbor." He/she has decided with her respective Planning Teams (i.e. Circle of Support) that the best option to increase safety and independence would be to include a Paid Neighbor in his/her life. The "overarching purpose" of the Paid Neighbor is to ensure the wellbeing, and in helping _____ with any emergency that might present. The purpose of this document is to establish guidelines pertaining to the roles and responsibilities of the Paid Neighbor and the Self Directed Plan Participant.

1. The relevant parties for this Paid Neighbor Agreement are as follows:
 - ❖ Self Direction Participant _____
 - ❖ Paid Neighbor (Staff) _____
 - ❖ AIM Services, Inc. acting as Fiscal Intermediary (FI) with overall oversight and budgetary responsibilities related to the Self Directed Plan Participant.
 - ❖ Although not bound by this agreement but worthy of mention are the individuals Planning Care Coordinator, family and/or friends that the individual might include in his/her team.
2. The Paid Neighbor is not a family member, and resides at:

(Street Address, City, State, Zip)

and would make themselves available to the individual in case of an emergency and/or medical concern that may occur (i.e. power outage). Should there be an emergency, after checking on the individual to ensure their safety, the Paid Neighbor must contact their Planning Team.

3. The Paid Neighbor will follow up with at least one member of the individuals Planning Team. The primary contacts are as follows:
 - ❖ Broker: _____
 - ❖ Care Coordinator: _____
 - ❖ Parent/Guardian: _____
 - ❖ A contact list will be provided to the Paid Neighbor by the participant and/or their representative
4. In the event of a pending emergency (major storm, natural disaster, manmade threat) The Paid Neighbor should check on the individual ensuring he/she has basic supplies (non-perishable food, water, batteries, etc.)
5. The Paid Neighbor will assist the individual with overseeing apartment maintenance as well as assisting with sorting mail, and clarifying and completing paperwork the individual might have trouble comprehending.
6. It is understood by all parties that the Paid Neighbor is to provide a neighboring support, general oversight, nearby assistance and safety. The individual has Self Directed support staff resources to assist them with completing daily household activities and tasks as per their hab-plan. The paid neighbor is contracted to assist with the following:

7. When the Support Staff is unable to work and the individual needs assistance with Community Hab goals or activities associated with valued outcomes, the Paid Neighbor could provide the support and should complete a Community Habilitation Timesheet. Day and hours worked as well as activities supported, as per the hab plan should be reflected on the timesheet and the billing sheet.



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8. When the Paid Neighbor performs Community Hab duties he/she will receive compensation at the hourly rate established on the Self Directed Plan for a Self Hired Community Hab Support Staff.
 - ❖ Community Hab Support Staff hourly rate is: \$_____
9. When the individual has reason to interact with the Land Lord (Building Super), or any service person (cable) or town employee (Police, Fire Dept. etc.), the Paid Neighbor could offer assistance in communication of there is a need.
10. There is a stipulated stipend for the Paid Neighbor to be “on call” in order to assist an individual who lives independently. If the Paid Neighbor is called upon to provide direct services, he/she will be paid an hourly wage for the delivery of Self Hired Community Hab.
11. As part of accepting the position, the Paid Neighbor agrees to perform the specific duties and responsibilities defined in the agreement and in compensation for these services the Paid Neighbor will receive a monthly stipend of \$_____. This amount is fully funded and backed by Medicaid. It is expected that the individual’s current budget will remain in effect, with no anticipated changes.
12. The Paid Neighbor agrees to facilitate the required documentation and meet all requirements for background check and training that would be required of a self hired staff person.
13. It is agreed by all parties that _____ days’ notice must be given prior to the termination 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

Individual’s Signature

Date

Broker Signature

Date