

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
				-			-		
or									
Employer identification number									
				-					

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ 09/12/2017
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Caregiver Performance & Behavior Guidelines

- When a CP accepts a referral, the CP must immediately call the Client to agree on a time of service. When a time of service is agreed on with the Client, the CP reports a confirmation back to the Staffing Manager.
- CP must arrive five minutes prior to scheduled time.
- Within ten minutes of arriving at Client's home, CP must check-in using the AdaCare system. If there are technical difficulties with the AdaCare check-in the CP must call the Staffing Manager to check-in.
- On CP's 1st day at Client's, CP is to review Client's posted daily routine/tasks. If one is not prepared, CP will discuss with Client and prepare and post, on refrigerator or other appropriate place, Client's daily routine/tasks.
- CP must ask all questions pertaining to the referral, including directions to the client's home, at least a day before the services. Do not wait until the day of service to ask questions. Think ahead.
- If a CP is unable to provide scheduled services they must contact the Client to find out if the Client would like to reschedule or have a substitute CP. All information must be reported to the Staff Manager immediately.
- If CP is unable to provide scheduled services, notification must be given to the Staffing Manager 48 hours before the appointed start time. Failure to give a minimum of 24 hour advance notice will result in a \$15.00 re-staffing fee. However, this fee is waived if the CP provides adequate documentation of an emergency. Acceptable documentation forms include but are not limited to: doctor's notes, accident reports, court documents, etc. The office will determine what documentation will suffice. The \$15.00 fee may be waived at the Staffing Manager's discretion in special situations.
- CP is never to speak with Client, family or friends of client, or other CP's regarding payment terms or amounts.
- CP is not to solicit business and/or products or offer personal services to Client and/or family members thereof.
- CP cannot be hired as a sub-agent, independent contractor or employee of Client on the side for any reason without SCC receiving referral fees and/or management fees based on services rendered.
- Should a Client try to pay or hire out a CP independently from SCC, CP must report



it to the office.

- CP cannot be hired by the Client through another agency anywhere without the Client and CP paying SCC's referral fee and or management fees as stated in Client contract.
- CP is not to be on the phone during working hours, including but not limited to: calls, text messages, e-mail, internet, etc.
- No other person(s) should ever be on the Client's premises. In the event a CP is being dropped off, their transportation must remain in the vehicle and leave immediately.
- CP is expected to dress in an appropriate business casual manner.
- CP is to conduct all business with confidentiality, professionalism, adhere to all laws, guidelines, rules and regulations, and ethical standards which apply to companions/homemakers and shall perform in a manner consistent with industry procedures and protocol.
- CP must keep current of all legal and other issues regarding companion/homemaking services as they change over time.
- CP is to respect others while speaking, including proper and polite tone of voice.
- CP is to listen and acknowledge Client's feelings and respond appropriately.
- Clients are the first priority while CP is providing care, therefore CP must not use their own personal cell phone during working hours. If CP brings a cell phone into the Client's home it must be kept on silent mode. CP may not arrive late or leave early for the purpose of using their phone. The agreed upon time scheduled must be provided to Client in full.
- CP is to report any inappropriate client behavior to the office. They also have an obligation to report any concerns they have regarding the client's environment or health.
- CP should be aware that the Client may have home security monitors therefore the CP may be monitored at times in such homes.
- Staffing hours are Monday – Friday 7:30am-4:30pm. CP's CAN contact the office outside of those hours in the event of a call out, client need, or emergency. All other matters will need to be addressed during business hours.



Billing Department

850-312-3646

M-F, 9am-5pm

Fax: 850-266-7007

billing@sonshinecompanioncare.com

Timesheet Policy

Timesheets Submission

- We cannot pay you for your work until we receive a high quality timesheet!
- Timesheets due by Sunday at 11:59pm.
- Pay Periods – The first day is Sunday. The Last day is Saturday.
- One timesheet per client per week.
- Timesheet must be dated and signed by the caregiver and client for each day of service.

Acceptable Submission Methods

- * FAST SCANNER E-mail: sonshinetimereport@gmail.com,
- * FAX: (850)266-7007
- * Physical original delivered to office at 1010 N12th Ave, Pensacola.
- * Checks are printed on Thursday and are available for pickup at 3:00pm at our office. Checks not picked up by 5:00 will be mailed Thursday evening.

* Unacceptable Methods of sending timesheets: SMS or MMS messaging, 3rd party cloud services sharing.

Late Submissions

- Will be processed the following week.
- Expedited processing for late submissions will incur a \$15.00 processing fee to be processed the same week.

Exceptions

- *Documented* medical or other emergency.
- *Documented* fax transmission error. Coversheet showing correct fax number and on-time submission.
- *Documented* technological error. I.E. for e-mail, screenshots of outbox / sent e-mail showing both correct addressee and on-time submission.
- Catastrophe, blackout, telecommunications blackout, or act of god.
- Unacceptable Late Submissions: Undocumented emergencies or errors, weekend work, live-in work, broken/lost phones/computer (can use another person's or fax), vacations or other priorities, forgetfulness or neglect.



Billing Department

850-312-3646

M-F, 9am-5pm

Fax: 850-266-7007

billing@sonshinecompanioncare.com

You have three ways to give the office a timesheet.

1. You can bring it to our office before Sunday midnight and slide it under the door.
2. You can find a FAX machine and send it by FAX. Fax to (850)266-7007
3. You can use your phone to take a picture and send it by e-mail using Fast Scanner.

We need high quality images or we cannot process your pay check.

* Download FastScanner from Google Play. Office: Network: ATT765
Password: 9966366956

* Make sure that the Fast Scanner is on B&W setting.

* Hold camera steady: Sit in a chair with timesheet on the floor between your feet. Place elbows on you knees. Take picture.

* Crop document out of picture. Adjust the Brightness / Darkness setting. Save and name.

*** View the time sheet and make sure that you can read it.
If you cannot read it, we cannot read it!!**

*name the time sheet in your phone using the following code:
ClientlastF MMDD CaregiverlastF

Client last name, the first initial. last day of pay period Caregiver last name first initial.

If you cannot send a good quality image, you will have to find a fax machine and send it by FAX.



Fast Scanner : Free PDF Scan

CoolMobileSolution · Business

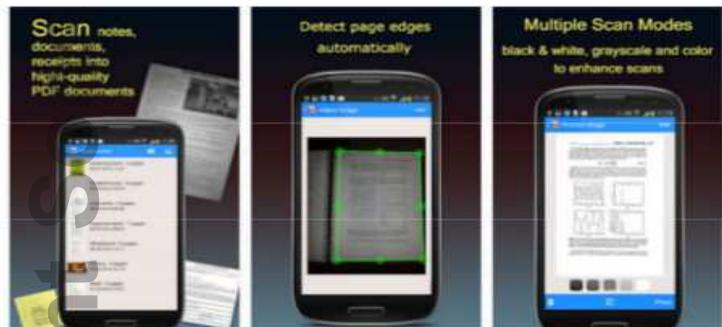
★★★★☆ 39,971

Everyone

Offers in-app purchases

This app is compatible with some of your devices.

Installed



Fast Scanner turns your Android devices into a multiple pages scanner for documents, receipts, notes, invoices, business cards, whiteboards and other paper text. With Fast Scanner, you can quickly scan your document, then print or email them as multiple pages PDF or JPEG files. Moreover you can save the PDF files in your device or open them in other apps.

FAST SCANNER FEATURES:

Contractor Time Report

Due: SUNDAY By 11:59 pm

FAX: 850-266-7007*

E-mail: sonshinetimeport@gmail.com

Late Time Reports will be paid the following week.

Time is kept in units of quarter hour, or 15 minutes (ex. 1:00-2:15-1.25 hours)

*If a cell phone camera is used, download & use FAST SCANNER. Check that your image is readable before sending it.

Client Information	Contractor Information
Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:

For the week ending

2017

	SUN	MON	TUE	WED	THU	FRI	SAT
(month/day)	/	/	/	/	/	/	/
Ending Time							
Starting Time							
Total Hours							
Total hours worked							
X Rate of pay							= Amount due

(ONLY FILL IN THE RATE OF PAY AND AMOUNT DUE AFTER CLIENT'S SIGNATURES ARE COMPLETE FOR THE WEEK)

Tasks:	Dust																		
	Vacuum/mop																		
	Laundry/linens																		
	Meal plan/prep																		
	Take out trash																		
	Clean kitchen																		
	Change bed lines																		
	Bathroom																		
	Other																		
	Family Relief																		
Shopping:																			
	Money received																		
	Less amount spent																		
	= Change given to client																		
Transportation:																			
	Mileage stop																		
	- Mileage start																		
	Total miles driven																		

Total miles for the week

Caregiver Signature							
Client Signature							

Welcome!

We are pleased to have you as a

Contracted Provider

with

Sonshine Companion Care, LLC

Please Call 850-764-6638

with any questions.

Serving seniors

in the community, with meaningful involvement.

We count on *you* to provide Companion and Homemaking services with kindness and compassion!

Contracted Provider (CP) Agreement Terms and Conditions

1. Definitions
2. Services rendered and Allowed services
3. Service limitations
4. Limited liability
5. Code of conduct
6. HIPPA practices
7. Non-disclosure/Non-competition
8. Invoice/Payment terms
9. Expenses and disbursements
10. Transportation
11. Quitting and Termination
12. Obligations to report abuse and fraud
13. Caregiver guidelines
14. Dispute resolution

Preamble

Sonshine Companion Care LLC (SCC) is a referral agency specializing in the placement of independent Contracted Providers (CP) in the homes of the elderly to provide Homemaking and Companion services. The purpose of this contract is to define the standards of behavior that CP must conform to as a condition of receiving referrals to work in exchange for payment.

1.0 Parties Defined

1.1 Sonshine Companion Care, LLC, for this document is called (SCC).

1.2 WHEREAS, SCC is a referral service referring Contracted Providers registered with SCC to Clients who have contracted with SCC for companion/homemaking services.

1.3 SCC, with this contract, hereby registers Contracted Provider with SCC as an independently contracted companion/homemaker service provider.

1.4 _____, a Contracted Provider, who is a service provider for Homemaking and Companion Care, for this document, is called a CP.

1.5 CP, with this contract, engages SCC to act as a referral service of Clients for CP's benefit. CP understands that SCC does not guarantee that any referrals will be successfully made, and the Client may decline any referrals that may be made.

1.6 All CPs are Level II background screened, independent contractors for any non-medical task called into action by Client or SCC to perform.

1.7 For the purposes of this agreement, a Companion is defined as: A person who spends time with or cares for an elderly, handicapped or convalescent individual and accompanies such individual on trips and outings and may prepare and serve meals to such individual.

1.8 A Companion or CP may not provide hands-on personal care to a client (state law 400.462, F.S.).

1.9 A Companion may not handle medicines, open stapled bags, or open medicine bottles which are prescribed by a doctor and packaged by a pharmacist.

1.10 A Homemaker performs housekeeping tasks such as: washing dishes, preparing meals, laundry, changing bed linens, sweeping and vacuuming.

1.11 The persons we serve are called Clients.

1.12 Referral Fees-whenver CP is engaged as an independent contractor, or is any other capacity of work by a Client, or SCC, Client pays a referral fee and/or management fee to SCC which will be determined as stated in Client Agreement. Terms of all contracts between SCC/Client/CP are confidential and payment or fees for services are not to be discussed at any time between Client and CP

2.0 Services Rendered and Allowed Service.

2.1 Registered CP will perform services as requested by the Client including but not limited to: housekeeping, meal preparation, de-cluttering, lawn maintenance, errands, transportation, and may include travel with individuals to appointments, and other outings or gatherings.

2.2 Other non-medical convalescent care and falls prevention may be provided. CP agrees to be gentle, courteous and professional in all facets of service and appearance and speech, being kind with Clients, and their families at all times. CP may perform tasks including housekeeping, deep or light cleaning as needed, laundry, other household activities, meal preparation, shopping. Lawn maintenance services may be done by the CP if agreed to by CP/Client

3.0 Service Limitations.

CP shall not provide health or medical procedures or services or offer nor furnish medical supplies.

3.1 The CP shall not open a stapled prescription bag, pill/prescription bottle nor administer or dispense medicine or pills of any kind for or to Client or for personal use.

3.2 The CP shall not provide clients bathing or hands on care services.

4.0 Limited Liability.

4.1 CP understands that if any CP damages any property or is hurt in Client's home, or any location while serving Client, SCC nor Client is responsible, indemnifying and holding SCC harmless for any property or personal injurious occurrence.

4.2 SCC is held harmless in the event CP is hurt on any job while at the residence or any other space or place when and where services are being rendered and the financial, physical, spiritual or emotional ramifications thereafter lie in the responsibility of the CP.

5.0 Code of Conduct.

5.1 CP is under no obligation to accept a referral from SCC.

5.2 When a CP accepts a referral, the CP must immediately call the client to agree on a time of service. When a time of service is agreed on with the client, the CP reports a confirmation back to the Staffing Manager.

5.3 Once the CP has accepted a referral, and confirmed the shift, CP must deliver the services as scheduled. If CP is unable to provide scheduled service, notification must be given to the Staffing Manager 24 hours before the appointed start time. Failure to give 24 hour advance notice will result in a \$15.00 restaffing fee unless:

- 5.3.1 Medical or legal documentation is provided to support an excused absents.
- 5.3.2 The \$15.00 fee may be waived at the Staffing Manager's discretion in special situations.
- 5.3.3 The CP finds a qualified replacement. A replacement is considered qualified if they have passed a level 2 background check in Florida in accordance to Section 435.04 of Florida Statues. Other states are more flexible.

Initial to acknowledge terms 5.3.x _____

5.4 CP agrees to conduct all business with confidentiality, professionalism, adhere to all laws, guidelines, rules and regulations, ethical standards which apply to companions/homemakers and shall perform in a manner consistent with industry procedures and protocol.

5.5 Agrees not to speak with Client or family or friends of client regarding payment terms or amounts.

5.6 Agree to respect others while speaking, including proper and polite tone of voice.

5.7 Agree to maintain professional standards even when challenging situations arise and to recognize that some client's may not have effective communication skills and limited cognitive or social abilities that may hinder their ability to interact appropriately. These are opportunities to respond with kindness, compassion and grace with forgiveness.

5.8 Agree to listen and acknowledge Client's feelings and respond appropriately.

5.9 CP must keep current of all legal and other issues regarding companion/homemaking services as they change over time.

5.10 CP agrees to refrain from soliciting business and/or products or offering personal services to Client and/or family members thereof.

5.11 CP shall not be hired as a sub-agent, independent contractor or employee of Client on the side for any reason without SCC receiving referral fees and/or management fees based on services rendered. The CP cannot be hired by the Client with another agency anywhere without the Client and CP paying SCC's referral fee and or management fees as stated in Client contract.

5.12 CP does not represent him/herself as having authority to pledge SCC credit or extend credit in the name of SCC.

6.0 HIPAA Practices Health Information Portability and Accountability Act. (HIPAA)

Federal law requires that we handle Client information according certain rules: SCC and all CPs are required to comply with HIPAA requirements. In this section, we outline work practices that will keep your activities “HIPPA compliant”.

6.1 We may not use or disclose client personal health information without the clients permission. CPs will be given client contact information for the purpose of delivering Homemaker/Companion services. It would violate Federal Law to use the information to sell unrelated products such as vitamins or cleaning products.

6.2 We may use or disclose Client personal health information in order to provide Client with services the Client requires or requested or to collect payment for those services.

6.3 SCC and CPs must maintain, transmit and receive protected health information in a way that cannot be intercepted by unintended recipients.

6.3.1 Electronic data integrity on all laptops, electronic devices and external storage devices must be controlled with password protection protocols. Text messages are not password protected. When communicating on a cell phone, do not transmit complete client information by text message. E-mail is safer because it is password protected.

7.0 Non-disclosure / Non-competition

7.1 CP may not disclose the name of any SCC client to any outside entity engaged in a business similar to the business of SCC. This would be a HIPPA violation.

7.2 CP agrees that for the duration of this Agreement and for a period of two (2) years after the agreement expires or terminates, the CP will not contact any SCC client for any reason.

7.3 CP will not within the counties of Escambia, Santa Rosa, Walton or Okaloosa counties in Florida, directly compete with the business of SCC, will not call upon, contact, interfere with, divert service, or solicit any Clients who have worked with or contracted with SCC.

7.4 CP understands that providing service to Clients referred by SC without payment to SCC is a breach of the Agreement. The CP as a registered independent contractor with SCC understands that if the CP quits or ceases serving Clients for any reason will forfeit all Clients upon this decision, termination or willful expiration by SCC and this non-compete clause is commenced.

7.5 CP agrees to surrender all files and records regarding or relating to their association with SCC upon request. All parties agree that SCC be given the broadest protection allowed by law with respect to the restrictions contained herein.

7.6 Whereby any breach or threatened breach by CP of the covenants contained within this Agreement, SCC is entitled to an injunction-restraining provider from such breach or threatened breach. Nothing herein contained shall be construed as stopping SCC from pursuing any other solutions available to it for such breach including the recovery of damages or loss from CP. Any claim or cause of action by CP against SCC will not constitute defense to the enforcement of this Agreement. In the event that either party breaches this Agreement, the "winning" party shall be entitled to recover all costs, whether or not suit is filed, and reasonable attorney's fees.

8.0 Invoice/Payment Terms

8.1 CP must submit weekly service time reports for each client that is served. The CP will not be paid for work unless the following information is present on a legible time report: 1. Client name. 2. CP name. 3. Date of service. 4. Start/End times. 5. Service tasks performed. 6. Client signature. 6. CP signature.

8.2 Accurate, clean and legible service records that are submitted by 11:59pm Sunday night will be processed and paid the following Thursday. Checks will be available between 3:00 and 5:00pm at the SCC office. Payment for service records that are not clean and legible may be delayed until problems are rectified.

Initial to acknowledge terms 8.1 and 8.2 _____

8.3 Checks that are not picked up by 5pm Thursday will be mailed to the address of record for the CP.

8.4 New checks can be created in the event of a claim that one did not arrive at your designated physical address, and was not returned to our address. A \$30.00 check re-issuing fee will be incurred to cover the cost of a stop payment fee charged by the bank. Service records that are received late will normally be paid the following week on Thursday.

8.5 At the discretion of SCC administration staff, if SCC receives service records later than the Sunday 11:50 deadline, or the service record is not clean and legible, a \$15.00 service fee will be charged to receive payment in the same week.

8.6 If CP serves more hours than are authorized at a Client's home that is authorized certain hours from the state or other agencies, the CP will not be paid for overage time served. CP will only be paid for authorized hours only. It is the CP's responsibility to ask and understand. SCC will put authorized hours in writing upon request.

8.7 Occasionally, some jobs may require up to 21+ days to receive payment. SCC will CP in advance of such jobs.

9.0 Expenses and Disbursements

9.1 CP is an independent contractor hired by the Client and the CP assumes all expenses incurred and disbursements made, including but not limited to: payments of permits, background screenings, licenses, receipt books, stamps, cleaning supplies, telephone or electronic communication, gas or other expenses as needed for tasks related to providing and coordinating services. The CP is responsible for all other expenses and tools of the profession, without receiving any reimbursement from SCC.

SCC shall not incur any liability for and disbursements for the account of CP or independent contractor and shall indemnify SCC in relation thereto.

CP is responsible for paying their estimated income taxes, income and federal taxes and liability and bonding insurances. CP is responsible for recording mileage used by odometer reading and dates for income tax deduction purposes when their private vehicle is used. The CP understands that SCC does not provide worker's compensation, business or unemployment insurances in conditions where CP or SCC terminates the CP agreement for any reason at any time.

10.0 Transportation

CP may provide transportation services to Clients referred by SCC. Many clients are socially isolated and prefer to use contractors who are willing to drive them on outings. Outings may include trips to the doctor, shopping or just a trip to McDonalds. Driving must be approached careful and with limitations.

10.1 The CP must refuse to operate any car that is not covered by State required liability insurance when carrying a client referred by SCC. The CP must have a valid drivers license. CP must decline any request to drive if one's license is not valid.

10.2 The CP is responsible for their own actions when transporting a client. SCC bears no responsibility for the CP's actions while transporting a client.

10.3 SCC is not responsible for any doctor bills, hospital bills, damages, demands, losses, judgments, attorney fees, court costs or other litigation costs arising from the use of the referral services provided by SCC while transporting a client.

10.4 Mileage. Billable mileage will be reimbursed for private clients at \$0.27 per mile while transporting a client in the CP's vehicle or running errands for a client. For non-private clients billable/reimbursable mileage is limited to 10 miles per week. Commuting miles are not billable nor reimbursable.

11.0 Quitting and Termination

11.1 If the Client terminates services with SCC while retaining the CP, or if the Client keeps the CP while firing SCC, or if the Client keeps the CP and hires her to another agency, the Client and CP will both each pay SCC a buyout fee of Five Thousand

Dollars plus and all reasonable debt collection cost, attorney cost, court costs, or fees incurred by SCC or management, will be the Clients and/or CP's responsibility until all fees are collected by and for SCC. This is SCC's buy out fee.

11.2 Whether a CP quits with a proper 2 week notice, quits without notice, or has a slow phase out period, all materials pertaining to the business of SCC held by the CP will be returned to SCC, including: invoices, receipts, records, client or CP lists, spreadsheets, contracts, email addresses with passwords, flash drives and informational collaterals.

Any and all legal fees, serving costs, court costs, fines, delivery charge incurred by SCC for recovering items belonging to SCC will be charged to CP.

11.3 As an independent contractor you are not employed by SCC, therefore would not be eligible for Re-employment Assistance as those taxes are not paid or collected by SCC.

11.4 Prior to referring a CP to any client, SCC will negotiate the rates with the CP for each job. The CP per job may refuse the referral. Confidentiality between parties regarding amounts paid to CP by SCC is required. By accepting a referral, CP agrees to perform services at the agreed rate while CP is engaged by the Client.

11.5 SCC does not supply CP or Client gas money or any provision or items to complete jobs. Asking Client, responsible party or friends for gas money or money for any personal goods is unacceptable.

12. Obligations to Report Abuse and Fraud

All concerns of potential exploitation or abuse of a Client must be reported to Sonshine who is obligated to report to all necessary agencies including police, sheriff, and state agency and could lead to criminal charges and may limit ability continue in Homemaking/Companion Care business.

To report a complaint about the services you receive, please call 888-419-3456.

To report suspected Medicaid fraud, please call 866-966-7226.

13. Caregiver Guidelines

13.1 Only maintain records related to provision of the Companion/Homemaking services provided.

13.2 The recording, storage, sharing or divulging any information related to Client or Sonshine Companion Care business practices is PROHIBITED.

- 13.3 Do not handle medications in any way touch, disperse or open prescription or other the counter medications;
- 13.4 May give Client verbal reminders regarding medications.
- 13.5 Advise Sonshine Companion Care if additional services such as cosmetology.
- 13.6 Complete meal preparation and food management to include dating meals and disposing unconsumed food that may be unsafe.
- 13.7 May have access to finances if required to assist with shopping, however:
- 13.8 Refuse to access any Client's banking information or use a debit or credit card that requires an access code or pin or to place orders on-line.
- 13.9 Anyone shopping for shut-in clients must obtain prior authorization from merchant to transact business on Client's behalf.
- 13.10 Cash release forms must be used to record any cash/check issued to CP for use while shopping.
- 13.11 CPs are not authorized to access/remove Client's checkbook, credit or debit cards or access personal finance information for any use other than related to Homemaking/Companion service being rendered.
- 13.12 Financial services such as assisting with access banking or credit card accounts on-line or balancing checkbook registers, managing mail related to finances is PROHIBITED.
- 13.13 Removing or asking for any personal item belonging to a Client or asking a Client for money, loans, payment in advance is PROHIBITED. CP holds SCC harmless and indemnifies SCC in any accusation or arraignment thereof.
- 13.14 Falsifying the numbers of hours of Homemaker/Companion services provided is PROHIBITED.
- 13.15 Solicitation or selling of other goods and services outside of agreed contract is PROHIBITED.
- 13.16 Acknowledge receipt and understanding of HIPAA protocols and SCC Policies and procedures.

13.17 Any CP who accepts a key to a Client's home, office or other dwelling or establishment, holds SCC harmless and indemnifies SCC in any allegations, court proceedings, investigations. CP assumes all responsibility with regard to any and all accusations of missing or damaged property of Client, family members or friends.

13.18 Clients are the first priority while CP is providing care, therefore CP must not use their own personal cell phone during working hours. If CP brings a cell phone into the Client's home it must be kept on silent mode. CP may not arrive late or leave early for the purpose of using their phone. The agreed upon time scheduled must be provided to Client in full.

14.0 Dispute Resolution

Wherein disputes or claims arise relating to this Agreement between CP and SCC, written notice of request for dispute must be provided to SCC.

I have read and understand the requirements of this contract and agree to be bound by standards of behavior as a conditions for receiving referrals to serve Clients for monetary compensation.

On this _____ day of _____ 20_____

INDEPENDENT CONTRACTOR NAME:

Signature _____

Phone _____ E-mail _____

Address _____

City _____ State _____ Zip _____

SCC or Representative Name _____

SCC or Representative Signature _____

Phone: 850-346-0352, 1010 N 12th Ave Pensacola, FL 32501

Photo/Video Release Form

AUTHORIZATION TO USE PHOTOGRAPHS AND/OR AUDIO-VISUAL

I, _____, hereby authorize Sonshine Companion Care, LLC to use, reproduce, and/or publish photographs and/or video that may pertain to me including my image, likeness and/or voice, and any testimonials given by me, without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors. This material may also appear on the Corporation's Internet Web Page. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, the Corporation may publish materials, use my name, photograph, and/or make reference to me in any manner that the Corporation deems appropriate in order to promote/publicize service opportunities.

Date

Signature

2017 Copyright Sonshine, LLC

Photo/Video Release Form

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_____ Date

Signature

2017 Copyright Sonshine, LLC

Sonshine Companion Care
1010 N. 12th Avenue
Pensacola FL, 32501

AM I A YES-YES PERSON OR A YES-NO PERSON!

I _____ understand that the policy of Sonshine Companion Care is that if I accept a referral from Sonshine Companion Care and I do not show up or if I call out at the last minute that I will be charged a \$15 re-staffing fee. I also risk being reported to DCF for elder neglect. I understand that if I accept a referral it means that I will be going to that assignment. My yes is a yes.

Date: _____

Signature: _____

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