

Holistic Contentment Intake Questionnaire and Policies

Household Support:

What help would you like from Holistic Contentment to lighten your stress level?

(Check all that apply)

Housekeeping ____

Pet Care ____

Errand Running ____

Personal Care assistance (I.e. bathing assistance, cooking, getting the mail) ____

Yard work ____

Note: Yard work starts at \$25/hr

(A detailed care plan will be created for anything aside from solely homemaking, yard work and animal care contracts)

Do you have preferred days or times for support?

What date (approximate or exact) would you like for your assistance to begin?

Are there any house rules that teammates should be aware of?

Client Support Preferences:

1. What is your (or your family member's) level of need?

Low___

Moderate___

Moderate high___

High___

2. How much experience would you like for the support staff to have in the field of caregiving?

Timeframe:

At least one year___

At least 2 years___

Disability specific experience:

My staff should have experience working with individuals for an extended period (6 mos at least) with my variety of disability___

It is unnecessary for my staff to have had experience working with individuals with my variety of disability___

3. Do you have an individual/s, who you would like to utilize as your staff? Circle one: Yes/No

Holistic Contentment Client Policies (2022 Update)

Client agrees to:

- 1: a. Pay in advance, or weekly, at least 24 hours before shift, if paying out of pocket. This can be done through the office, or through card. ____
- b. Post pay agreed upon billing date with \$500 deposit: ____
- c. Provide Holistic Contentment with Payee information, if payee will be providing compensation. ____
- d. Provide insurance information for verification and billing purposes if being covered by Insurance. ____
- e. Provide Wetrade Information for Wetrade billing. ____

3: Client agrees to respect workers right to withhold any personal information.

4: Client agrees to let office/worker know if needs change.

5: Client agrees not to contact worker with regards to anything outside of client need, unless expressed that it is an exception beforehand.

6: Client understands that they have the right to choose staff (within reason: No sexual or violent offenders etc. will be employed as in-home support.)

7: Client understands that in the case they are provided with staff members by choice of Holistic Contentment, client has the right to dismiss staff if they are not a good fit, with explanation given to management.

8: Client understands and agrees to a two-week dissolution of contract: Meaning client will give two weeks' notice if they are leaving Holistic Contentment services, and client will give two weeks for Holistic Contentment to find them new staff if they dismiss their staff for any reason other than disrespectful or otherwise unacceptable behavior.

(This does not require payment for hours not worked, aside from shifts with less than 24 hours' notice of cancellation @ 50% of intended cost.)

9: For payments past their due date, there will be a \$10 late fee for every consecutive day beyond the due date. If you have an emergency need, contact management.

10: Client agrees to pay for hours in full.

11: Client understands that it takes 3-15 business days on average to staff a contract and that at times full coverage may not be available.

Hours Policy:

Client understands that Holistic Contentment has a two-hour minimum per day worked, and a six-hour minimum per week for regularly scheduled contracts.

Mileage Policy:

Non-Medicaid clients agree to pay Holistic Contentment \$0.57 per tracked mile of staff provided

transportation or errand running, over 5 miles per trip, or 20 miles per month. This money will be reimbursed to staff.

Dual Policy:

If an employee or client is harassed, abused, or discriminated against they have the right to contact management and leave, or excuse teammate from shift immediately. In either of these cases, the two weeks' notice from the shift as well as cancellation policy, are void. This policy also entails that Holistic

Contentment Management reserves the right to cancel a contract at any time.

Some examples of emotional harassment and abuse: Name calling, threats, demeaning staff, unfair claims of lying, belittling staff, sexual harassment, putting demands on staff's time outside of work etc.

Client Initials _____

Last minute requests:

Holistic Contentment does not do last minute requests except for in the case of extreme emergencies.

Cost policies:

Note: As of 12/22/21 We currently can only go to \$25/hr for new clients, but you will be put on a waiting list for \$23/hr if you qualify.

Thank you for your understanding.

To qualify for the sliding fee scale, client or client representative must complete one of the four options listed:

a. Provide proof of income and bank statements (including savings) to be automatically set at scale

for household size and income bracket.

b. Write up what the circumstance is that makes them eligible and what price point they find

reasonable for their budget. (This option requires that you live in low income housing, or have a

provable long-term circumstance causing you to need a lower fee.)(The lowest we can go for

this option is \$27/hr)

c. Provide proof of Medicaid coverage to qualify for the low tier of the sliding scale.

Request Sliding Fee Scale Paperwork to Apply for Sliding Scale.

d. Insurance is billed at \$35.00/hr

Travel time is accounted for, in the case that a client lives more than 5 miles from Missoula. Speak with

management about the travel time to your area.

Cancellation Policy: Shifts may be canceled up to a day in advance or there may be a charge of 50% of

the original intended cost.

Holistic Contentment Reserves the right to update this policy at any time, and by utilizing Holistic

Contentment services, you are agreeing to our policies, given that you have been provided a copy either electronically, or in print.

By signing this, you (Client) agree that you have read Holistic Contentment's policies (Sept 2020 Update),

you agree to our policies and agree to ask if you have any questions.

Client Name (Print):

Client Signature:

Date:

Check here if you would like a copy of these policies. ___