

# In-Home Personal Care Consent Form

Client Name:

Date of Birth:

Address:

Phone Number:

## Care Services

Type of Services to be Provided:

Scheduled Dates/Times:

Care Provider's Name:

## Consent & Authorization

I hereby consent to receive in-home personal care services as described above. I acknowledge that I have been informed about the nature, risks, and potential benefits of the services and that all my questions regarding the care have been answered.

☐

I have read and understand this consent form.

☐

I authorize the care provider to perform the services listed above.

Client/Representative Signature:

---

Date:

Care Provider Signature:

---

Date: