



## Application to Assist Seniors

Are you a:  Business (Sole Proprietor/Corporation)  Individual

Not for Profit/Community Organization

| APPLICANT INFORMATION    |   |                     |
|--------------------------|---|---------------------|
| Name                     |   |                     |
| Address                  | City  | Postal Code         |
| Business Phone           | Business Email  |                     |
| Primary Contact Name     | Primary Contact Phone   | Primary Contact Fax |
| Title of Primary Contact | Owner/President of Company <i>(if different than above)</i> : |                     |

| SERVICE INFORMATION                              |                                 |   |
|--|---------------------------------|---|
| <i>Indicate the service(s) you will provide:</i> |                                 |   |
| Yard Maintenance<br>Rate Range                   | Housekeeping<br>Rate Range      | Home Repair & Maintenance<br>Rate Range |
| Snow Removal<br>Rate Range                       | Personal Services<br>Rate Range | Moving Help<br>Rate Range               |
| Other:   |                                 |   |

Do you offer a sliding scale for low-income clients?  YES  NO

If no, would you consider it?  YES  NO

Do you offer senior discounts?  YES  NO If yes, what percentage? \_\_\_\_\_

If no, would you consider it?  YES  NO

## **Service Provider Questionnaire:**

1. Provide a description of the service(s) you or your company provides.
2. Which area(s) of the city do you or your company provide services (s) in?
3. How long has you or your company been in operation locally? How many staff?
4. Do you have a designated trade/certification?
5. Do you or your company provide documentation for the services provided? (Ex; Written quotes, estimates, receipts, invoices, service agreements.)
6. Do you or your staff/employees know any other languages? If so, which languages?

### INSURANCE INFORMATION

*Provide the following insurance information for your company:*

|  |  |
|--|--|
| Name of Insurance Company  |  |
| Name of Insurance Agent  |  |
| Policy Number  |  |
| Amount of Liability Insurance Coverage (a minimum limit of \$1,000,000 is required, industry standard \$2 M) | \$   |
| Expiry Date  |  |
| Does your company have bonding insurance?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Please Note: **You WILL be required to provide proof of liability insurance annually.**

### WORKERS' COMPENSATION BOARD COVERAGE

Does your company have WCB coverage?  YES  NO  Not Applicable (industry not compulsory)

### BETTER BUSINESS BUREAU ACCREDITATION

Is your company accredited by the Better Business Bureau (BBB)?  YES  NO

**REFERENCES**

List two customer references:

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to a Service Agreement with the Seniors Home Supports Program, I understand that false or misleading information in my application or interview may result in my release from the program.*

Service Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_  
Individual/Owner/President of Company or Authorized Signatory

Signature: \_\_\_\_\_  
Individual/Owner/President of Company or Authorized Signatory

## Seniors Home Supports Program

### SHSP SERVICE AGREEMENT

#### BETWEEN

Seniors Home Supports Program  
\_\_\_\_\_  
(SHSP partner)

#### AND

\_\_\_\_\_  
(The Service Provider)

#### Overview

To enable older adults to remain independent and stay in their own homes, the Seniors Home Support Program connects older adults with Service Providers, providing referrals to seniors within the scope of the program.

#### A. Purpose

- 1) The purpose is to establish an agreement between the SHSP partners and the Service Provider that benefits both parties, clarifying expectations of each other. Both parties acknowledge that this is in their best interest.

#### B. SHSP Partners' Responsibilities

- 1) The SHSP partners will provide the Service Provider with written or online material on working with seniors.
- 2) The SHSP partners will receive customer complaints and facilitate conflict resolution if required.

#### C. Service Provider's Responsibilities

- 1) The Service Provider will share the material on working with seniors with appropriate employees.
- 2) The Service Provider will provide the SHSP partners with up-to-date documents as requested. This may include:
  - a. Completed Application to Assist Seniors
  - b. Copy of Certificate of Liability Insurance Coverage (or a Release, Waiver of Liability Agreement if non-insured). **To be resubmitted annually.**

- c. Police Information Check including clearance to work with people from a vulnerable sector if a Sole Proprietor Business or Individual.
  - d. Home Supports Service Agreement
  - e. Signed Confidentiality and Non-Disclosure Agreement
- 3) The Service Provider will provide the customer with a written quote for services before beginning work on a job and will provide payment receipt upon completion.
  - 4) If requiring pre-payment of deposits from customers, the Service Provider shall have a Pre-Paid Contractor's License, as required by Service Alberta.
  - 5) The Service Provider will notify the SHSP partner of any relevant updates, e.g. cannot accept new referrals or would like to be removed from the referral list/program.

**D. It is mutually understood and agreed upon between the parties that:**

1) Complaints

Any complaints received by the SHSP Partners relating to the Service Provider will be documented and reviewed.

2) Billing and Payment

The SHSP partners are not responsible for any payments related to services provided. Billing and payment for services will be arranged independently between the Service Provider and the customer.

3) Indemnity

a) The SHSP partners will not be liable to the Service Provider for any damage, loss or injury sustained or incurred.

b) The Service Provider will ensure they have a comprehensive general liability insurance, with an insurer licensed in Alberta, in an amount of not less than one million (\$1,000,000) dollars per occurrence (industry standard is \$2 million).

4) Termination or Extension

Either party may withdraw by written documentation from this Agreement at any time.

5) Commencement/Expiration Date

This Agreement is in effect as of the date of signature and with no expiration date unless terminated as laid out above.

6) General

Both parties have signed this Agreement dated below.

Service  
Provider: \_\_\_\_\_

Print Name: \_\_\_\_\_  
Service Provider or Authorized Signatory

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
SHSP Partner

**Seniors Home Supports Program**

**Confidentiality and Non-Disclosure Agreement**

On behalf of \_\_\_\_\_,  
Name of Service Provider

I, \_\_\_\_\_  
Name of Individual / Owner/President of Company or Authorized Signatory

have read the policy on confidentiality and understand its intent and limitations. I hereby agree to protect all confidential information acquired in the course of my involvement with Seniors Home Supports Program.

I will disclose confidential information only when properly authorized to do so or when legally or professionally required to do so. I understand that a breach of this agreement shall constitute grounds for and may result in the termination of my association with Seniors Home Supports Program except where such disclosure is consistent with stated policy and relevant legislation.

Please sign below to indicate your acceptance and agreement with the terms outlined.

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

Print  
Name: \_\_\_\_\_  
Individual / Owner / President of Company or Authorized Signatory

Signature: \_\_\_\_\_  
Individual / Owner / President of Company or Authorized Signatory

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

Seniors Home Support Program Referral Service Representative (SHSP)