

**AGREEMENT FOR PLAN OF CARE  
CLARK COUNTY SOCIAL SERVICE**

**1600 Pinto Lane  
Las Vegas, Nevada 89106  
(702) 455-8645**

Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

\_\_\_\_\_

Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Case #: \_\_\_\_\_

Interviewer: \_\_\_\_\_

**SERVICE AGREEMENT**

**Personal Hygiene**

- Assist w/Bath
- Shampoo
- Shave
- Assist As Needed
- \_\_\_\_\_
- \_\_\_\_\_
- No Assistance Required

**Miscellaneous Duties**

- Grocery Shopping
- Laundry
- Pick Up Prescriptions
- Linen Change
- \_\_\_\_\_
- \_\_\_\_\_
- No Assistance Required

**Nutrition**

- Meal Preparation
- Special Diet
- Assist As Needed
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- No Assistance Required

**Housekeeping**

- Kitchen
- Bathroom
- Dusting
- Vacuum/Mop Floors
- Take Out Trash
- General Cleaning
- No Assistance Required

**SPECIAL CONSIDERATIONS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I request homemaker-home health aide service for myself and agree to the above plan.

**Signature:**

\_\_\_\_\_

\* Every effort will be made to provide the preferred schedule: however, there is no guarantee that the hours will be available. **Length of service to be evaluated** \_\_\_\_\_.