



Plan of Care Fee Sheet- Home & Community

New Fees Effective January 1, 2026

Prepared for _____ Date: _____

✓	SERVICES	FEES
	CAREGIVING ASSISTANCE ✓ Medication Reminder Visits ✓ Outings and Appointments ✓ Errand and Shopping Service ✓ Home Chore Assistance ✓ Personal Care Assistance ✓ Companionship ✓ Memory Care - Supervision and Cueing	Tier 1: \$44/hour- one person* • Visits less than 4 hours in duration (available to Blakeford residents only) • Less than 72-hour notice start of care • Advanced level of care as assessed by team nurse Tier 2: \$37/hour- one person* • Visits 4 to 11 hours in duration Tier 3: \$35/hour- one person* • Visits 12 hours in duration *Couples in the same home who both require care are eligible for a discounted rate. Tier 1 Couples Rate: \$54/hour (\$27/person) Tier 2 Couples Rate: \$46/hour(\$23/person) Tier 3 Couples Rate: \$44/hour (\$22/person) OVERTIME RATE 1 ½ times the scheduled rate/hour • When a caregiver is requested by family to work longer than 40 hours MILEAGE RATE \$1.03/mile Applies to Outings, Appointments and Errands completed by caregiver
	MEDICATION MANAGEMENT ✓ Weekly visits by RN to organize medications and set-up pill planner for the week. (Blakeford residents only, subject to RN availability)	\$140/one time set up fee \$340.50/monthly



IMPORTANT NOTICES ON FEES:

CANCELTATION POLICY: A 72-hour notice is required to cancel services and their respective fees.

HOURLY RATES: Rates apply based on the duration of each scheduled shift, not the cumulative total of hours provided in one day. (For example, a 2-hour visit in the morning and 2-hour visit in the evening are each billed at the Tier 1 rate.)

HOLIDAY RATES: Caregiving services are billed at 1 ½ times the standard hourly rate on the following holidays: Memorial Day, July 4, Labor Day, Thanksgiving Day, Christmas Eve, Christmas Day, New Year's Eve and New Year's Day.

OVERTIME RATES: You will be billed for overtime rates if you request that a caregiver work more than 40 hours in the period of one week.

By signing this document, I acknowledge the fees listed above for Blakeford At Home services and agree to pay for services rendered. I give my consent to Blakeford At Home to provide these services to me or my family member. I understand that I will receive a written notice when prices change, and prices are subject to change at any time.

Client Responsible Party

DATE

Blakeford At Home Representative

DATE

Representative Title