



# Caring Together<sup>TM</sup> in Hope

## AGENCY SERVICE AGREEMENT

\_\_\_\_\_ (“Agency”) and its agents agree to accept the terms of the Respite Program of the Caring Together in Hope foundation (“CTH”). Our agency understands that it is our responsibility to provide trained, certified care providers. It is the responsibility of the Agency to obtain the required permissions from Caring Together in Hope, Inc. and the family caregiver.

We thank you for providing respite care to \_\_\_\_\_. Caring Together in Hope agrees to pay for \_\_\_\_\_ hours of respite, in a minimum of two (2) hour increments. These hours are available for 60 days after signing of this service agreement.

Caring Together in Hope does not require copies of care notes from the agency. CTH does require the family caregiver to signoff the **FAMILY CAREGIVER APPROVAL** form when the services are rendered, noting date, time, and hours provided. Please return the completed form or a copy of the **FAMILY CAREGIVER APPROVAL** form to Caring Together in Hope. You may attach this form to your invoice to Caring Together in Hope or fax it to the number below. It is the individual agency’s decision as to whether the “Agency Caregiver” or the “Agency” are responsible for returning this form.

Your agency should invoice CTH once the services are rendered. You may bill CTH weekly, bi-monthly or monthly. We will promptly remit payment once we have your invoice and the completed **FAMILY CAREGIVER APPROVAL** form.

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

Fax Number: **678-802-6235**

Email: [jean@cth.me](mailto:jean@cth.me)

Address: 14 Sloan Street

Roswell, GA 30075