

**AGREEMENT OF RELATIVE OR FRIEND TO PARTICIPATE IN HOME CARE SERVICES PLAN OF CARE**

**I. Client Information**

Client Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Mutual Client: Yes ☐ No ☐ Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

**II. Relative/Friend Information**

Relative/Friend's Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Lives with Client: Yes ☐ No ☐ Address: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ (Residence) and/or ( ) \_\_\_\_\_ (Business)

**III. CASA Case Manager / Caseload Information**

Case Manager's Name: \_\_\_\_\_ CASA: \_\_\_\_\_ Caseload #: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_

**IV. Relative / Friend's Certification**

I, \_\_\_\_\_, agree to participate in the plan of care developed by the Home Care Services Program  
for \_\_\_\_\_ by performing or helping the client to perform the tasks that are checked below:

**A. TASKS I WILL PERFORM:**

1. Medication

By Mouth ☐

By Injection ☐

By Applying to Skin ☐

In Eyes ☐

Rectal or Vaginal: Suppository ☐ Enema ☐

2. Prepackaged Medication ☐

3. Prefilling or syringe ☐

4. Decubitus Ulcer ☐

5. Sterile Dressing ☐

6. Suctioning ☐

7. Ostomy Care ☐

8. Tube Feeding ☐

9. Catheter (Change Indwelling) ☐

10. Inhalation Therapy ☐

11. Oxygen Administration ☐

12. Wound Care ☐

13. Other ☐

**B. SPECIFIED TASKS AND TIMES:**

Some tasks must be performed at specific times during the day, therefore, I agree to do these tasks, (e.g. mornings, evenings, before or after meals, \_\_\_\_\_ x's per day, etc.)

TASK(S): \_\_\_\_\_

**C. OTHER WAYS THAT I AGREE TO PARTICIPATE:**

1. Direct the home attendant to perform personal care tasks for the client who is not self-directing. ☐
2. Manage the client's financial affairs. ☐

If for any reason I am unable to continue to perform or help the client to perform the task (s) I have checked above. I will inform the Home Care Services Program. This cooperative plan of care is agreed upon by client, the Home Care Service Program and me.

Signature of Client or Representative: \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature of Relative or Friend: \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature of HCSP Representative: \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**INSTRUCTIONS TO COMPLETE FORM HCSP 2131,  
AGREEMENT OF RELATIVE OR FRIEND TO PARTICIPATE IN HOME CARE SERVICES PLAN OF CARE**

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**INTRODUCTION**

Form HCSP 2131 is revised to reflect changes regarding specifically outlined tasks that the client's relative or friend agrees to perform as part of the client's plan of care. The case manager is to ensure that one form is completed, signed and dated by each participating relative or friend and that all tasks agreed upon are checked off.

The relative or friend must contact the agency in the event he or she becomes unavailable or unable to perform the scheduled task.

**NON SELF-DIRECTING CLIENTS**

For clients that are not self-directing, the case manager is to ensure that there is a "back up" relative or friend ready and willing to participate in instances where the primary person is not available. A form must be completed for the "back up" also.

For clients deemed non self-directing and who cannot be left alone at any time, the case manager must ensure that chores that are performed outside of the home (e.g., laundering or shopping), are clearly determined and that responsibility for them is clearly defined by the relative or friend participating in the client's plan of care. The "other box" in Section IV, Item A, should be checked and the task identified in Item B.

**SECTION I:**

Enter the case name, birth date, social security number, client's full address, and telephone number. Indicate whether there is mutual client by checking the appropriate box entering the mutual client's name, social security number and relationship to the client.

**SECTION II:**

Enter the name of the relative/friend and their relationship to the client. Indicate whether the person resides with the client by checking the appropriate box. Enter the address, residence and business telephone number of the relative or friend.

**SECTION III:**

Enter the case manager's name, CASA field office, caseload number, and telephone number.

**SECTION IV:**

Enter the relative or friend's name who is agreeing to participate on the line after: I, \_\_\_\_\_. Enter the client's full name on the next line in the paragraph, e.g., "for \_\_\_\_\_."

ITEM A> Check all appropriate boxes as agreed upon by the relative or friend.

ITEM B> Enter any specific task(s), including any of those listed in Item B, that must be performed at specified times during the day. See examples of "specific times of the day" under this item on the face side of this form.

ITEM C> Check the appropriate box.

**SIGNATURES**

The client or his/her representative, the relative or friend and the case manager are to sign and date the form sealing the agreement.