

Companion Visit Agreement

Non-medical companionship only. Please read Section 4 before signing — it lists what we will not do, without exception.

1. Parties, client, and scholar

Provider	ScholarConnections, _____ (the "Provider")
Provider contact	Name: _____ Phone: _____
Client	_____ (the "Client" — the person being visited)
Client address	_____
Responsible Party	_____ (the "Responsible Party")
Relationship to Client	_____ Phone: _____
Billing contact	Same as Responsible Party ☐ Other: _____
Assigned Scholar	_____ (the "Scholar")
Start date	_____ Agreement date: _____

The Scholar is the Provider's personnel and is not employed by the Client or the Responsible Party. The Provider is responsible for the Scholar's selection, training, and supervision.

2. What this service is

The Provider arranges standing weekly visits by a university student to the Client's home and neighborhood. The purpose is company, conversation, and engagement. This is a social service, not a care service, and it is not a substitute for a home health aide, a personal care aide, a nurse, or family supervision.

3. What a visit includes

- Conversation, reading together, games, music, correspondence, and similar company in the Client's home
- Accompanying the Client on walks and outings on foot or by public transit
- Accompanying the Client to museums, libraries, concerts, lectures, places of worship, parks, and cafés
- Help with a phone, tablet, or computer: email, video calls with family, photos, streaming, passwords the Client chooses and controls
- Company while the Client does their own household tasks, without the Scholar performing them

4. What this service does not include

The Scholar will not do any of the following, at any time, for any reason, even if the Client or a family member asks in the moment and even if it seems small. The Scholar has been instructed to decline and to report the request to the Provider the same day.

Personal care

- Bathing, showering, sponge baths, dressing, undressing, grooming, shaving, nail or skin care
- Toileting, commode or bedpan assistance, incontinence care, or catheter or ostomy care of any kind
- Any physical transfer or lifting. The Scholar will not support the Client's body weight, will not help the Client in or out of a bed, chair, tub, or vehicle, and will not assist a Client who is unsteady on their feet

Medication and anything medical

- Administering, handling, opening, sorting, filling, fetching, or reminding about medication of any kind, prescription or over-the-counter
- Taking blood pressure, temperature, blood sugar, oxygen, or weight; wound or dressing care; injections; any measurement or treatment
- Medical advice, opinions about symptoms or medications, or communicating with a doctor's office on the Client's behalf

Household and errands

- Meal preparation or cooking
- Errands or shopping outside the Client's presence
- Housekeeping, laundry, or cleaning
- Overnight stays or sleeping in the home

Money, keys, and documents

- Handling the Client's cash, cards, checkbook, or accounts; paying bills; shopping with the Client's money; accepting reimbursement directly from the Client
- Accepting gifts, loans, tips, or bequests from the Client
- Holding keys beyond the duration of a single visit, or holding building fobs, codes, or passwords the Client does not control
- Witnessing or notarizing a signature; any involvement with a will, trust, power of attorney, deed, advance directive, or insurance or benefits form

Supervision

- Supervising a Client who cannot safely be left alone, or who is at risk of wandering or leaving the home unaccompanied
- Visits with a Client whose dementia involves exit-seeking, aggression, or other behavior that would be unsafe for an unsupervised student

This list is not exhaustive. If a task is not clearly described in Section 3, the Scholar will decline it and refer the request to the Provider.

5. Transportation

The Scholar will not drive the Client and will not carry the Client in any private vehicle, at any time, for any reason. Neither the Scholar nor the Client may waive this term.

- The Scholar may accompany the Client on foot and on public transit
- The Scholar may accompany the Client in a taxi or car service booked and paid for by the Client or the Responsible Party. The Scholar will not book it, pay for it, or be reimbursed for it
- The Scholar will not ride in a vehicle driven by the Client

6. Schedule, rate, and minimum

Standing visit	Every _____ from _____ to _____
Rate	\$_____ per hour
Minimum	Three (3) hours per visit. A shorter visit is billed at three hours.
Pilot engagement	☐ The first four (4) visits are provided at no charge. No rate applies until both parties sign a new fee schedule.
Billing	☐ Per visit ☐ Weekly ☐ Monthly in arrears Due within _____ days
Payment method	_____

There is no retainer, no contract term, and no cancellation fee for ending the arrangement. Outings are at the Client's expense; the Client or Responsible Party pays for tickets, admissions, and refreshments directly or provides funds to the Provider in advance — never to the Scholar.

7. Cancellations and missed visits

Cancelled by the Client or Responsible Party

Twenty-four (24) hours' notice by phone or text to the Provider, and the visit is not billed. Less than twenty-four hours' notice, and the visit is billed at the three-hour minimum.

Cancelled by the Provider or the Scholar

The Provider will give as much notice as possible and will offer either a named substitute scholar under Section 8 or a rescheduled visit. A visit the Provider cancels is never billed.

Client not home, or does not answer

The Scholar will wait twenty (20) minutes and call the Responsible Party. If the Responsible Party cannot be reached and there is reason to believe the Client may be inside and in distress, the Scholar will notify building staff and, if concern remains, call 911. A visit missed this way is billed unless the Provider waives it.

Weather, transit disruption, or illness

Rescheduled, not billed. The Scholar will not visit while unwell.

8. Scholar assignment and substitution

The Client is matched with one named Scholar. If that Scholar cannot make a visit, the Provider will offer a named substitute in advance, with that substitute's background check and certification details, and the Responsible Party may decline. No scholar will visit whom the Responsible Party has not approved. The Provider will not send an unannounced substitute.

9. Emergency contacts

Please complete every line. The Scholar carries a copy of this page on every visit.

Primary contact	Name: _____ Relationship: _____
	Mobile: _____ Other: _____
Second contact	Name: _____ Relationship: _____
	Mobile: _____ Other: _____
Building	Doorman / super: _____ Phone: _____
Building entry	_____
Client's physician	Name: _____ Phone: _____
Medical alert device	☐ Yes — type: _____ ☐ No
Pets in the home	_____
Anyone who should NOT be admitted or contacted	_____
Anything else the Scholar should know	_____

10. If something happens

A fall, an injury, or the Client appears seriously unwell

1. Call 911 first. Not the family, not the Provider — 911, first.
2. Stay with the Client until help arrives. Do not move or lift the Client.
3. Call the Primary Emergency Contact.
4. Call the Provider.
5. Write an incident note the same day and send it to the Provider.

The Client seems confused, low, or different from previous visits — or the home seems unsafe

The Scholar will not diagnose, advise, or raise it with the Client. The Scholar tells the Provider the same day, and the Provider contacts the Responsible Party within twenty-four (24) hours.

The Client or a family member asks for something in Section 4

The Scholar declines politely, does not do it "just this once," and tells the Provider the same day. The Provider will call the Responsible Party to discuss whether the Client's needs have changed and whether a licensed agency is now the right fit.

Suspected harm, neglect, or financial exploitation of the Client

The Provider will contact the Responsible Party and will report the matter to the appropriate authorities where required or warranted.

Visit notes

The Scholar keeps a short note of each visit — date, arrival and departure times, what they did, anything observed. The Responsible Party may request these at any time.

11. Privacy

The Provider and the Scholar keep the Client's personal information, home, health, and family circumstances confidential, except where disclosure is necessary in an emergency or required by law. No photographs, video, or audio of the Client, and no mention of the Client on social media or in marketing, without the separate written consent of the Client and the Responsible Party.

12. What the Provider is not

The Client and the Responsible Party acknowledge and agree:

- The Provider is not a licensed home care services agency under Article 36 of the New York Public Health Law, is not a home care registry, and is not an employment agency
- The Scholar is not a nurse, home health aide, personal care aide, home attendant, therapist, or licensed health professional
- No medical, nursing, or personal care is provided under this Agreement, and none should be expected or requested
- If the Client needs personal care or skilled nursing, the family should engage a licensed home care agency. The Provider will say so plainly if it becomes the case

13. Insurance

The Provider's insurance coverage applicable to these visits is stated here, in full and accurately:

If the Provider carries no general liability coverage applicable to these visits, that is stated above. The Client and the Responsible Party confirm they have read this statement before signing.

14. Hiring the Scholar directly

If the Client or the Responsible Party wishes to engage the Scholar outside this Agreement, they agree to tell the Provider first so the arrangement can be discussed openly. This is a notice obligation, not a restriction on the Scholar's right to work.

15. Term and ending the arrangement

This Agreement continues until either side ends it. Either side may end it at any time, for any reason or none, by telling the other. Seven (7) days' notice is appreciated but not required. Visits already provided are payable; visits not yet provided are not. The Provider may end it immediately if a term of Section 4 or Section 5 is repeatedly disregarded, or if the Provider believes the Client's needs have moved beyond companionship.

16. General

This Agreement is governed by the law of the State of New York. It is the entire agreement between the parties on this subject and replaces any prior discussion or understanding. It can only be changed in writing signed by both sides. If any part is found unenforceable, the rest stays in effect.

Signatures

Responsible Party

I have read this Agreement, including Section 4. I understand what the Scholar will and will not do.

Signature: _____ Date: _____

Print name: _____

Client

I have read this Agreement, or it has been read to me. I know who will be visiting me and what they will and will not do. I agree to these visits.

Signature: _____ Date: _____

If the Client is unable to sign, the person signing below confirms their legal authority to sign on the Client's behalf and states the basis for it:

Signature: _____ Date: _____

Print name and basis of authority: _____

Provider

Signature: _____ Date: _____

Print name and title: _____

Scholar Acknowledgment

Signed by the assigned Scholar before the first visit. One per client.

Scholar	_____
University / year	_____ Expected graduation: _____
Client	_____
Background check	Provider: _____ Date completed: _____
CPR / AED	Certifying body: _____ Expires: _____
Mobile	_____ Email: _____

I confirm each of the following:

- I have read the Companion Visit Agreement for this Client, including Section 4, and I understand it.
- I will not perform any task listed in Section 4, even if asked directly, even once, and even if it seems small or kind in the moment. I will decline politely and tell the Provider the same day.
- I will never drive the Client or carry the Client in a private vehicle, and I will not ride in a vehicle driven by the Client.
- In a fall, injury, or medical emergency I will call 911 first, before calling anyone else, and I will stay with the Client until help arrives. I will not move or lift the Client.
- I will not accept cash, gifts, loans, or tips from the Client, and I will not handle the Client's money, cards, keys beyond a single visit, accounts, or documents.
- I will not witness a signature or involve myself in any will, power of attorney, or similar document.
- I will write a short visit note the same day as every visit and send it to the Provider.
- I will tell the Provider the same day if the Client seems confused, unwell, low, or different from previous visits, or if the home seems unsafe. I will not raise it with the Client or offer an opinion.
- I will keep everything I learn about the Client and their family confidential, and I will not post about the Client or take photographs without written consent.
- I will arrive on time, and I will tell the Provider as early as I can if I cannot make a visit. I will not send someone in my place.

Scholar signature: _____ Date: _____

Provider signature: _____ Date: _____