

YOUR COMPANY NAME HERE

CONTRACTOR AGREEMENT FORM

THIS AGREEMENT made this ____day of_____, 20____, by and between _____, hereinafter called the Contractor, and YOUR COMPANY NAME HERE (COMPANY NAME), hereinafter called the Owner.

WITNESSETH, that the Contractor and YOUR COMPANY NAME HERE for the consideration named herein agree as follows:

SCOPE OF THE WORK

The Contractor shall provide Home Health Aid, Certified Nursing Assistant (CNA), or RN Services as a Representative of COMPANY NAME.

TIME OF COMPLETION

The work to be performed under this Contract shall be “as needed” commenced on or before DATE HERE, and shall be substantially completed when services are no longer needed with written or verbal termination of either party with a 10 day notice.

(Contractor Agreement for 1099 Staff Form is 2 Pages)

Get More Information:

For additional information on getting licensed as a care home or non-medical home care provider in your state contact the office of Care Enterprise, LLC.

Call: 770-966-5236

Email: contact@careenterprisellc.com, or

Website: www.careenterprisellc.com