

4.3 TERMS OF CONTRACT

As the contracted Care Provider(s), I have fully reviewed the contract and the BACI Life Sharing Network Policy and Procedures Manual. I will ensure that all other members of the household and respite sub-contractors also read and understand the contract and the Policy and Procedure Manual. I will take all reasonable steps to ensure that any household members and respite sub-contractors who are not capable of reading and understanding these terms, understand them to the best of their ability.

I understand that the Policy and Procedure manual is subject to change, and I will ensure that I follow all new and amended policies. I understand that failure to do so could result in termination of my contract.

Signature

Printed Name

Date

Signature

Printed Name

Date