



Empowering People.
Empowering Change.

Community Access Private Pay Service Agreement

Client Name: _____

Address: _____

Telephone: _____

Effective Start Date: _____

Frequency of Service Anticipated: ___ daily ___ weekly ___ monthly ___ varies

Service(s) Requested: _____

Rate of Service: \$125.00 per hour // Payment form: cash or check

Non-payment may result in the termination of services. Services may be terminated at any time by either party. Rates subject to change. Payment is due within 30 days.

Payer Information- Name, Address & Phone Number

Client Signature

Payer Signature

Printed Name

Printed Name

Date

Date

Guild Staff Signature