WELLOVAH HOME HEALTH CARE, LLC.

(561) 291-6279 FAX (561) 617-7027

9045 LA FONTANA, BLVD #237

BOCA RATON, FL. 33434

Website: www.wellovahhc.com

CLIENT NAME PRINTED			AUTHORIZED SIGNATURE		DATE
DATE	DAY	START TIME	FINISH TIME	TOTAL HOURS	MILES
	SUN				
	MON				
	TUES				
	WED				
	THUR				
	FRI				
	SAT				
			TOTAL HOURS_____		

Worker Name:_____

License # _____

____ RN ____ LPN/LVN ____ NA ____ HHA

AGREEMENT

The signature of the authorized person verifying hours assigned to Wellovah Home Health, LLC. Workers Indicate their recognition of WHHC, LLC. as the Home Health Agency.

This acknowledgment binds the client in an agreement not to directly or indirectly employ or encourage employment of our independent contractors for 180 calendar days following the termination of an assignment. If client violates above agreement, the sum of $9,000.00 will become due and payable to Wellovah Home Health, LLC. for liquidated damages. In the event said liquidated damages are not paid within 10 days of demand, said client will pay reasonable attorney fees for collection of same and cost-plus Interest at 5% per month. Do not pay our independent contractors directly. WHHC, LLC. pays all workers on a weekly basis, WHHC, LLC, will not be responsible for claims against its fidelity bonds unless claims are reported in writing to WHHC, LLC. and to the local police within 15 days after notice of loss. I certify that no injury was Incurred by the workers during this assignment and all work was performed in a Satisfactory manner. The total time listed is correct as stated.