

# Bridging Services Request



I, \_\_\_\_\_, request **Helping Hands Care Group Bridging Services** provide me as a) \_\_\_ the Client or b) \_\_\_ authorized Client Supporter with Homemaking, Caregiving &/or Specialized Nursing as outlined here & detailed in associated Bridging Services Agreement, incl. Assistance List.

**Please print the Client Name & location / address of service:** \_\_\_\_\_  
 \_\_\_\_\_

I request Helping Hands **supply me with** the following assistance

NOTES:

- \_\_\_\_\_ Homemaker &/or Trained Care Provider
- \_\_\_\_\_ Homemaker &/or Trained Care Provider for Specialized Care
- \_\_\_\_\_ Certified Continuing Care Assistant
- \_\_\_\_\_ Licensed Practical Nurse
- \_\_\_\_\_ Registered Nurse

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The minimum **number of hours** for which I request Helping Hands' Services is:

\_\_\_\_\_ Hours per day (specify) \_\_\_\_\_  
 \_\_\_\_\_ Hours per week (specify) \_\_\_\_\_  
 \_\_\_\_\_ Hours per month (specify) \_\_\_\_\_

I acknowledge the requested services will be **charged out at a fee of \$** \_\_\_\_\_ **per hour.\*\***

*Also, I understand that the number of service hours requested can vary, by request, and the type of assistance required in the future may vary with a commensurate change in fee, given my approval.*

**\*Saskatchewan Labour Standards require a "minimum call out" of 3 hours per Helping Hands visit.**

- Invoices will be
- \_ a) Sent electronically by email (preferred): \_\_\_\_\_
  - \_ b) Sent by mail to Client at this address: \_\_\_\_\_
  - \_ c) Sent to Supporter by mail at address: \_\_\_\_\_
  - \_ d) Fulfilled automatically by direct debit as per attached Preauthorized Debit form

\_\_\_\_\_  
 (signature of Client or Client Supporter)

\_\_\_\_\_  
 (signature of Licensee or Designate)

\_\_\_\_\_  
 (date of signing)