

November 22, 2016



**We Elderly Care, Inc.
214 E. Stuart Ave.
Lake Wales, FL 33853
(863) 676.1120
(800) 518.0403**

Compassionate Professional Care for Your Loved Ones

Independent Contractors Agreement

I, _____, agree that I am being utilized as an independent contractor under the We Elderly Care Nurse Registry (i.e. HHA, CAN, LPN, and RN) and I accept full responsibility for my Federal Withholding and Social Security taxes. It is strongly recommended that you consult a tax advisor.

I understand that by working as an independent contractor, I will NOT be covered by We Elderly Care’s Workers’ Compensation Insurance. I also understand that the client does not have to provide Workers’ Compensation Insurance coverage for me and I have NO Workers’ Compensation claim with the client or We Elderly Care in the event of injury, although I can procure my own Workers’ Compensation Insurance.

As an independent contractor, I understand I CAN NOT apply for unemployment compensation.

I understand that as an independent contractor it is my responsibility to maintain my licensure/certification(s) and keep current with your education/CEUs.

While working as an independent contractor, I agree to follow We Elderly Care’s policies and procedures and any facility policies and procedures that I may be contracted to. I also understand that by not following said policies and procedures, I could lose my contract with the client or facility.

Either party can terminate this contract with written notice and said contract will be null and void from the of the written notice of termination.

I am aware that We Elderly Care, Inc. complies with Title VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, as well as other federal and state regulations that states no person in the United States on the grounds of race, color, creed, national origin, age, sex, religion, handicap, marital, or veteran status be denied the benefits of or be subjected to discrimination under any of our programs, activities, admission policies, training programs, or employment practices.

Print Name _____

Signature _____ Date _____

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Independent Contractors Agreement - Addendum

I understand We Elderly Care, Inc. provides multiple types of services utilizing different licensing. As such, I realize I may provide services to clients that would change my employment/contractor status, depending on the client's needs and/or wishes. I also understand there are different rates of pay with each level of service and by accepting contract/employment with a client, I agree to said level of pay.

I also understand under a Nurse Registry, I will be considered an independent contractor, responsible for my own taxes, Social Security, and Workers' Compensation Insurance.

Furthermore, I understand it is always my decision to accept or decline any offer of contract/employment without penalty.

Print Name _____

Signature _____ Date _____