



Provider Agreement for Possession of Client Key Or Knowledge of Other Modes of Client Home Entry

I, _____(Provider name, please print) understand and agree that I have been given possession of a key, have knowledge of location of a key, have knowledge of garage or door code or have in possession or have knowledge of other modes of entry into the client's residence for the client listed below only for purpose of assisting my client with authorized duties through GeminiCares. I also understand that if I use this privilege in any manner which is not of benefit to my client or is not in relation to my performance of duties authorized by GeminiCares, disciplinary action will occur up to and including termination of my employment.

In addition, I agree to make reasonable efforts to safeguard the key, I will not to transfer the key to any other persons unless I have received prior authorization from GeminiCares and I will notify GeminiCares immediately if the key has been lost or stolen.

Client's Signature: _____ Date _____

Employee Signature: _____ Date _____