Mahadevi Arts Postpartum Doula Service Agreement

Jennifer Jones, LMT, PDC (DONA) cell: 720-635-1028

The undersigned contracts **Jennifer Jones** for postpartum doula care for their family with an estimated due date of _____.

Anticipated needs: **Morning** **Afternoon** **Evening** **Overnight**
for _____ days/ week for _____ weeks. Estimated Dates:_____
(I understand that it's hard for you to know what our exact needs will be, and fully expect that they may change. However, it is necessary that we have an idea of wished for scheduling purposes.)

What services are you interested in receiving during your care?

_____ Preparation of nourishing Postpartum meals and beverages
_____ Chopping vegetables/ prepping meals
_____ Postpartum Massage
_____ Infant care while parents rest, shower, or take time for themselves
_____ Belly Binding
_____ Help with Housework
_____ Grocery shopping/ running errands
_____ Infant wearing advice
_____ Help with other children
_____ Breastfeeding support
_____ Bottle feeding support
_____ Infant sleep support
_____ Closing of the Bones Ceremony
_____ Help with nursery organization
_____ Other, please list:_____

Fee Schedule for Doula services:

- $120 to be paid as a deposit at signing of service agreement. This represents your final 4 hours of postpartum doula services. Should you decide for any reason that you do not wish to use my services once we have entered into this agreement, no refunds will be given on this deposit. The deposit reflects my commitment to be available to you as well as being your commitment of payment for securing my services.
- $25-$45 per hour sliding scale (weekdays)
- $50 hour (weekends and holidays)
- Optional in home massage rates: $130/ 60 minutes, $165/ 90 minutes, $195/120 min
- I will provide you with a written copy of hours worked, and notification of total wages due at the end of each week worked. Payment is expected that day by cash, check, Venmo, PayPal, or credit card.

You agree to notify me within 48 hours of the birth of your baby/babies.
In order for us to be able to meet your needs, it is imperative that you notify me within 48 hours of the birth of your baby/babies. We ask at this time that you present me with a schedule of the days you'd like me to work in the coming week. I understand that your needs may change, and agree to be as flexible as possible. The more notice that I have of your desired schedule, the better I will be able to meet your needs.

Please inform me each Thursday of your anticipated support needs for the following week. I commit my time to guarantee that I am available to serve you when you need me, often turning down other opportunities for employment.

Cancellation Policy:
I understand that your needs may change after the birth of your baby/babies, and agree to be flexible in the event that you desire more or less doula hours, or if the days or times expected change. A non-refundable deposit of $120 will ensure the availability of your doula. This will serve as a credit toward doula hours. Once the care is underway, one half of a shifts wage's will be assessed for cancelling within 48 hours, without

rescheduling. Please provide me with as much notice as possible if you decide you need less care than was originally discussed.

Parent: _____ Date:_____
(Mother, Print and sign)

Parent:_____ Date: _____
(Partner, Print and sign)

Doula: _____ Date: _____

I, Jennifer Jones, Mahadevi Arts, LMT, PCD (DONA), agree to provide non-medical physical, emotional, educational and family support after the birth of your baby/babies, expected on or around the _____ day of _____, 20_____. I will assist you with self-care recovery measures, provide information on mother baby care, assist you in caring for and feeding of your new baby/babies, breastfeeding support, assist your family with adjusting to new roles, offer household organizational support, preparing or prepping meals, grocery shopping, laundry, tidying, sweeping, vacuuming, and dish-washing. Optional services include in home Postpartum Massage, Infant Massage education, and Closing of the Bones Ceremony.

I don NOT diagnose medical conditions in the mother or baby/babies, however, will refer you to a healthcare provider when appropriate. I do NOT take over care of the baby/babies, however will assist you in learning to care for your baby/babies needs. I do NOT do deep house cleaning such as mopping, cleaning bathtubs, or yard work.

I agree to work on a predetermined schedule, subject to availability and mutually agreeable hours. For billing purposes, an hour is considered to begin when I arrive at your home on a previously arranged time. If I run errands for you on my way to your home, the hour begins when I arrive at my first stop.

In the event of unpredictable scheduling changes, I will attempt to find a qualified replacement doula for you.

I require as least 2 weeks notice of completion of services to you and your family. Upon hiring, there will be a complimentary "intake" call to determine your needs of my services.

_____ _____

Client's signature Date

_____ _____

Jennifer Jones, Mahadevi Arts, LMT, PCD (DONA)

Client Confidentiality Release Form

I, _____ at _____

(address)

_____ _____

(Phone)

give permission for my doula, Jennifer Jones, to take notes about me, including personal information I choose to disclose to her, and information regarding my labor, birth and postpartum, as well as any information regarding my child/ren. I understand that this information may be used for the purposes of doula recertification and will be shared with the doula that is providing back up support. My doula will use this information to provide me with a summary for my own personal use.

Signature: _____ Date:_____