LETTER OF AGREEMENT DESCRIBING POSTPARTUM DOULA SERVICES, LIMITS AND FEES

This agreement is between Rosane Vieira and _____ for the purposes of providing postpartum doula services.

I, Rosane Vieira 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 _____, 200__. I will assist you with self-care recovery measures, provide information on mother and baby care, assist you in caring for and feeding of your new baby/babies, breastfeeding support, assist your family with adjusting to new roles and, offer household organizational support: preparing occasional light meals, grocery shopping, baby's laundry, tidying and dishwashing.

I do NOT offer medical assessment or diagnose medical conditions in the mother or baby/babies, however, will refer you to a health care provider when appropriate. I do NOT do heavy housecleaning such as mopping, cleaning bathtubs or yard work.

I agree to provide in-home care, starting at the same or following day/night the baby/babies come home for a minimum of ___hours per day/night for ___ days/nights consecutively at $ _____/hour, and after a minimum of ___hours per day/night for ____days/nights consecutively at $ ____/hour. Extension in hours/days will be possible according to my availability. The number of working hours cannot be reduced what is stated in this agreement. Service is not routinely available either Saturdays nights or Sunday's daytime after 15 working days/nights, and holidays. I will accommodate your needs if it's possible, but the hourly fee will be $____.

I request a deposit of 20 hours for my anticipated services total in $_____ when agreement is signed to guarantee my availability. I will bill you at the end of each week, including any additional time requested. The deposit will serve as payment for the last 20 hours of service. Deposit is nonrefundable if the client chooses to terminate services any time after the signing of the contract or before the end of the contract period, except in cases of true emergency. If I cannot work due to illness or unforeseen circumstances, I will attempt to find a qualified replacement doula, if not your money will be repaid.

I'm committed to you from _____ to _____.

CLIENT	**DATE**	**ROSANE VIEIRA**	**DATE**