Care service

Address (optional)

Key holding agreement – home care

Reference no. | Place | Date | Time

Client

Name | Client number

Address

Authorised representative (optional) | Relationship (e.g. daughter)

Keys

Type	Label / code on the key	Qty	Note

Possible entries: Type – Front door, Flat door, Letterbox, Side entrance, Other

☐ Keys tested in the lock

Storage

Kept at

◯ Key store at the control centre

◯ Branch / station ◯ Other

Where exactly?

Taken over by

Staff member (name)

Sample based on German practice, without warranty. Not legal advice for your individual case.

Purpose and consent

The client hands the keys listed above to the care service. The keys will be used solely to provide the agreed services and in an emergency. Every use is documented.

When the contract ends or on request, the keys will be returned in full and the return confirmed in writing. If locks are changed, the client will inform the care service so that the keys held stay up to date.

Client or representative

Signature

Name

Place, date

For the care service

Signature

Name

Place, date

Return

Returned on

All keys returned

◯ Yes ◯ No

Missing keys

Notes

For the care service

Signature

Name

Place, date

Client or representative

Signature

Name

Place, date

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