

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 _____ Where exactly? _____
☐ Key store at the control centre
☐ Branch / station ☐ Other

Taken over by

Staff member (name) _____

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 Missing keys
☐ Yes ☐ No

Notes

For the care service

Signature
Name
Place, date

Client or representative

Signature
Name
Place, date