

Caregiving Services Agreement

Date: [Insert Date]

Client Name: [Insert Client Name]

Address: [Insert Client Address]

Service Provider Information

Provider Name: [Insert Provider Name]

Address: [Insert Provider Address]

Agreement Details

This agreement outlines the terms of caregiving services to be provided by the Service Provider to the Client as follows:

- **Service Description:** [Provide a detailed description of personal assistance services]
- **Service Hours:** [Specify days and hours of service]
- **Compensation:** [Specify payment terms and rates]
- **Term of Agreement:** [Specify duration of the agreement]

Responsibilities

The Service Provider agrees to:

- Provide services in a respectful and professional manner.
- Maintain confidentiality of the Client's personal information.
- Communicate any changes in circumstances or needs.

Termination

Either party may terminate this agreement with [Insert Notice Period] notice.

Signatures

By signing below, both parties agree to the terms outlined in this agreement.

Client Signature: _____ **Date:** _____

Provider Signature: _____ **Date:** _____