

Caregiving Services Arrangement

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We are pleased to confirm the arrangement of caregiving services tailored to meet the needs of [Client's Name], an individual with disabilities. Our primary goal is to provide compassionate and professional support to enhance their daily living experience.

Details of Services

- Personal Care: [Specify services such as bathing, dressing, grooming]
- Mobility Assistance: [Detail assistance with walking, transfers, etc.]
- Medication Management: [Include medication reminders/support]
- Companionship: [Highlight activities for social engagement]
- Meal Preparation: [Mention dietary needs if applicable]

Schedule of Services

Services will be provided on [Specify days and times], with adjustments as necessary to meet [Client's Name]'s needs.

Contact Information

For any questions or changes regarding this arrangement, please contact:

[Your Name]

[Your Phone Number]

[Your Email Address]

We look forward to supporting [Client's Name] and ensuring their comfort and well-being.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Organization's Contact Information]