

# Caregiving Services Contract

**Date:** [Insert Date]

**Client Name:** [Insert Client Name]

**Client Address:** [Insert Client Address]

**Provider Name:** [Insert Provider Name]

**Provider Address:** [Insert Provider Address]

## 1. Services Provided

The Provider agrees to provide the following services to the Client:

- Personal care assistance
- Medication management
- Companionship
- Meal preparation
- Transportation assistance

## 2. Payment Terms

The Client agrees to pay the Provider:

- Hourly Rate: \$[Insert Rate] per hour
- Payment Schedule: [Insert Payment Schedule]

## 3. Duration of Agreement

This agreement will commence on [Insert Start Date] and will continue until [Insert End Date] or until terminated by either party with a written notice of [Insert Notice Period].

## 4. Confidentiality

Both parties agree to maintain confidentiality regarding personal and medical information.

## 5. Signature

By signing below, both parties agree to the terms and conditions outlined in this contract.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_