

Respite Care Services Agreement

Date: [Insert Date]

Client Name: [Insert Client Name]

Client Address: [Insert Client Address]

Dear [Client Name],

We are pleased to offer our respite care services to provide you with the support you need. Our team is dedicated to ensuring the comfort and well-being of your loved one during your time away.

Service Details

Services Provided: [List services such as companionship, personal care, medication management, etc.]

Duration of Care: [Insert Start Date] to [Insert End Date]

Caregiver Assigned: [Insert Caregiver Name]

Fees and Payment

Total Cost: [Insert Total Cost]

Payment Terms: [Insert Payment Terms]

Contact Information

For any questions or concerns, please feel free to reach out:

Phone: [Insert Phone Number]

Email: [Insert Email Address]

Thank you for choosing [Your Company Name] for your respite care needs. We look forward to providing exceptional care.

Sincerely,

[Your Name]
[Your Title]
[Your Company Name]