

# Caregiving Services Agreement

Date: [Date]

Client Name: [Client's Name]

Address: [Client's Address]

Dear [Client's Name],

We are pleased to provide you with our caregiving services for rehabilitation support. This letter outlines the terms of our agreement:

## 1. Services Provided

We will provide the following services:

- Personal care assistance
- Mobility support
- Medication management
- Physical therapy assistance
- Emotional and social support

## 2. Service Schedule

Services will be provided from [Start Date] to [End Date] on the following schedule:

[Insert Days and Times]

## 3. Payment Terms

The total cost for services will be [Total Amount]. Payment is due [insert payment frequency, e.g., weekly, bi-weekly, or monthly].

## 4. Cancellation Policy

If you need to cancel a scheduled service, please provide at least [Number of Hours/Days] notice to avoid any cancellation fees.

## 5. Contact Information

If you have any questions or need to reach us, please contact:

[Caregiving Agency Name]

[Phone Number]

[Email Address]

We look forward to supporting you in your rehabilitation journey!

Sincerely,

[Your Name]

[Your Title]

[Caregiving Agency Name]