

# Caregiving Services Understanding for Companionship Care

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Dear [Client's Name],

We are pleased to confirm our understanding regarding the companionship care services that will be provided to you. Our aim is to support you with kindness and respect while enhancing your quality of life.

## Services Provided

- Companionship and conversation
- Engagement in social activities
- Assistance with daily living tasks
- Light meal preparation
- Transportation and errands

## Schedule

Service hours will be as follows: \_\_\_\_\_ (Days and hours of service).

## Rates

The hourly rate for companionship care is \$\_\_\_\_\_.

## Communication

For any questions or concerns, please feel free to contact us at [Phone Number] or [Email Address].

We look forward to providing you with the care and companionship you deserve.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Company Phone]

[Your Company Email]