

Family Support Agreement for Elder Care Responsibilities

Date: [Insert Date]

Parties Involved:

[Name of Primary Caregiver]

[Name(s) of Supporting Family Members]

Purpose

This Family Support Agreement outlines the responsibilities and expectations of family members involved in the care of [Elder's Name].

Responsibilities

- [Name of Primary Caregiver] will be responsible for daily care, including meal preparation and medication management.
- [Name of Supporting Family Member] will assist with transportation to medical appointments every [insert frequency].
- [Name of Supporting Family Member] will provide companionship and engage in social activities at least [insert frequency].

Communication

All family members agree to communicate openly about [Elder's Name]'s needs and any changes in their health condition.

Duration of Agreement

This agreement will remain in effect until [insert end date or condition for review].

Signatures

By signing below, all parties agree to the terms outlined in this Family Support Agreement.

[Name of Primary Caregiver] - Signature

[Name of Supporting Family Member] - Signature

[Name of Supporting Family Member] - Signature