

Family Support Agreement for Emotional Support

Date: _____

To Whom It May Concern,

This Family Support Agreement is made between the following parties:

- **Family Member:** _____
- **Support Provider:** _____

Purpose:

The purpose of this agreement is to establish a supportive relationship that addresses the emotional needs of the family member mentioned above.

Terms of Agreement:

1. The Support Provider agrees to provide emotional support through regular check-ins, active listening, and encouragement.
2. The Support Provider will maintain confidentiality regarding all discussions between the parties.
3. Both parties agree to meet at least once a week for emotional support discussions.
4. Either party may modify or terminate this agreement at any time with mutual consent.

Duration:

This agreement shall commence on the date mentioned above and will remain in effect until either party decides to terminate it.

Signatures:

_____ (Family Member)

_____ (Support Provider)

Witness:

Thank you for your commitment to supporting one another.