

Elderly Care Home Agreement

Date: [Insert Date]

Provider Name: [Insert Provider Name]

Care Home Address: [Insert Address]

Resident Name: [Insert Resident Name]

Resident Address: [Insert Address]

Agreement Terms

1. The provider agrees to provide care services as outlined in the attached care plan.
2. The resident agrees to pay [Insert Amount] per month for accommodation and care services.
3. The agreement is effective from [Insert Start Date] and will remain in effect until terminated by either party with [Insert Notice Period].
4. The resident is entitled to [Insert Rights, e.g., privacy, meal choices, etc.].
5. The provider will ensure that the resident's needs are regularly assessed and met.

Signatures

Provider's Signature: _____ Date: _____

Resident's Signature: _____ Date: _____

Contact Information

Provider Contact: [Insert Phone Number / Email]

Emergency Contact: [Insert Emergency Contact Name and Phone]