

# Geriatric Care Service Contract

**Date:** [Insert Date]

**Provider Name:** [Provider Name]

**Provider Address:** [Provider Address]

**Client Name:** [Client Name]

**Client Address:** [Client Address]

## Service Agreement

This contract outlines the agreement between [Provider Name] and [Client Name] for geriatric care services.

### 1. Services Offered

Provider agrees to provide the following services:

- Personal care assistance
- Medication management
- Companionship
- Transportation services

### 2. Schedule and Fees

Care services will be provided on the following schedule:

[Insert Schedule]

The fee for services is [Insert Fee] per hour/session.

### 3. Termination of Agreement

Either party may terminate this agreement with written notice of [Insert Notice Period].

### 4. Signatures

By signing below, both parties agree to the terms outlined in this contract.

**Provider Signature:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

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