# **Senior Living Care Contract**

Date: [Insert Date]

Dear [Resident's Name],

We are pleased to offer you a residential living arrangement at [Facility Name]. This letter serves as a formal contract outlining the terms and conditions of your stay.

#### 1. Services Provided

During your stay, we will provide the following services:

- 24-hour staffing
- Meals and nutrition management
- Personal care assistance
- Medication management
- Social and recreational activities

#### 2. Payment Terms

The monthly fee for services is [Insert Amount], payable on the first of each month. A security deposit of [Insert Amount] is required upon move-in.

## 3. Termination of Agreement

This agreement may be terminated by either party with [Insert Number] days written notice. In case of a breach of contract, immediate termination may occur.

### 4. Resident Rights and Responsibilities

As a resident, you have the right to privacy, dignity, and the right to participate in your care plan. Responsibilities include adherence to facility policies and payment of fees.

Please	sign	below	to i	ndicate	your	agree	ment to	the	terms	and	condit	ions	outlin	ed ab	ove.

[Reside	ent's Nan	ne]	
Date: _			_
Autho	rized Re	presentat	— ive Name]

[Facility Name] Date:
If you have any questions or concerns, please feel free to reach out.
Thank you for choosing [Facility Name] for your care needs.
Sincerely,
[Your Name] [Your Title]
[Facility Name]
[Contact Information]