

# Senior Support Services Agreement

Date: [Insert Date]

To: [Client's Name]

Address: [Client's Address]

Dear [Client's Name],

This letter serves as a formal Agreement between [Your Organization's Name] and [Client's Name] for the provision of senior support services as outlined below:

## Scope of Services

- Assistance with daily living activities
- Medication management
- Companionship and emotional support
- Transportation services
- Grocery and meal preparation assistance

## Duration

The services will commence on [Start Date] and will continue until [End Date].

## Payment Terms

The total cost for the services will be [Insert Amount], payable [Insert Payment Terms].

Please sign and return a copy of this Agreement to confirm your acceptance of the terms outlined above.

Sincerely,

[Your Name]

[Your Title]

[Your Organization's Name]

[Your Organization's Contact Information]

## Acceptance

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

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