

# Contract for Supportive Services

Date: [Insert Date]

Client Name: [Insert Client Name]

Client Address: [Insert Client Address]

## Agreement

This Agreement is made between [Your Organization Name], hereinafter referred to as "Service Provider," and [Client Name], hereinafter referred to as "Client."

## Services Provided

The Service Provider agrees to deliver the following supportive services to the Client:

- Assessment of needs
- Individual Counseling
- Resource Coordination
- Emergency Support
- Follow-up and Evaluation

## Duration of Contract

This contract will commence on [Start Date] and will continue until [End Date], unless terminated earlier in accordance with this agreement.

## Compensation

The Client agrees to pay the Service Provider [Insert Payment Details/Amount].

## Termination

Either party may terminate this contract with [Insert Notice Period] notice, provided written notice is given.

## Confidentiality

Both parties agree to maintain confidentiality regarding all information exchanged during the course of this contract.

IN WITNESS WHEREOF, the parties hereto have executed this Supportive Services Contract as of the day and year first above written.

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Service Provider Representative

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Client Signature