

Long-Term Care Service Agreement Proposal

Date: [Insert Date]

To: [Client's Name]

Address: [Client's Address]

Dear [Client's Name],

We are pleased to present our Long-Term Care Service Agreement Proposal tailored to meet your needs. Our primary goal is to provide exceptional care and support to you or your loved one.

Services Offered

- Personal Care Assistance
- Medication Management
- Meal Preparation and Nutrition
- Companionship and Social Engagement
- Transportation and Errands

Service Agreement Details

Duration of Service: [Insert Duration]

Start Date: [Insert Start Date]

Monthly Cost: [Insert Cost]

Next Steps

If you agree with the proposed terms, please sign and return the agreement attached to this letter. Should you have any questions or require modifications, feel free to contact us at [Your Phone Number] or [Your Email Address].

Thank you for considering our services. We look forward to the opportunity to serve you.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Phone Number]
[Your Email Address]