

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Address]
[City, State, Zip Code]

Subject: Respite Care Agreement

Dear [Recipient's Name],

This letter serves as a formal agreement between [Your Name/Provider Name] and [Recipient's Name] regarding the respite care services to be provided for [Name of Care Recipient].

****1. Purpose of Agreement****

The purpose of this agreement is to outline the terms and conditions of respite care services that will be provided from [start date] to [end date].

****2. Services Provided****

The respite care services will include:

- [List specific services such as personal care, companionship, meal preparation, etc.]
- [Any additional services]

****3. Duration of Services****

The services will be provided for [number of hours/days per week], starting from [start date] to [end date].

****4. Compensation****

The agreed-upon rate for the services will be [amount] per [hour/day/week]. Payment will be made [weekly/monthly/upon completion of service].

****5. Responsibilities****

- [Your Name/Provider Name] agrees to provide safe and quality care.
- [Recipient's Name] agrees to provide necessary information regarding the care recipient's needs and preferences.

****6. Termination of Agreement****

Either party may terminate this agreement with [number] days written notice.

****7. Signatures****

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

[Your Name] [Recipient's Name]

Date: _____ Date: _____

Thank you for your cooperation.

Sincerely,

[Your Name]