SENIOR CARE SERVICE AGREEMENT

Location: _____ Effective Date: _____

PARTIES TO THE AGREEMENT:

Care Recipient Name: _____

Care Recipient Address: _____

Caregiver Name: _____

Caregiver Contact Info: _____

SERVICES TO BE PROVIDED:

Caregiver agrees to provide non-medical assistance and supervision to the Care Recipient, including but not limited to: personal hygiene assistance, meal preparation, medication reminders, companionship, mobility support, light housekeeping, transportation to appointments, and other agreed-upon services as detailed in the attached Schedule of Services.

TERM AND TERMINATION:

This Agreement shall commence on the Effective Date and remain in effect until terminated by either party with a written notice delivered at least seven (7) days prior to termination. Immediate termination may occur for cause, including but not limited to breach of this Agreement, neglect, abuse, or failure to perform the agreed services.

COMPENSATION AND PAYMENT:

Care Recipient agrees to pay Caregiver at the rate of $_____ per hour/day/week as applicable. Payment shall be made weekly/biweekly/monthly (circle one) by cash, check, or electronic transfer. Any additional expenses incurred by Caregiver on behalf of Care Recipient must be pre-approved and will be reimbursed upon presentation of receipts.

RESPONSIBILITIES AND OBLIGATIONS:

Caregiver agrees to perform all duties with due care, respect, and in accordance with all applicable laws and regulations. Care Recipient agrees to provide a safe environment and communicate any special needs or medical conditions relevant to care.

CONFIDENTIALITY:

Both parties agree to keep confidential all personal, medical, and financial information obtained during the term of this Agreement, except as required by law or with prior written consent.

INDEMNIFICATION:

Care Recipient agrees to indemnify and hold harmless Caregiver from any claims, damages, or liabilities arising out of Care Recipient's negligence or failure to disclose pertinent information. Caregiver is not liable for any injury or loss except as arising from gross negligence or willful misconduct.

DISPUTE RESOLUTION:

Any disputes arising under this Agreement shall first be attempted to be resolved through good faith negotiation between the parties. If unresolved, disputes shall be submitted to mediation before a mutually agreed mediator. If mediation fails, the parties may pursue any legal remedies available under the laws of the State of _____.

GOVERNING LAW:

This Agreement shall be governed by and construed in accordance with the laws of the State of _____, without regard to its conflict of law principles.

ENTIRE AGREEMENT:

This Agreement, including any attached schedules or addenda, constitutes the entire agreement between the parties and supersedes all prior discussions and agreements, whether oral or written. No modification shall be effective unless in writing and signed by both parties.

SEVERABILITY:

If any provision of this Agreement is found to be invalid or unenforceable, the remainder of this Agreement shall remain in full force and effect.

SIGNATURES:

CARE RECIPIENT SIGNATURE	**CAREGIVER SIGNATURE**
Signature: _____	Signature: _____
Printed Name: _____	Printed Name: _____
Date: _____	Date: _____