



THE **RELIEF** TEAM

PROPOSAL TYPE:	Companion Care Services Proposal
PREPARED FOR:	[Client Name / Family Representative]
DATE:	[Date]

1. Executive Summary

At The Relief Team, we understand that supporting an aging family member requires specialized, deeply empathetic, and reliable care. Our core mission is to foster a safe, structured, and familiar environment that allows your loved one to maintain dignity and independence while receiving the tailored personal attention they deserve.

Based on your preliminary care request, we have designed a customizable weekly care schedule tailored around non-medical support, daily routine anchoring, behavioral redirection, and active safety monitoring. This sample outlines a structured operational framework that can be seamlessly adjusted to perfectly align with your family's dynamic.

2. Scope of Companion Care & Personal Support

Our background-checked companion care professionals focus entirely on non-medical care intervention strategies, customized to adapt smoothly to your loved one's personal routine:

Behavioral Support & Routine Compliance

- **Routine Anchoring:** Maintaining structured daily timelines to manage transition periods gracefully, minimizing cognitive fatigue or sunset anxiety.
- **Gentle Redirection:** Utilizing modern validation therapy and conversational redirection models to help diffuse occasional moments of frustration or confusion.
- **Social Integration:** Escorting the client through social group settings, meals, and preferred hobbies to facilitate positive emotional stimulation.

Personal Care & Household Safety Supervision

- **Vigilant Supervision:** Providing targeted 1-on-1 oversight to minimize unexpected household accidents, fall risks, or disoriented wandering.

- **Activities of Daily Living (ADLs):** Delivering sensitive, respectful aid with personal tasks, including dressing, grooming, bathing setup, and safe physical transfers.

3. Schedule Configuration

To protect consistent social routines and establish stable bonds with memory care or aging clients, we strictly minimize staff turnover. A designated, small primary care team will be curated specifically for the family's setup.

- **Weekly Schedule Commitment:** _____ Hours per week
- **Daily Shift Profile:** _____ AM/PM to _____ AM/PM | _____ Hours per day | _____ Days per week

4. Financial Matrix

The financial matrix below provides a transparent structure of our rates. Final hours and customized totals will be negotiated and detailed prior to active service deployment:

Service Classification	Hourly Base Rate	Weekly Hours Assigned	Projected Weekly Total
Standard Care Specialist Support	\$ _____ / hr	_____ Hours	\$ _____
Initial Consultation & Care Plan Setup	One-time Flat Fee	—	[Waived / \$ _____]
Holiday Shift Multiplier (1.5x Base)	Calculated on standard observed federal holidays.	—	—

Note: Client care invoices are traditionally itemized and distributed on a [bi-weekly / monthly] operational cycle. Authorized payment types accepted include Private Pay, Personal Check, Credit/Debit, Venmo, or ACH Electronic Transfer.

5. Agency Guidelines & Communications

- **Inter-Disciplinary Collaboration:** Our care specialists maintain fluid, collaborative correspondence with external physicians, facility nurses, or clinical staff to promote a harmonized approach.

- **Digital Family Portal:** Family sponsors are provided direct, encrypted online access to structured daily care notes, logs, hydration updates, and behavior patterns.

6. Non-Solicitation Mutual Covenant

During the active lifecycle of this agreement and stretching for a timeline of twelve (12) calendar months immediately following the legal conclusion of care delivery for any underlying reason, the Client explicitly agrees to avoid any direct or indirect solicitation, individual employment engagement, contract hiring, or retention of any care professional or field employee introduced, trained, or assigned to the Client by the Agency.

Should the Client hire, recruit, or separately engage an assigned care professional during this restrictive window, the Client acknowledges a binding corporate obligation to remit a flat placement fee of \$10,000.00 as liquidated damages to compensate the Agency for its native recruitment overhead, onboarding compliance, and ongoing career training investments.

7. Authorization of Sample Proposal Structure

By appending signatures below, the parties confirm agreement to explore or initialize the Companion Care onboarding framework using the customizable terms detailed in this proposal protocol:

Client / Authorized Sponsor Signature

Print Name: _____

Date: _____

Agency Representative Signature

Print Name: _____

Date: _____