

 **Trusting Hands Concierge – Client Service Agreement**

Thank you for choosing **Trusting Hands Concierge**! Here's what you can expect from my services:

 **Free Estimates & Consultations:**

✓ I offer **free in-person consultations** for cleaning services and large projects to assess your needs and provide pricing.

 **What I Don't Provide:**

- No medical or personal care (like bathing or mobility support).
- No medication administration.
- No transportation (though I'm happy to help schedule rides).
- No emergency services (I don't perform CPR or first aid).

 **In Case of Emergency:**

If there's a medical emergency, I will immediately **call 911** to get you the care you need.

 **Payment Details:**

 Payment is due when services are completed. I accept **cash, checks, or electronic payments**.

 **Your Privacy Matters:**

I take your privacy seriously—**your personal information stays confidential** and will never be shared.

 **Let's Get Started!**

By signing below, you agree to these terms. I look forward to helping you with your daily tasks!

Client Name: _____

Client Signature: _____ **Date:** _____

Provider: Trusting Hands Concierge

Provider Signature: _____ **Date:** _____