



EMBRA SUPPORT SERVICES
Client Welcome Pack & Agreement

Client Details

Client Name: _____

Start Date: _____

Services Agreed *(✓ all that apply)*

- ☐ Wellbeing Check-ins
- ☐ Appointment Escort
- ☐ Pillbox Setup
- ☐ Medication Reminder
- ☐ One-to-One Support
- ☐ Other: _____

Visit Frequency

- ☐ One-time
- ☐ Weekly
- ☐ Multiple times per week
- ☐ As needed

Payment Terms

Rate: £____ per visit/hour

Payment Due: ☐ Weekly ☐ Monthly

Method Accepted: ☐ Bank Transfer ☐ Cash ☐ Other: _____

Cancellations & Rescheduling

24-hour notice required for cancellations.

<24 hour notice: 50% fee applies.

No-show: Full charge incurred.

Client Responsibilities

Maintain a safe, clean environment.

Notify EMBRA of health/need changes.

Ensure timely payment.

Agreement

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

Client/Representative Signature: _____

EMBRA Representative Signature: _____

Date: _____