



**Care Enterprise, LLC**  
Solutions to Complex Problems

**PowerfulSTART PHCP Licensing Program for Georgia**

**\*\*\*INVESTMENT FORM\*\*\***

**Private Home Care Provider (PHCP)**

Attendee Name: \_\_\_\_\_  
 Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Full Physical Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 Industry you work in: \_\_\_\_\_ Years: \_\_\_\_\_  
 Date you want to open your PHCP: \_\_\_\_\_

**Our PowerfulSTART PHCP License “Training” Program Includes:**

1. How to get EIN number, LLC, criminal background clearance
2. Steps to submit application in state's online portal
3. *PHCP policy and procedure manual* (included -- See [Sample](#))
4. Over 22+ operations forms that state require (included)
5. List of documents that need to go in each staff personnel file
6. Marketing plan and strategy to get potential clients (over 45 points to cover)
7. *List of national referral (placement) agencies for home care agencies*
8. Handbook that covers finances, operations and marketing.
9. Program materials and documents are sent via email directly to your inbox - *invaluable!*
10. After receiving materials, you will have what you need to complete the process to get licensed as a PHCP provider in the State of Georgia.

**Program Investment:** \$3,595 (Investment can be made in two installments – two 50% payments)

**OPTIONS TO PAY FOR PROGRAM:**

• Email investment form to: [contact@careenterprisellc.com](mailto:contact@careenterprisellc.com) **OR** Call our office at 770-966-5236 and then email form.

**Payment Information:** Credit Card Type: \_\_\_\_\_ Card #: \_\_\_\_\_

Name: \_\_\_\_\_ Billing Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ State: \_\_\_\_\_

Security Code (on back) \_\_\_\_\_ Zip Code: \_\_\_\_\_ **OR** Email for Paypal Payment: \_\_\_\_\_

**Payment Schedule:** #1 \$ \_\_\_\_\_ #2 \$ \_\_\_\_\_ (Will receive policy manual with final payment)

I agree to the program terms and conditions set forth in this registration form. I will be billed according to the terms of the agreement. I understand the program details described in this agreement. I authorize Care Enterprise, LLC to process all payment(s) with the above listed credit card or paypal invoice. Investment is nonrefundable, but can be used towards other programs, products, or services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Caring Solutions for Complex Problems!**