



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

**PowerfulSTART PHCP License “Training” Program for Georgia**

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

**Private Home Care Provider (PHCP)**

Client’s Full Name: \_\_\_\_\_  
 Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Full Physical Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 Industry you currently work in: \_\_\_\_\_ Number of Years: \_\_\_\_\_  
 Date you want to open your PHCP: \_\_\_\_\_

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

1. Steps to complete the EIN number, LLC and criminal background clearance
2. Steps to submit application in state’s online portal
3. **PHCP policy and procedure manual** -- Delivered electronically in Microsoft Word -- See Sample
4. 22+ operations and human resource forms that state requires
5. List of documents that need to go in each staff personnel file
6. Written marketing strategy (to get new clients) that includes a 1.5 hour audio in MP3 format
7. **List of national referral (placement) agencies for home care agencies**
8. 44+ page handbook that covers finances, taxes, wages, fees, operations; marketing
9. An 8-hour training certificate as proof of training completion
10. All program materials and documents are sent via email directly to your inbox - *invaluable!*
11. **One hour of consulting and unlimited email support for 30 days from date of purchase**
12. 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) – Policy and procedure manual will be delivered after second payment is paid and processed, if made in two installments.

**OPTIONS TO PAY FOR PROGRAM:**

- Email your completed investment form to: [contact@careenterprisellc.com](mailto:contact@careenterprisellc.com) **OR**
- Call our office at 770-966-5236 to sign up and make payments via phone.

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

Name on Card: \_\_\_\_\_ 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 2nd 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!**