Service Agreement Form

CLIENT INFORMATION: Contact Date: _____Referral Date: _____

Client's First Name:_____ Last Name: _____

Full Address:_____

Date of Birth: _____ SS#: _____

Phone: _____ Alternate Phone: _____

Hourly Rate: _____ Daily Rate: _____ Live In Rate: _____
Holiday Rates and Special Rates may apply – see Standard Terms of Service

Method of Payment

- ☐ Credit Card (complete form)
- ☐ ACH/EFT (complete form)
- ☐ Long - Term Care Insurance

Policy Name: _____
Policy #: _____

FINANCIAL RESPONSIBILE PARTY (If other the Client)

First Name: _____ Last Name: _____
Full Address:_____
Phone: _____ Alternate Phone: _____
Email: _____

CONTACT INFORMATION

Client's First Name: _____ Last Name: _____
Full Address:_____
Date of Birth: _____ Email: _____
Phone: _____ Alternate Phone: _____

Do you have a Power of Attorney for Client? Yes / No

(**Non-Medical Home Care Agency Service Agreement Form is 9 Pages**)

Get More Information:

For additional information on getting licensed as a care home or non-medical home care provider in your state contact the office of Care Enterprise, LLC.

Call: 770-966-5236

Email: contact@careenterprisellc.com, or

Website: www.careenterprisellc.com