



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

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

**\*\*\*CLIENT AGREEMENT\*\*\***

**Private Home Care Provider (PHCP)**

Client’s Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Email: \_\_\_\_\_

Full Physical Address: \_\_\_\_\_ Job Industry? \_\_\_\_\_

Number of Years in Job Industry: \_\_\_\_\_ Date you want to open PHCP: \_\_\_\_\_

**Our PowerfulSTART PHCP License “Consulting” 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 to get home care agency clients**
8. 44+ page handbook that covers finances, taxes, wages, fees, and operations
9. An 8-hour training certificate as proof of training completion (for policy manual, handbook and marketing materials)
10. All program materials and documents are sent via email directly to your inbox - *invaluable!*
11. **Six-months of consulting and unlimited email support starting 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: \$5,595** (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.

**HOW TO PAY FOR PROGRAM:**

- Email your completed client agreement 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 Credit Card: \_\_\_\_\_ Billing Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ **OR** Paypal Email: \_\_\_\_\_

**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. Fee is nonrefundable, but can be used towards other programs, products, services, consulting or coaching. Unlimited consulting via phone and email are good for six-months from date of signed agreement.

Client Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_

CELLC Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_

**Caring Solutions for Complex Problems!**