



Care Enterprise, LLC
Solutions to Complex Problems

PowerfulSTART PHCP License “Training” 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 of Georgia 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 50+ points covered)
7. **List of national referral (placement) agencies for home care agencies**
8. 44 page handbook that covers finances, operations and marketing.
9. All program materials and documents are sent via email directly to your inbox - invaluable!
10. **One hour of consulting and unlimited email support for 30 days from date of purchase**
11. 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 your completed investment form to: 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: _____ 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!