



Care Enterprise, LLC
Solutions to Complex Problems

Affordable Policy and Procedure Manuals, Handbooks, and Forms

Order Form

Care Enterprise, LLC create and develop customized policy and procedure manuals and other products that are unique to each state's specific licensing rules and regulations. Our consultants write all the content and send the policy manual directly to your email inbox in Microsoft Word format. An electronic version gives you the empowerment to make changes to your policy manual in the future **IF** rules or policies change. All documents are customized and have been previously approved by the state. You just need to put your personalized information in the documents, which we make easy by highlighting in yellow. **All purchased policy and procedure manuals include a minimum of 15 standard operations forms.**

Client's Full Name: _____ Cell Phone #: _____
Email: _____ State Location: _____ Date to Open: _____

STATE	GROUP HOME POLICY MANUALS AND OTHER PRODUCTS	INVESTMENT	ORDER
Arizona	DDD Residential Group Home Program with Room and Board for IDD individuals	\$2,195	
Georgia	Community Living Arrangement (CLA or group home) for adults	\$2,195	
Illinois	Community Integrated Living Arrangements (CILA) is a Group Home for DD Adults - 115 Regulations	\$2,195	
Michigan	Adult Foster Care-Group Home for DD Adults - R-400 Regulations	\$2,195	
North Carolina	ID/DD and Mental Health Group Home Manuals for Adults and Children - 10A NCAC 27G Codes	\$2,195	
Pennsylvania Residential Readiness Tool (HCBS)	Required for the county approval process, which is the department the state has partnered with for licensed group homes to receive residents. Includes 99 page questionnaire with answers and eight (8) required forms (Does not include 6100 code policy manual).	\$4,995	
Texas	Group Home Manual for IDD Adults	\$2,195	
12-Month Projected Budget	The 12-month projected budget is in an Excel spreadsheet with built-in formulas. Budget includes over 40 budget categories, staff, salaries, FICA, benefits, estimated cost amounts, and more. Figures, titles, and anything can be changed to meet each clients specific budget.	\$250 (1-year budget) \$300 (2-year budget)	

STATE	PERSONAL CARE HOME POLICY MANUALS	INVESTMENT	ORDER
Georgia	Policy and procedure manual for adults with forms	\$2,195	
Pennsylvania	Policy and procedure manual for adults: 2600 Codes (PCH)	\$2,195	

STATE	NON-MEDICAL HOME CARE POLICY MANUALS	INVESTMENT	ORDER
Georgia	290-5-54 Codes - Private Home Care Provider (PHCP) for elderly and disable – Includes over 22+ required forms	\$2,195	
Kentucky	Supports for Community Living (SCL) – In-Home Care for DD	\$2,195	
Pennsylvania	6100 Codes (HCS) – Non-Medical Home Care Agency	\$2,195	
North Carolina	10A NCAC 13J Codes (In-Home Care Agency)	\$2,195	

STATE	GROUP HOME BUSINESS "START-UP" PACKAGE	INVESTMENT	ORDER
Every State	Start-up business package for group homes includes 15 standard operations forms, new hire forms, 48-point checklist to set up a licensed residential care home, resident handbook with HCBS settings-rules, and employee handbook	\$995	

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A MINIMUM OF 15 STANDARD FORMS ARE INCLUDED WITH EACH PURCHASED POLICY MANUAL.

STATE	GROUP HOME FORMS	PERSONAL CARE FORMS	HOME CARE FORMS
Every State	1. Admissions Form 2. Financial 3. Performance Evaluation 4. Complaint 5. Incident Reporting 6. Fire Safety Drill 7. Assessment 8. Progress Notes 9. Transfer 10. Discharge 11. Abuse/Neglect 12. Release of Information 13. Inventory 14. Individual's Rights 15. Privacy Form	1. Admissions 2. Financial 3. Performance Evaluation 4. Complaint 5. Incident Reporting 6. Fire Safety Drill 7. Assessment 8. Progress Notes 9. Transfer 10. Discharge 11. Abuse/Neglect 12. Release of Information 13. Inventory 14. Individual's Rights 15. Privacy Form	1. Transportation 2. Service Agreement 3. Progress Notes 4. Personal Care Task 5. Home Supervisory 6. Client Information 7. Complaint 8. Incident Reporting 9. Employment Application 10. New Hire Checklist 11. Staff Identification 12. Orientation Checklist 13. Contractor Agreement 14. Service Delivery 15. And many other forms

INSTRUCTIONS AND IMPORTANT INFORMATION:

- Complete your desired order above by writing an X or check mark by each item you would like to order.
- If multiple purchases, add and total amount and write the full payment amount below.
- Once we receive the signed and dated order form, we will acknowledge the order via email, and then email a link for you to process the credit card payment yourself, or pay the zelle payment request.
- Once the payment is received and clears, all documents will be emailed directly to your inbox in Microsoft Word format.
- Once documents have been received electronically by the client, all received and cleared payments are nonrefundable.
- **Revisions:** If by chance the state surveyor request revisions/changes on policy manuals, revisions can be done for a one-time fee of \$695 until approved. **WHY?** Because the state can drastically modify, revise, expand, or change policies in the manual. New revisions for compliance can take extensive research, modifications, rewriting, proofreading, and editing. Revisions do not include documents and materials outside of what was created by CELLC, purchased by client elsewhere, personally created by client, or anything submitted that was developed outside of what client purchased from CELLC.
- Email the completed order form securely to: contact@careenterprisellc.com

CLIENT'S PAYMENT INFORMATION

PAY VIA CREDIT CARD: We will email a secure link and you make the credit card payment yourself for privacy reasons.

Full Name: _____ Email: _____, OR

PAY VIA ZELLE: Name: _____ Email: _____ or Phone #: _____

TOTAL CHARGES: \$ _____

I agree to the terms and conditions set forth in this order form. I understand all payments are nonrefundable once purchased, but can be used towards other training, consulting, products, and services. I also understand this order form only includes what is listed and paid for on this form. No other services, materials, documents, or consulting are included in this agreement, or outside of what was purchased on this order form.

Client Signature

Print Name

Title (if applicable)

Date

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