

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) Policy Name: _____

* ACH/EFT (complete form) Policy #: _____

* Long - Term Care Insurance

FINANCIAL RESPONSIBLE PARTY (If other than client)

First Name: _____ Last Name: _____

Full
Address: _____

Phone: _____ Alternate Phone: _____

Email: _____

CONTACT INFORMATION

First Name: _____ Last Name: _____

Full
Address: _____

Date of Birth: _____ Email: _____