

Senior Services Contract Cover Sheet

Agency Name: _____

Agency Billing Information

Agency Billing Address: _____

City _____ State _____ Zip _____

Billing Contact Person: _____

Billing Email _____

Billing Phone # _____

Agency Contact Information

Contract Contact Person _____

Email _____

Contract Return Address _____

Contract Phone # _____

Agency Contact Information

Intake Contact Person: _____

Intake email _____

Intake Phone #: _____

Intake Fax #: _____

Please fill out the information about your agency and return with contract

** STAFF ONLY **				
<ul style="list-style-type: none"> • Adult Companion • Homemaker ____ Meals • PCA/CNA • Chore • Unskilled Respite • Skilled Respite • Facility Respite 	<ul style="list-style-type: none"> • RN • LPN • Budget Assist • Fiscal Agent • Adult Day Care • Transportation 	PERS Mos. Monitor		
		<ul style="list-style-type: none"> • Landline • Cell • SIM • Extra Pendant Replacement 		<ul style="list-style-type: none"> • Mobile Unit • GPS • Pendant
		PERS Install _____		<ul style="list-style-type: none"> • Does Contract Have Signatures Y / N • Liability Insurance Y / N • Is W9 Included? Y / N • Is Business License Included Y / N • Or Professional License Y / N
		<ul style="list-style-type: none"> • Med Dispenser Mos Monitoring • Med Dispenser Install • Fiscal Agent _____ • Durable Medical Equipment 		