

HOUSEKEEPING APPLICATION/AGREEMENT FORM

Application Date: _____

Name _____
Last First Middle

Mailing Address _____
Number/Street City State Zip

Billing Address _____
(If different than mailing address)

Phone _____
Home Business Mobile

Referred by _____
Individual / Agency

By my signature (or that of my representative or sponsor) I indicate my intention to receive Housekeeping Services from Arcadia Home Health and Home Care Services, as outlined in my Intake Sheet, until I end the services or Arcadia Home Health Services, for any reason, is unable to provide the services. Initials _____

I, or my representative/sponsor, agree to pay Arcadia Home Health and Home Care Services, upon receipt of notice, all announced rates and fees for basic services, listed or unlisted, and all surcharges. Initials _____

I, or my representative/sponsor, understand that Arcadia Home Health and Home Care Services shall not be held responsible or liable for actions or outcomes over which it has no control, not done with harmful or malicious intent or not due to negligence. Initials _____

Responsible Person's Signature _____ Date _____

Responsible Person's Printed Name _____