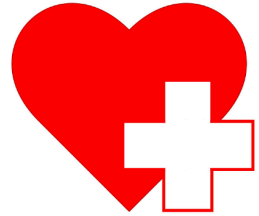


Auntie's Angels



Thank you for your interest in our services! Here are all the services we offer. Please check which services you are interested in.

- 24-hour care (two 12-hour shifts): \$_____
- Patient care (minimum of 4 hours, up to 24 hours per day): \$_____
- Laundry services (per pickup and dropoff): \$_____
- Light housekeeping: \$_____
- Housekeeping: \$_____
- Transportation to doctor's appointments: \$_____
- Shopping or grocery store visits: \$_____
- Pharmacy pickup: \$_____
- Wellness checks: \$_____

Auntie's Angels



Up-front setup fee: \$ _____

I, _____, agree to pay \$ _____ an hour for the care of:

Client's name: _____

Address: _____

Phone: _____

Start date: _____

End date: _____

Client's representative is responsible for setting up all medication prior to start date.

Notary signature: _____

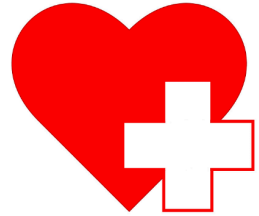
Printed name: _____

Date: _____

Commission expiration date: _____

Notary Seal

Auntie's Angels



Payor Information

Payor's Name: _____

Cell number: (_____) _____ - _____

Work number: (_____) _____ - _____

Home number: (_____) _____ - _____

Email address: _____

