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# HOMeward BOUND SERVICES, INC.®

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*Assisted Living Services*  
**THIRD PARTY NOTICE REQUEST FORM  
FOR PROTECTION OF TERMINATION OF CONTRACT**

In order to guard against the inadvertent expiration or termination of your Assisted Living Service Agreement for nonpayment of subscriber fees, you have the opportunity to designate at least one person other than yourself to be notified if you should fail to pay your subscriber fees when it is due.

Please designate a person in the space provided and sign below, or else sign the waiver that follows.

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF APPLICATION: \_\_\_\_\_

### **WAIVER OF PROTECTION AGAINST UNPAID SUBSCRIBER FEE**

I understand that I have the right to designate at least one person other than myself to receive notice of expiration or termination of this Assisted Living Service Agreement for nonpayment of subscriber fees. I understand that notice will not be given until fifteen (15) days before the subscriber fee is due and unpaid. I elect NOT to designate any person to receive such notice.

DATE: \_\_\_\_\_

SIGNATURE OF APPLICATION: \_\_\_\_\_