Amt. Rec'd.	Date Received / /	Rep. WHE1258	H.O.

HOMEWARD BOUND SERVICES, INC.©

699 Burmont Rd. • P.O. Box 1022 • Drexel Hill, PA 19026
(888) 882-0206

APPLICATION FOR AN *Assisted Living Service Agreement*

Effective Date : _____

Amount Collected: $_____

Annual Price: $_____

Paid From:_____ Paid To:_____

Payment Disc.:_____ ☐ 2 year (10%) ☐ 3 year (20 %)

MODE

- ☐ Annual
- ☐ Semi-annual
- ☐ Quarterly
- ☐ Bank draft
- ☐ Multi-Year

DAILY HOME SERVICE SCHEDULE

☐ 30 days ☐ 4 hr ☐ 8 hr ☐ 24 hr
☐ 90 days ☐ 4 hr ☐ 8 hr ☐ 24 hr
☐ 180 days ☐ 4 hr ☐ 8 hr ☐ 24 hr
☐ 360 days ☐ 4 hr ☐ 8 hr

24 HOUR CARE APPROVED BY HOME OFFICE ONLY

Preferred ☐ Class 1 ☐ 2 ☐ 3 ☐

WAITING PERIOD

☐ 6 Months ☐ 12 Months ☐ Yes

Applicant:	SS#:	
Address:	Birth Date:	Age:
City: County:	State:	Zip:
Telephone #: ( )	Do you live alone? ☐ yes ☐ no	Height: / Weight:

DR.S' NAME - ADDRESS & TELEPHONE:

Dr.s' Name: _____ Telephone #: (____)_____

Address: City: State: Zip:

MEDICATIONS: What Medications are you currently taking or have been prescribed in the last year?

Name of Medication	Dosage	Times Per Day

ATTACH A SEPARATE SHEET IF NEEDED

Do you need or receive help in performing everyday activities such as dressing, bathing, toileting or transferring? ☐ **yes** ☐ **no**

DATE LAST HOSPITALIZED:

LIST ALL HEALTH CONDITIONS:

CIRCLE ALL THAT APPLY:

cane, walker, wheelchair, oxygen, infusion therapy, bed confined, dialysis

1. **APPLICATION:** This application is part of your agreement. All information contained herein is required for Homeward Bound Services, Inc. to properly assess and provide services based on the information you supply. Material mis-statements or incomplete information may void your agreement or Homeward Bound Services, Inc. may amend your agreement.
2. **WAITING PERIOD:** Is the period of time the subscriber must wait before services will be provided as indicated in the box checked above.
3. **CANCELLATION:** You, the customer/subscriber, may cancel this transaction, without any penalty or obligation within three business days after the transaction date. If you cancel, your payment will be returned to you within ten business days following receipt by Homeward Bound Services, Inc. of your cancellation notice. To cancel this transaction mail or deliver a signed and dated letter, telegram or any other written notice to: **Homeward Bound Services, Inc., 699 Burmont Rd., Drexel Hill, PA 19026.**
4. **RIGHT OF REFUSAL:** Services are not provided during any period for which a valid payment due has not been received or if the contract is otherwise not in good standing.
5. **AUTHORIZATION:** I authorize any physician, clinic, hospital or other institution or person having any records or knowledge of my health, to give Homeward Bound Services, Inc. any information about me. A photographic copy of this authorization is as valid as the original.
6. **ADDENDUM:** The terms and/or definitions of this contract may vary from State to State. If you live in a State requiring modification(s) of this contract an addendum will be attached.

X _____ Transaction Date / Date of Application / /

DO NOT SIGN THIS APPLICATION UNTIL YOU REVIEW ALL INFORMATION FOR ACCURACY

9009-0203

HOMEWARD BOUND SERVICES, INC. ©

699 Burmont Rd. • P.O. Box 1022 • Drexel Hill, PA 19026
1-888-882-0206 - 24 Hours a Day • 1-888-448-4487 - 8:30 to 5:00 EST

RECEIPT

TM

Received from _____ on _____ a payment of $ _____ in connection with an application for a Home Service Agreement with Homeward Bound Services, Inc. This receipt is not valid unless signed by a representative of Homeward Bound Services, Inc. and any payment made by check, draft or money order must be good and collectable. Customer/Subscriber understands that Assisted Living Services are non-medical services.

Signature of Agent _____ Agent# WHE1258 Date _____ / _____ / _____

White Copy - Home Office Yellow Copy - Customer