

REQUEST FOR SENIOR CARE:

Male

Female

Current Living arrangement:  home (alone)  home (with family)  Retirement Community  Assisted living facility.

WE PROVIDE FREE HOME CARE ASSESSMENT:

Types of Services and hours

- Skilled nursing
- Physical Therapy
- Occupational Therapy
- Home Health Aide
- Bathing and dressing
- Toileting
- Light meal preparation
- Medication reminders
- Light housekeeping.

Number of hours per week requesting:

Less than 10 hours per week.  Less than 20 hours per wee.  20+ hours per week.  40+ hours per week.

City (     ) State (     ) Zip code (     ).

Payment type:

- Private pay
- Long Term Care Insurance
- BMC Health Net Plan
- Worker compensation
- Credit Card.

Your contact information:

First Name (     ) Last Name (     ) Phone # (     ) Email address:

Down load, fill out the form and fax to 781- 894- 0047.