

# Senior HealthCare, Inc.

*A Sensible Way to Retirement Living™*

MARYLAND  
 807 Stonington Road  
 Silver Spring, MD 20902  
 301-754-2544  
 301-754-2588 Fax

WASHINGTON, D.C.  
 1050 Connecticut Ave. NW 10<sup>th</sup> Floor  
 Washington, D.C. 20036  
 202-422-6200  
 202-422-7103 Fax

## CONTRACT FORM

<b>CONTRACT CATEGORY</b>	Referral Service
	Initial Assessment
	Medication Management
	Errand Runner

<b>COMPANY NAME</b>	
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<b>OFFICE ADDRESS</b>			
	<i>Street Address</i>	<i>Unit</i>	
	<i>City</i>	<i>State</i>	<i>Zip</i>

Contact	
Title	
Phone I	
Phone II	
Mobile	
Fax	
E-mail	
Website	

<b>PROFESSIONAL EXPERIENCE</b>
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SCALE OF OPERATION	YEARS IN BUSINESS
Global	<2
Regional	3-6
Local	7-10
1-on-1	10>

EXPERTISE	
A	
B	
C	
D	

<b>STATEMENT OF QUALIFICATION</b>
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	No.	Affiliated Agency	Professional Membership
Physicians			
RNs			
CNAs			
Geriatrician			
Pharmacy			
Others			

Certificates / Trainings	Valid Until (Mo/Year)			
Assisted Living Management	Yes	No		
Medication management	Yes	No		
Business Administration	Yes	No		
Dementia / Alzheimer	Yes	No		
First Aid	Yes	No		
Others (describe)	Yes	No		

<b>DESIRED SERVICE FEE \$</b>
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PER HOUR	PER DAY	PER PROJECT

<b>AVAILABILITY</b>
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Short Term	Immediately
	Two weeks Notice
Long Term	One Month Notice
	Other

<b>ADDITIONAL DETAILS (if any)</b>
(Please attach Company brochure, Annual Report, CV of key person/s, and any other relevant documents).

<b>SIGNATURE</b>
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<i>Signature</i>	<i>Title</i>	<i>Date</i>
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After completing above form, please fax it to SHC Management at 202-422-7103. Thank you.