



Care Enterprise, LLC
Solutions to Complex Problems

Private Home Care Provider License Training (PHCP) Designed for the State of Georgia

Registration Form

If you want to own and start a non-medical home care agency (also called private home care provider license) in the State of Georgia, this one-day training will give you the exact steps, information, documents, and materials to get licensed. Training includes **policy and procedure manual, operations and new hire forms, marketing plan and strategy and so much more.**

Attendee #1 Full Name: _____ Cell Phone #: _____
Attendee #2 Full Name: _____ Cell Phone #: _____
Main Contact Email: _____ Date to open PHCP: _____
What will be your PHCP legal name?: _____ County/City: _____

TRAINING DATES: Trainings are scheduled on the first and third Friday of each month from the comforts of your home.

LOCATION: Virtual Google Meet (Remote) **TIME:** 10:00 a.m. to 4:00 p.m.

CHOOSE A PREFERRED FRIDAY? #1 _____ or #2 _____

PHCP LICENSE 6-HOUR TRAINING INCLUDES:

- You will be shown how to complete the criminal background clearance.
- You will be shown how to complete the online licensing application and know how to get approved first time.
- We share the details about how to set up the PHCP, finances, taxes, staff wages, client's fees, services and daily, weekly, monthly, and yearly business operations.
- **We share details regarding licensing and the home care agency business that no one else will share with you.**
- We answer all your pressing questions, so you feel knowledgeable, confident, and educated regarding your PHCP business.
- **We email the training materials, binder (PDF) and training certificate straight to your email inbox.**

MATERIALS INCLUDE:

- PHCP policy and procedure manual and 20+ standard operations forms emailed in Microsoft Word (Based on Georgia's rules and regulations) – **\$2,895 Value** (around one-hour of personalization)
- Standard new hire forms sent to you in Microsoft Word format - **\$250 Value**
- Detailed marketing plan and strategy (to get new clients) that includes a 1.5-hour audio in MP3 format. - **\$275 Value**
- List of national referral agencies to partner with to get clients in PHCP.
- List of documents that need to go in each staff personnel file and the client's file. - **\$250 Value**
- A 6-hour training certificate as proof of completion of training - **\$1,650 Value** (consulting and training)

PROGRAM INVESTMENT FEE:

- \$3,995/Single and \$4,495/Couple (Investment can be made in two installments)
- 50% of payment confirms your training date and holds your spot on our training calendar – 50% of documents are emailed.
- Remaining 50% of documents are emailed when second payment is made. If one payment is made, all documents will be emailed to client.
- **Final payment must be paid and processed 3-days before scheduled training date.**
- Email your completed registration form to: **contact@careenterprisellc.com**

Payment Information: Credit Card Type: _____ Card #: _____

Name on Credit Card: _____ Billing Date: _____ Exp. Date: _____

Security Code: _____ State: _____ Zip Code _____ **Payment Schedule Dates:** #1 \$ _____ #2 \$ _____

50% of documents are received with first payment, and 50% with second payment. By signing this agreement, you agree to the terms and conditions set forth in this form. I authorize Care Enterprise, LLC to process all payment(s) with the above listed credit card. **All payments are nonrefundable**, but can be used towards other training, consulting, coaching, products, and services. Background clearance fees are not included in training fee, if applicable.

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4. **The Client's Responsibilities.** The client, as an entity is seeking to become a PHCP, and Client agrees to the following specific responsibilities:

- a. Only use documentation provided by or approved by CELLC. The Client shall NOT create or implement forms not reviewed by CELLC prior to survey without CELLC reviewing, and both parties coming to an agreement that Client's forms will be used instead of CELLC forms.
- b. Client will perform all work, task, and assignments that CELLC assign, and assignments will be completed in a timely manner to meet scheduled deadlines and time frames to ensure Client will be licensed.

5. **Termination.**

This Agreement will terminate after all training has been completed and satisfied by the Client, and the terms and conditions. No other work product or services will be provided after completion of the scope of work, terms, and conditions under this Agreement.

6. **Limitations on Liability.** CELLC's liability under this Agreement shall be limited to the amount of fees received by CELLC under this Agreement. In no event shall CELLC be liable for any special, consequential, or incidental damages, including without limitation, loss of profits, revenue, or data, even if apprised of the likelihood of such damages occurring.

7. **Counterparts.** This Agreement will be executed by signing, dating and either emailing (contact@careenterprisellc.com) or mailing the agreement to Care Enterprise, LLC, 2105 Brimfield Court, Kennesaw, Georgia 30144. Once both parties have signed, a copy with both signatures will be emailed back to you for record keeping.

IN WITNESS WHEREOF and acknowledging the terms and conditions of this agreement to the following, the Parties affix their signatures hereto.

Client Signature	Print Name	Title	Date
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CELLC Signature	Print Name	Title	Date
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