



Care Enterprise, LLC
Solutions to Complex Problems

Order Agreement Contract Form

COMPLETE THE INFORMATION BELOW TO GET YOUR LICENSE STARTED!

Client Full Name: _____ Cell Phone #: _____
Full Address: _____ Email: _____
State You Live: _____

1. **Services.** CELLC shall provide business products to the Client to assist the Client with approval of an ID/DD licensed **Group Home, Personal Care Home, or Home Care Agency Policy and Procedure Manual.**

Investment in a Customized Policy Manual

Check below which state you would like to purchase a customized policy and procedure manual.

Free Bonus: Customized policy manuals come with the following documents: 15 standard forms, 47+ point checklist to set up home, group home handbook, personal care home handbook, or home care agency handbook.

- Georgia – 290-9-37 Rules (106 pages) – Community Living Arrangement (Group Home)
- Georgia – 111-8-62 Rules (57 pages) – Personal Care Home Manual
- Georgia – 111-8-65 Rules (103 pages) – Private Home Care Provider Manual
- North Carolina - 10A NCAC 27G Rules (118 pages) – Group Home Manual (DD and MH)
- North Carolina - 10A NCAC 13J Rules (50 pages) – In-Home Care Agency Manual
- Pennsylvania – 6400 Codes (139 pages) – Group Home Manual
- Pennsylvania – 6100 Codes (100 pages) – Home Care Manual - \$2,895 if 6400 is purchased
- Pennsylvania – 2600 Code (149 pages) – Personal Care Home Manual
- Texas – HCS Rules (97 pages) – Group Home
- Virginia - 12VAC35-105 Rules (185 pages) – Group Home (DD and MH)
- Virginia - 12VAC35-115 Rules (70 pages) - \$1,700 Human Rights manual only

- **Terms and Conditions:** Client will complete order form, sign, date, email to CELLC, and CELLC will sign, date, and email executed agreement to Client. Once Client receives signed agreement, payment is processed, once payment clears, all purchased documents are immediately emailed to Client in Microsoft Word and/or PDF format for their perusal.
- **Free Revisions:** IF there are revisions from the Client or state surveyor, revisions will be done for free for six-months from signed contract date, based on what CELLC created, and Client submitted to the state for review and approval.
- **Paid Revisions:** Revisions requested by Client or state AFTER six-months from the date on this signed agreement, based on what CELLC created and Client submitted, will be done for a payment of \$1,000 until revisions are approved by the Client and/or state.

Investment for Manual #1: \$3,195 + Manual #2 _____ = Total \$ _____

2. The Client understands and acknowledges that the payments are non-refundable. **Payments will be made via Credit Card.** Once agreement is signed and dated by both parties you will get a scanned copy of agreement emailed for your records.

3. **CREDIT CARD PAYMENT INFORMATION:** Visa MC AmerEx

Name: _____ State: _____ Zip-code: _____ Billing Date: _____

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Card #: _____ Exp. Date: _____ Security Code _____

I understand and agree to comply with the provisions stated above in this agreement and in the Terms and Conditions. I authorize the above checked option(s) to be charged as described above. I understand that I will be billed according to the terms of the agreement. I understand the purchase details described in this agreement. I authorize Care Enterprise, LLC to process payment with this credit card.

Signature: _____ Date: _____

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

- a. Adhere to all state regulations and laws governing the state of the Client's operations.
- b. 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.

5. **Termination.**

- a. This Agreement will terminate after client has received documents based on the above materials, scope of work, and client has possession of purchased documents, which then satisfies the above terms and conditions. No other work, product, services, or consulting will be provided after completion of the scope of work, terms, and conditions under this particular Agreement. Once client has signed agreement, payment processed and received by CELLC; Client has received purchased documents; payment is nonrefundable.
- b. If the Client changes their mind to get license, manual, documents, or fails to communicate or perform task, or Client state's rules and regulations withdrawal's application or manual due to factors beyond CELLC's control, our company will retain all monies paid to CELLC by the Client.
- c. Upon termination under Section 5(b) above, the Client will be required to pay all unpaid sums to CELLC immediately and CELLC will have no obligation to provide any additional services to the Client. The Client is responsible for all costs, attorney's fees; expenses incurred by CELLC to obtain payment from the Client.

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 at 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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EMAIL AGREEMENT TO: CONTACT@CAREENTERPRISELLC.COM

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