



## HOME CARE AGENCY ENROLLMENT FORM

### Section 1 - BUSINESS CONTACT INFORMATION

Business Owner:	Date business commenced:
Company name:	Franchise
Phone   Fax:	Independent Business
E-mail:	Registry
Business Address (City, State Zip Code):	Other

### Section 2 - BUSINESS AND CAREGIVER INFORMATION

<b><u>Organization Information and Requirements</u></b>		
1. We require State Licensure for all agencies. Please include a <b>copy of your license*</b> and note expiration date:		
2. We require our agencies to carry Liability Insurance. Please provide a <b>copy of your Insurance Certificate*</b> and answer the following:		
Who is the provider of your Liability Insurance?		
What is the general liability coverage limit on this policy?		
When is the policy renewal date?		
<b><u>Caregiver Information</u></b>		
1. Do you require mandatory background checks?	Yes	No
2. Does your organization conduct mandatory training for Caregivers?	Yes	No
3. What are the topics of your mandatory training (select all that apply):		
Personal Care	Elder Abuse	
Companionship	Nutrition	
Alzheimer's/Dementia	State/federal laws pertaining to non-medical care	
Other (please specify):		
4. Do you require ongoing/continuing education for Caregivers? (If yes, please select the frequency below)	Yes	No
Monthly	Bi-Annual	
Quarterly	Annual	
5. Please select the topics of your continuing education training from the list below (choose all that apply):		
Personal Care	Alzheimer's	
Companionship	Dementia	
Other (please specify):		
6. Are you able to provide documentation of initial/continuing education, if requested?	Yes	No
7. Are you able to provide documentation/results of background screenings, if requested?	Yes	No
<b><i>Note -Please provide zip code listing/map of your agency's service coverage area so that we may refer direct requests for care to your agency*</i></b>		

### Section 3 - BUSINESS/TRADE REFERENCES

Company name*	Phone*
Address	Contact Person Name
City, State ZIP Code	E-mail
Relationship	Other
Company name*	Phone*
Address	Contact Person Name
City, State ZIP Code	E-mail
Relationship	Other

**\*Required Information**

**SECTION 4 - TERMS FOR RECEIVING GRANTS AND CARE PROVIDER APPROVAL**

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**Thank you for your desire to provide care for someone in need. We are a family organization with a mission to someday provide limitless care based on the needs of your clients. Until then, we will be able to provide \$1,000 Care Provider Grants to service individuals who meet the following guidelines and whose state licensed Home Care Agency (HCA) correctly follows the reimbursement process:**

**Care Guidelines**

Individuals, 79 years of age or older, who live alone or with a spouse, and whose monthly income is between \$2,164 and \$3,780.

**Care Provider Grant Terms and Submission Process**

**Cheryl Kay Foundation will provide a one-time care provider grant in the amount of \$1,000.00 per client. We believe that the best steward of these funds will be the agency providing the care. Please be sure that your care coordinator or nursing case manager understands the importance of scheduling care when it is most needed by the client. We would be happy to share how others have managed their grant dollars to make the most meaningful impact on their clients.**

1. Home Care Agency (HCA) Application must be completed and submitted with copy of State License, Liability Insurance Certificate, and Territory Zip Codes and Map(if available) to the Cheryl Kay Foundation at [admin@cherylkayfoundation.org](mailto:admin@cherylkayfoundation.org) or to the Cheryl Kay Foundation, P.O. Box 102, Oakmont, PA 15139, prior to providing care for which a grant will be sought.
2. Cheryl Kay Foundation will communicate HCA approval for enrollment via email. ***HCA must receive approval prior to providing care for which a grant will be sought.***
3. **Client Identification Process** - Agency will identify client, inform Cheryl Kay Foundation of intent to provide home care services, and receive verbal pre-authorization to provide care for which a grant will be sought.
4. Care Provider Grants will be provided ***retroactive*** to approved home care services rendered, and are contingent upon HCA’s proper submission of documentation.
  - a. Documentation must be submitted in a format that can be audited by the Cheryl Kay Foundation and must be received before an agency will receive a Care Provider Grant. Documentation may be submitted to the foundation using the agency’s current collection methods, but must include details of the care plan, hours of care provided and it must confirm the eligibility of the client based on the guidelines detailed in the Cheryl Kay Foundation Home Care Agency Application. Documentation should be submitted electronically to the attention of Matt Lenart at [admin@cherylkayfoundation.org](mailto:admin@cherylkayfoundation.org).

**For questions, please contact Valerie Kay at 216-513-1655 or [valerie.kay@cherylkayfoundation.org](mailto:valerie.kay@cherylkayfoundation.org).**

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**Signature confirms understanding and agreement to the terms listed**

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\_\_\_\_\_  
Home Care Agency Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cheryl Kay Foundation

\_\_\_\_\_  
Date