The following questions allow us to customize the documents specifically to your company. The questions are optional; however, the more you provide, the better we can customize the documents to your agency. Once we receive your responses, we will begin customizing your order. We ask for five business days to complete this process. Upon completion, we will email you that your order has been shipped and provide the tracking information. We look forward to working with you. Thank you for your order with Home Health Forms.

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| **Question** | **Your Response**  Enter your information below exactly as you  want it on your documents. | |
| Company Name |  | |
| Company Street Address |  | |
| Company City, State Zip code |  | |
| Company Phone Number |  | |
| Company Fax Number |  | |
| Company email address |  | |
| What are your office hours and days open? |  | |
| What services does your company offer? |  | |
| What is your fee schedule? |  | |
| What is your company Mission Statement and Goals (We have one in place if you do not have one prepared)? | |  |
| Is your company seeking Joint Commission, ACHC, or CHAP accreditation? If so, which one? | |  |
| Please specify what state license category you are applying for, if possible provide a link to the regulations. | |  |
| What address should we ship your documents too? | |  |
| Please provide your logo if you have one. | |  |

Regards,

David Anderson

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