

# MY CARE FOR YOU TOO LLC

## Care Consultation Request Form

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Please complete the information below so we can design a personalized, dignified, and compassionate care plan tailored specifically to your family's needs.

### Primary Contact Information

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Preferred Contact Time:  Morning  Afternoon  Evening

### Client Information

Client Name: \_\_\_\_\_

Client Age: \_\_\_\_\_

Service Address (City & Zip Code): \_\_\_\_\_

Current Location:  Home  Hospital  Rehabilitation  Assisted Living

### Care Needs (Select All That Apply)

- Personal Care
- Mobility Assistance
- Dementia Support
- Companionship

Meal Preparation

Overnight Care

24-Hour Care

**Brief Description of Current Situation**

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**Care Schedule**

Estimated Hours Per Week: \_\_\_\_\_

Desired Start Date: \_\_\_\_\_

**Investment & Payment Method**

Private Pay

Long-Term Care Insurance

Veterans Benefits

Other: \_\_\_\_\_

All consultations are confidential. My Care For You Too LLC is committed to providing professional, reliable, and personalized non-medical home care services.