

BrooklineCAN Service Referral Program Application

Company Name: _____

Contact Person: _____

Phone number: (____) _____

E-mail Address: _____

Address: _____

Website: _____

1) What are the services provided by your company? (This information will be provided to B-CAN members as written below.)

2) Please provide the following documentation/information:

- A copy of your license/registration *(please attach to this application)*
- A copy of insurance documents *(please attach to this application)*
- Are your employees bonded & insured? Yes No I do not have employees
- Are your employees CORI checked? Yes No Not Applicable
- Professional affiliations: _____

3) Please provide three client references:

➤ Name: _____ Telephone: _____

➤ Name: _____ Telephone: _____

➤ Name: _____ Telephone: _____

4) Are you available evenings and weekends? Yes No

5) What is your hourly rate? \$ _____

(NOTE: Rate will not be associated directly with individual contractors, B-CAN members will be given a range to aid in their decision making process.)

6) Do you offer a senior discount? Yes No

- **If yes, what is it?**

