

CCV use only

Unique ID # \_\_\_\_\_

Signed up By \_\_\_\_\_

## Provider Information and Agreement

Contact Information			
Business Name			
Contact Name		Title	
Street Address (including zip code)			
Office Phone		Cell Phone	
Email			
Website			
Business Information			
Discount for Members			
Services Provided (Please list all - may attach brochure or additional pages.)			
License or Certification			
Bonded	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Insurance: List types and expiration dates (please attach copies)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

References			
Recommended to CCV By			
Please include the names, phone numbers or email addresses for 3 customer references	<i>Reference #1</i>	Name	
	Contact Information		
	<i>Reference #2</i>	Name	
	Contact Information		
	<i>Reference #3</i>	Name	
	Contact Information		
Agreement and Signature			
<p>Capital City Village (CCV) is an innovative 501(c)(3) nonprofit organization dedicated to enhancing the lives of its members, 50 and over, through a menu of services and programs that enable members to continue to live healthy lives in their own homes. For CCV the member comes first, and we ensure this same excellent service through our providers. Additionally, CCV respects the confidentiality of any member interaction and requires providers to pledge this same ethic in serving CCV members. I agree to a background check by CCV.</p>			
Name (printed)			
Date of Birth		Initial	
Signature		Date	