



Care Enterprise, LLC  
Solutions to Complex Problems

## Order Agreement Contract Form

COMPLETE THE INFORMATION BELOW TO GET YOUR GROUP HOME LICENSE STARTED!

Client Full Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Full Address: \_\_\_\_\_ Email: \_\_\_\_\_  
State You Live: \_\_\_\_\_

1. **Services.** CELLC shall provide business products and consulting services to the Client to assist the Client with approval of an **ID/DD Group Home Policy and Procedure Manual**. CELLC's services shall consist of the following:

### Investment in a Customized Policy Manual

Check which state you would like to purchase a customized adult group home policy and procedure manual.

- Once agreement is signed and dated by you, we will sign, date, scan, and email the agreement back to you for your records.
- All our policy manuals are customized and take around 45-90 minutes for you to personalize.
- IF there are revisions from the state surveyor, revisions will be done for free for six-months from date on this executed agreement.
- Revisions requested by state AFTER six-months from the date on the signed agreement will be made with a payment of \$500 until the new requested revisions are approved by the state.

• **Free Bonus:**

Customized policy manuals come with the following documents: **15 standard forms, 47+ point checklist, and 52-page group home handbook.**

- Georgia  
 North Carolina  
 Pennsylvania  
 Texas  
 Virginia (comes with over 33+ customized forms)

**Investment for Policy Manual: \$3,195**

2. The Client understands and acknowledges that the payments are non-refundable. **Payments will be made via Credit Card.** Once agreement is signed and dated by both parties you will get a scanned copy of agreement emailed for your records.

3. **CREDIT CARD PAYMENT INFORMATION:**  Visa  MC  AmerEx

Name: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_ Billing Date: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code \_\_\_\_\_ **TOTAL: \$** \_\_\_\_\_

I understand and agree to comply with the provisions stated above in this agreement and in the Terms and Conditions. I authorize the above checked option(s) to be charged as described above. I understand that I will be billed according to the terms of the agreement. I understand the purchase details described in this agreement. I authorize Care Enterprise, LLC to process payment with this credit card.

**Caring Solutions to Complex Problems!**



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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

4. **The Client's Responsibilities.** The client, as an entity is seeking to become a **Group Home** provider, which is a group home for ID/DD Clients. Client agrees to the following specific responsibilities:

- a. Adhere to all state regulations and laws governing the state of the Client's operations.
- b. Only use documentation provided by or approved by CELLC. The Client shall NOT create or implement forms not reviewed by CELLC prior to survey without CELLC reviewing, and both parties coming to an agreement that Client's forms will be used instead of CELLC forms.

5. **Termination.**

- a. This Agreement will terminate after client has received documents and client has possession of purchased documents, which then satisfies the above terms and conditions. No other work, product, services, or consulting will be provided after completion of the scope of work, terms, and conditions under this particular Agreement. Once client has signed agreement, payment processed and received by CELLC; Client has received purchased documents; payment is nonrefundable.
- b. If the Client changes their mind to get license, manual, documents, or fails to communicate or perform task, or Client state's rules and regulations withdrawal's application or manual due to factors beyond CELLC's control, our company will provide written notice of termination and the Client will have **30** days to correct the factors and if the factors are not corrected within this time or the factors are uncorrectable, this Agreement will terminate and CELLC will retain all monies paid to CELLC by the Client.
- c. Upon termination under Section 5(b) above, the Client will be required to pay all unpaid sums to CELLC immediately and CELLC will have no obligation to provide any additional services to the Client. The Client is responsible for all costs, attorney's fees; expenses incurred by CELLC to obtain payment from the Client.

6. **Limitations on Liability.** CELLC's liability under this Agreement shall be limited to the amount of fees received by CELLC under this Agreement. In no event shall CELLC be liable for any special, consequential, or incidental damages, including without limitation, loss of profits, revenue, or data, even if apprised of the likelihood of such damages occurring.

7. **Counterparts.** This Agreement will be executed by signing, dating and either emailing ([contact@careenterprisellc.com](mailto:contact@careenterprisellc.com)) or mailing the agreement to Care Enterprise, LLC at 2105 Brimfield Court, Kennesaw, Georgia 30144. Once both parties have signed, a copy with both signatures will be emailed back to you for record keeping.

IN WITNESS WHEREOF and acknowledging the terms and conditions of this agreement to the following, the Parties affix their signatures hereto.

Client Signature	Print Name	Title	Date
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CELLC Signature	Print Name	Title	Date
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**EMAIL YOUR COMPLETED AGREEMENT TO GET LICENSED TODAY!**

**EMAIL: [CONTACT@CAREENTERPRISELLC.COM](mailto:CONTACT@CAREENTERPRISELLC.COM)**

**Caring Solutions to Complex Problems!**