

Marvest Private Home Care, INC  
Authorization of Description of service & charges



By signature below, I \_\_\_\_\_, a \_\_\_\_\_ of \_\_\_\_\_, acknowledge that Marvest Private Home Care, INC has explained and given me a copy of the service descriptions and charges for all services. The agency has also explained all my method of payment options for services rendered and the company policy and protocol.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date