



# ShareCare of Leelanau, Inc.

7401 E Duck Lake Rd # 600  
Lake Leelanau, MI 49653  
231-256-0221

## Contract Service Provider Information

ShareCare, a non-profit organization, acts to meet the home care needs of its members by referring appropriate independent contractors. ShareCare does not charge a fee to its membership or to the contractor for this service.

**HOW IT WORKS:** A Member calls the ShareCare Office to report a problem/situation. ShareCare determines the type of contract service provider needed and contacts one or more contractors to inquire availability. This information is relayed to the Member who makes the final contact to arrange date, time, and cost of service. ShareCare follows up with the Member after the service has been performed to inquire service satisfaction. If you are interested in being on our list of Contract Service Providers, please fill out this form and return to ShareCare. Please provide complete information for all references listed.

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Name of Business: \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

**Please list the kinds of work that you do (be specific):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### What areas of Leelanau County do you serve?

- |  |   |
|--|---|
| <input type="checkbox"/> All                         | <input type="checkbox"/> Glen Lake School District                        |
| <input type="checkbox"/> Leland School District      | <input type="checkbox"/> Northport School District                        |
| <input type="checkbox"/> Suttons Bay School District | <input type="checkbox"/> Traverse City School District (Elmwood Township) |

**Fees Charged:** Fill in the following as appropriate for your work. Please indicate any Senior Citizen discounts you offer.

I/We charge \$\_\_\_\_\_ per hour     I/We will quote specific jobs     Discount offered: \_\_\_\_\_

Service Calls and repair work are charged as follows: \_\_\_\_\_

Charges for work at irregular hours or on holidays are: \_\_\_\_\_

List any other charges that may apply in your work: \_\_\_\_\_

**Do you do business as:**  an individual  a partnership  a corporation

**Please answer those items that apply:**

Do you carry liability insurance?  Yes  No Amount? \$\_\_\_\_\_ Number of Employees: \_\_\_\_\_

Employees bonded and insured? \_\_\_\_\_ Limits of the bonding/insurance? \_\_\_\_\_

Do you carry worker's compensation insurance? \_\_\_\_\_

If required to be licensed, list number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Please list three customer references that ShareCare may contact (name, mailing address and phone):**

_____	_____	_____
_____	_____	_____
_____	_____	_____

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

I understand that if called by ShareCare, I will work as an independent contractor and will establish my fee for services with the client (or his/her family) and all payments for work performed will be made directly from the client to me. I understand that I will be responsible for my own (and employees, if any) required government taxes and withholding. Further, I agree that, if necessary, I will cooperate with an impartial ombudsperson to resolve any problems between a client member and me.

\_\_\_\_\_  
Authorized Contractor Signature Date

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**OFFICE USE**

Date this form returned: \_\_\_\_\_

Reference Check Forms mailed: \_\_\_\_\_ Returned: \_\_\_\_\_

Recommendation/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized ShareCare Signature Date