Franchise Request for Consideration

In order to be considered for a Caring Senior Service franchise, please complete and return this application questionnaire.

Please fax to: (888) 829-3998 OR Email to: franchise@caringinc.com

Applicant Full Name: _____
Street Address: _____
City: _____
State: Zip: _____

Preferred Franchise Location (City / State): _____

Contact Information. It is important that we are able to reach you.

Telephone Numbers: _____
Day: _____
Evening: _____
Email Address: _____

What was it that attracted you to owning your own business and why senior care?

_____
_____
_____
_____

Associates:

Will there be a partner associated with the business? No
If so, who? Name: _____
Relationship: _____
Contact Telephone #: _____

Please expand:

_____
_____
_____

Will you be the primary operator of the business? No
If not, who? Partner / New Hire / Associate

Please expand:

_____
_____
_____

Previous Work History:

_____
_____
_____
_____

Franchise Request for Consideration (Page 2)

Please describe the personal experiences of you or your partner that will assist you in the development of your business:

Please describe any experience you or your partner have in caring for the elderly:

Previous Litigation:
Have you currently or previously had any criminal or civil actions against you? No

Please expand:

Finances:
Establishing a Caring Senior Service office will require a minimum of $30,000.
How much capital for investment do you have available?
What would constitute a full time income for you?

Time Frame:
When do you plan to commence operation of the business? (Mo/Yr)
When are you available to complete the 10 day training? (Mo/Yr)

Applicant Signature: **Date:**

Please fax to: (888) 829-3998 **OR Email to: franchise@caringinc.com**