

ADULT DAY CARE GROUP ORDER FORM

Call 610-584-2222 to speak with a representative.
FAX: order to 610-222-8069.
Send check or money order to:
Adult Day Care Group, P.O. Box 1452, Skippack, PA 19474

[] \$3/5 - Starter Package			
 [] \$700 – Business Package [] \$3200 – Business Package with State Specific Policy and Procedures [] \$675 – Starter Business Package [] \$95 - Starter Manual [] \$100 – Starter Manual California [] \$675 - How to Start a Social Adult Day Care Center in New York [] \$415 - Policy and Procedures [] \$415 – Social Adult Day Care Policy and Procedures [] \$65 - Transportation 			
		[] \$145 - Design and Floor Plans	
		[] \$30 - Techniques for Successful Intake and Admissions	
		[] \$225 - Adult Day Care Forms	
		[] \$40 - Conducting a Needs Analysis	
		[] \$95 - Emergency and Disaster Procedures for an Adult Day Care Center	
		[] \$95 - Alzheimer's and Dementia Care Manual	
[] \$95 - Activity Book			
[] \$50 - The Human Factor in Starting Your Own Bu	siness		
[] \$25 - The Patient Survival Guide			
[] \$65 - Financing Guide			
[] \$65 - Participant Handbook			
[] \$45 - How to Become a Medicaid Provider			
Name:			
Title:			
Organization:			
Address:			
City:	State: Zip:		
Phone: () Fax: ()	Email:		
Indicate card type: [} VISA [] MASTERCARD [] A	MERICAN EXPRESS [] DISCOVER		
Card Number: Exp	iration Date /		
Name as it appears on card:			
0:			
Signature (required)			
Sub Total:			
International Shipping	To be determined		
PA Residents add 6% Sales Tax:			
TOTAL AMOUNT			