

Kingsway Home Care Service Rates

Companion \$ 37 per hour

(weekends \$39/hr, holidays \$74/hr)

Home Health Aide/

Personal Care Aide \$ 40 per hour

(weekends \$42/hr, holidays \$80/hr)

Weekly Nursing Visit to

Pre-pour Medications \$150 per week

Nursing Visit (Weekdays) \$150 per visit

(holiday/weekends \$50 additional)

PRI Assessment for Nursing

Nursing Assessment to Open Cases \$185 per assessment

Renewal Assessment

(Every 6 Months) \$185 per renewal assessment

Mileage \$.85 per mile

Call or email for an appointment today: 518-382-8187 or homecare@kingswaycommunity.com

KWHC Effective January 2024. Rates are subject to change.





Thank you for your interest in Kingsway Home Care Services. In order to properly process an individual's application, we must have the following information. Please answer all questions carefully. The information herein is confidential and constitutes the basis for client acceptance.

Today's Date _	
Date Received	

Name of Client _			
	Last	First	Middle
Address			
	Street	City	State/Zip
Email			
Social Security N	umber		Phone
Date of Birth		□ Male □ Female	Marital Status
U.S. Citizen? □	Yes □ No If not citizen o	of U.S. or dual citizen, w	hat country?
Name of Attendi	ng Physician		
Physician	's Phone	F	-ax
1.Name			Relationship
Address			
			Cell#
Email			
□ POA □ Gua	rdian 🏻 Health Care Prox	y Autho	orized to assist with finances? Yes No
2.Name			
			Relationship
Address			
Home #			Cell#
Email		ork #	

Confidential Financial Statement

Earned income (monthly)	\$		
Social Security Benefits	\$		
Veteran's Benefits			
Pension (specify)			
IRA Income			
Annuity			
Other (specify)			
Net Monthly Income			
List all assets you intend to us	se to pay for your car	e, i.e. bank/investment accounts:	
Institution Addres	, , ,	Account Number	<u>Balance</u> \(\frac{\omega}{2}\)
	- 		
1.Do you have any CDs?	□No □ Yes	If yes, what is the value?	
2.Do you have any IRAs?		If yes, what is the value?	
3.Do you own stocks or bonds		If yes, what is the value?	
4.Do you own real estate?		If yes, what is the value?	
-			
		with what company?	
	_		
		recent official bank or account stater	
			-
		ts been transferred, including gifts to f yes, please provide information/copies	_
determining whether there wil assistance. I hereby give King	ll be a source of payr gsway Home Care Se nd further agree that	n the accuracy of the above information ment and to determine when the client rvice permission to verify medical and the funds will be available for the car	may need financial financial information
Signature of Prospective Client		Signature of Financially Responsible Party ((if other than client)
Address		Date	
Phone		Relation to Applicant	

Federal and State laws prohibit discrimination based on age, sex, sexual preference, race, color, ancestry, national origin, religious creed, disability, blindness, marital status, source of payment, or sponsorship.

KWHC 02/2025