



## IN-HOME SERVICES COMPANY SERVICE PROVIDER APPLICATION

Legal name of company: \_\_\_\_\_

Name of company if different from legal name: \_\_\_\_\_

Owner or contact person and his/her title: \_\_\_\_\_

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

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

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

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

1. What geographic areas do you serve? \_\_\_\_\_

2. How long have you been in business? \_\_\_\_\_

3. What are your areas of expertise? Please check all that apply:

- Companionship
- Errands
- Housekeeping
- Housesitting / House checks
- Organizing / Downsizing / Clean-out
- Pet Care (please circle all that apply: pet sitting / dog walking / grooming)
- Respite
- Technology assistance

4. Please describe any additional special skills or services:

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5. Do you do the work yourself? Y / N

a) Do you have employees? Y / N

b) Do you use subcontractors? Y / N

6. Do you do background checks on your workers? Y / N If Yes, what kind?

- a) Criminal? Y / N
- b) Child & Dependent Adult Abuse? Y / N
- c) Sex offender registry? Y / N

7. Please provide:

- Copies of current licenses and certifications
- Copy of current Certificate of Insurance coverage for your company
- Any written warranty policies
- Three customer references. References will be contacted by a TRAIL representative. TRAIL has identified four screening criteria for all vendors: Reliability, Expertise, Fair Pricing, and Overall Positive Customer Relationships.

References:

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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Company representative signature

Date

*Unless otherwise instructed, please return this form to [info@trailofjohnsoncounty.org](mailto:info@trailofjohnsoncounty.org) or mail to TRAIL of Johnson County, 308 East Burlington Street #196, Iowa City, IA 52240.*