



## Kingsway Home Care Service Rates

<b>Companion</b> .....	\$38 per hour (weekends \$40/hr, holidays \$74/hr)
<b>Home Health Aide/ Personal Care Aide</b> .....	\$42 per hour (weekends \$44/hr, holidays \$80/hr)
<b>Weekly Nursing Visit to Pre-pour Medications</b> .....	\$150 per week
<b>Nursing Visit (Weekdays)</b> .....	\$150 per visit (holiday/weekends \$50 additional)
<b>PRI Assessment for Nursing Home Placement</b> .....	\$300 (out-of-state \$25 additional)
<b>Nursing Assessment to Open Cases</b> .....	\$185 per assessment
<b>Renewal Assessment (Every 6 Months)</b> .....	\$185 per renewal assessment
<b>Mileage</b> .....	\$.85 per mile

Call or email for an appointment today: 518-382-8187 or  
[homecare@kingswaycommunity.com](mailto:homecare@kingswaycommunity.com)

KWHC Effective January 2024. Rates are subject to change.

# Application for Home Care Services



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 Number \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female Marital Status \_\_\_\_\_

U.S. Citizen?  Yes  No If not citizen of U.S. or dual citizen, what country? \_\_\_\_\_

Name of Attending Physician \_\_\_\_\_

Physician's Phone \_\_\_\_\_ Fax \_\_\_\_\_

## Individuals to be contacted for future correspondence (list additional contacts on separate sheet if needed)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Email \_\_\_\_\_

POA  Guardian  Health Care Proxy Authorized to assist with finances?  Yes  No

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Email \_\_\_\_\_

POA  Guardian  Health Care Proxy Authorized to assist with finances?  Yes  No

