



Dear Service Provider,

You are being invited to submit a Service Provider Application to become a preferred provider of services for the Chelsea Community Senior Services (C2S2) network.

The Chelsea Senior Center, in conjunction with Silver Maples and other community partners, launched this program which is designed to assist seniors in living independently in their own homes and staying connected to their community. The Chelsea Community Senior Services (C2S2) program provides seniors access to needed services using volunteers or through referrals to vetted service providers. Prospective participants will include older adults aged 60+ who reside within Chelsea and the surrounding communities.

The special value to C2S2 participants is the fact that service providers will be screened and must provide the highest caliber of service to our participants while also offering our participants a special benefit or discount.

Please be aware that we may have more than one company providing the same service and participants will provide us feedback on their experience. Also, we expect each of our service providers to offer some sort of discount or special benefit (experience working with seniors) to our participants.

If you are interested in being considered as one of the service providers in the C2S2 program, please return your completed application by email to mpfeiffer@chelseaseniors.org or by mail to the Chelsea Senior Center, 512 Washington Street, Chelsea, MI 48118.

For questions, please call (734) 475-9242.

Thank you,

Lisa Klinkman
C2S2 Senior Services Coordinator
lklinkman@chelseaseniors.org
Chelsea Senior Center
512 Washington Street
Chelsea, MI 48118



C2S2 Service Provider Application & Agreement

Company Name:

Contact Person:

Title:

Birthdate:

Street Address:

City & Zip Code:

Main phone:

Mobile phone:

Emergency contact & phone:

Email Address:

Website:

Please check all the services that you would provide on the back of this sheet.

Are you licensed? If so, please attach a copy of your license. (May be required)

- Yes
- No

Are you insured? If so, please attach a copy of your insurance. (May be required)

- Yes
- No

Do you use subcontractors and/or independent contractors?

- Yes
- No

What discount or special benefit would you provide to participants?

This agreement does not create, either directly or indirectly, any partnership, joint venture, employment or agency relationship between Vendor and the Chelsea Senior Center. Vendor is acting solely as an independent contractor and has no affiliation to or endorsement by the Chelsea Senior Center. Vendor understands and agrees that Vendor's name may be removed from the Vendor list at any time for any reason. Vendor acknowledges that Vendor will not be eligible for or receive any benefits for which employees of the Chelsea Senior Center are eligible nor will Vendor be covered under any Chelsea Senior Center insurance, including Workers Compensation insurance. Vendor agrees to hold harmless the Chelsea Senior Center when completing a job referred by the Chelsea Senior Center.

Signature

Date

Tell us about your company experience and how long you've been in business.

Describe your experience with working closely and sensitively with older adults.

Please check all the services that you would provide (some services will or may require proof of insurance, license, or certification):

- Home maintenance
- Ramp building/home adaptations
- Plumbing
- Electrician
- Roofing
- Painter (Indoor or Exterior)
- Clean Gutters or Power wash
- Yard Work or Landscaping
- Snow Removal
- Tech and Electronics
- Appliance repair
- House Cleaning
- Food Delivery
- Mending
- Pet care
- Transportation
- Home health assistance
- Nursing level home health assistance
- Hospice care
- Estate planning
- Legal service
- Resource Advocate
- Notary
- Hair care (in home)
- Nail care
- Exercise
- Massage
- Medical Field (please specify):
- Other: