



**1917 Torrey Pine Drive
Flower Mound, TX 75028
www.e-seniorservices.com
(972) 809-0247**

Verified Service Provider (VSP) Application

For use by our individual and corporate clients, **E-Senior Services** is compiling a comprehensive list of local businesses who provide services and products for area seniors, family caregivers and senior care providers. To apply to be an **E-Senior Services Verified Service Provider (VSP)**, we ask you to provide to us annually, for review and verification, a brief amount of relevant data (see below), copies of your current licenses and proof of insurance.

Your business name: _____

Primary business address: _____

(*For multiple locations, please complete a separate application for each location)

Business phone: _____ **Business fax:** _____

Contact name/title for VSP network: _____

Contact e-mail address: _____

Business web site address: _____

Hours/days of operation: _____

Category(s) of business or services offered: (ex., assisted living facility, pharmacy, grocery with delivery service, physician, financial planner, attorney, transportation, home care agency, etc.)

Service areas: Please describe the geographical areas you serve.

Services offered in languages other than English: If you have staff members proficient in languages other than English who are readily available to serve your clients or patients, please state those languages below.

Background checks: How frequently do you perform criminal background checks on all of your employees? Do you perform national checks as well as Texas?

Insurance: Please attach copies of your current declarations page (not the entire policy, please) showing your business has the following insurance coverages, if applicable to your type of business:

- Professional liability
- General liability
- Worker's compensation

Current licenses: Please **complete either Section A or B** below and sign and date.

A. My type of business or my profession is licensed or controlled by the State of Texas or other regulatory entity and

____ I certify that I personally have the appropriate current license or permits and am in good standing (ATTACH COPY OF CURRENT LICENSE) **OR**

____ I certify that my business has the appropriate current license or permits and is in good standing (ATTACH COPY OF CURRENT LICENSE)

B. ____ My business or profession is not subject to licensing or permits.

Signature of licensed professional or business representative completing application/Title

Date

VSP Application fees: (fee is nonrefundable and does not guarantee acceptance as a VSP nor receipt of referrals; fee covers our processing and verification costs):

| | |
|--|---------------------------------|
| 1 to 2 locations for the same business | \$95 per location for 12 months |
| 3 or more locations for the same business | \$80 per location for 12 months |

*Please complete, sign and mail application (with copies of licenses and insurance declarations pages), and your check payable to E-Senior Services, to: **E-Senior Services, 1917 Torrey Pine Dr, Flower Mound, TX 75028***

Our VSP members also have the option of placing banner ads on our web site. Would you like information on our web site advertising? _____

We will keep you posted on the VSP program and regarding area educational and marketing opportunities for your business through e-mail and periodic e-newsletters from E-Senior Services (our newsletters are published about once a month).

____ Please **do NOT send** me E-Senior Services e-mail newsletters and educational/event updates

If you have any questions regarding the **E-Senior Services Verified Service Provider (VSP) program**, please e-mail us at info@e-seniorservices.com or call us at 972-809-0247.

For office use only

Date accepted: _____

By: _____

VSP # _____

Form 2/10/10