**Beneficial Home Health Services, Inc.** thanks you for showing interest in being part of our family. As per requested, included in this packet is the application form. Please be sure to send us a copy of your:

* CA Driver License
* SS Card
* Auto Insurance
* Professional License
* Professional Liability (*if applicable*)
* Physical Exam Results
* TB Results

Kindly please let us know which areas/cities you are available to cover (*please include this page in the application to be submitted)*:

1.
2.
3.
4.
5.
6.

Once the application has been submitted, it will go under review. Once reviewed we hope to send you patients soon. You may submit the application via mail or e-mail to: **BeneficialHomeHealth@gmail.com**

or via fax to: **(714) 256-0754.**

If you have further questions, do not hesitate to call us at (714) 256-0756. Thank you!

Ajay Caluza

Intake Coordinator

(714) 256-0756