

Safe Living At Home Partnership Inquiry Form

Thank you for your interest in partnering with Safe Living At Home. Our company specializes in home modifications for individuals who are aging in place or living with a disability. We highly value collaborations with skilled professionals who share our commitment to enhancing the safety and accessibility of home environments. This form is designed to start the partnership process with our company.

Company Information:

Company Name: _____

Contact Person: _____ Title/Position: _____

Company Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Website: _____

Experience and Qualifications:

Years in Business: _____ Licenses/Certifications: ☐ Yes ☐ No Insured: ☐ Yes ☐ No Bonded: ☐ Yes ☐ No

Services Offered (Check all that apply)

Grab Bar Installation ☐

Stair Lift Installation ☐

Outdoor Railing Install ☐

Bathroom and Kitchen
Modifications ☐

Flooring and Lighting
Modifications ☐

Other (please specify):

Ramp Installation ☐

Accessible Home Design
Consultation ☐

Widening Doorways ☐

Questions:

How much notice need to schedule services? _____

How many projects can your company manage concurrently? _____

Can your company provide any special rates or services for Veterans/First Responders?

Agreement and Signature

Consent to Contact and Partnership Discussion:

☐ I agree to be contacted by Safe Living At Home for further discussion about partnership opportunities.

Signature: _____ Date: _____

Submission Instructions:

Please complete and return this form to partners@safelivingathome.com. Our team will review your submission and reach out to discuss partnership opportunities.