

**JOB REFERRAL  
CONFIRMATION**

**INDEPENDENT CONTRACTOR'S  
JOB REFERRAL CONFIRMATION**

**I. INDEPENDENT CONTRACTOR'S INFORMATION**

Name: \_\_\_\_\_ Placement Date: \_\_\_\_\_

Title: RN; LPN; C N A; Homemaker, Companion/Sitter (Circle One)

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Pager #: \_\_\_\_\_

Professional License / Certification # \_\_\_\_\_ Fla. Driver's License # \_\_\_\_\_

Job Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. PATIENT INFORMATION / FACILITY INFORMATION (CIRCLE ONE)**

Name : \_\_\_\_\_ Phone # : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**RESPONSIBLE PARTY / CONTACT PERSON (CIRCLE ONE)**

Name : \_\_\_\_\_ Phone # : \_\_\_\_\_

Alternate #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

GOOD SISTERS & BROTHERS HOMECARE SERVICES, LLC

**III. PHYSICIAN'S INFORMATION (IF APPLICABLE)**

Name : \_\_\_\_\_ Phone # : \_\_\_\_\_  
Fax #: \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Date of MD's order: \_\_\_\_\_

Statement of MD's Order: \_\_\_\_\_

**IV. FEES**

AMOUNT: \$ \_\_\_\_\_ Per \_\_\_\_\_ CIRCLE ONE: Hour / Day / Week

**V. INDEPENDENT CONTRACTOR'S CONFIRMATION**

By signing below, I confirm that I am referred to the patient / facility names above on the date indicated above and for the fee listed in item IV of this document.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Independent Contractor's Signature & Title

\_\_\_\_\_  
Date