Special Per ads August 1

Michigan Southeastern Areas Home Care

Atternatives

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Summer/Fall 2024 Edition

Only \$195 for an Index Listing in the Summer/Fall 2024 Directory or add a Descriptive Ad with PHOTO or LOGO for only \$200 more!

Both options include an enhanced online listing on AlternativesforSeniors.com.

	Please Note Most agarcies provide service throughout the Southwast Michigan was. City indicates the company's copanists office. yet copanists office. J. Available & Coptons & Call for two Southwast So	the state of the page of the state of the st	
	Alphabetized by Company Nan	ne:	
	Affordable HomeCare 20540 W 12 Mile Rd • Farmington Hills (249) 419-5010	26 • / / / / /	
	AmeriCare Homecare 28910 Sir Mile Road • Livonia (734) 464-2773		
	Angels at Home Care 22'01 Middlehit Rd, Str. G - Famington Hills (248) 25-4-123-	24 * / / / / / / *	
	Assured Home Nursing Services 725 S. Adams, Str. 258 - Binnington (248) 583-813-		
	BrightStar Care Serving Southeast Michigan (249) 449-5110	m * ///////////////////////////////////	
	CITA Angels Homecare 17530 W. 13 Mile Rd, Str. 110 • Southfield (BGG) 543-6431	28 / / / / / / / / /	
	Home Care Solutions II - Baptist Manar Campus 20275 W. 12 Mile Road - Farmingson Hills. (249) 528-4000	22 • / / / / / / / / / / / /	
	Interim HealthCare 00 Van Dyky Rd., Son. 101 - Washington (SSE) 2921-6290		
	Ho are Services (506) 280 045		
	Counties (049) 965-1000		
CA	(349) 795 1500		Desci
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	In	dex Listing	



INDEX CHECKLIST

Please choose at least one:

	. \Box			
Medical Medical	al 📖	Non-	-Med	ical

Mark services with appropriate symbol

✓ : Available

Optional

◆ : Call for information

BLANK: Not Available

Personal Care / Hygiene

Homemaker Services

Medication Management

Transportation / Errands

____ Home Care Aides /

Companions

Respite Care

Skilled Nursing

Private Duty Nursing

Wound Care

Physical / Occup. Therapy

Home Infusion Therapy

__ In-Home Lab / X-Ray

Medicare

Medicaid

Simply complete the form and fax to below number by August 15th!

Email logo or photo to: Graphics@AlternativesforSeniors.com for use on AlternativesforSeniors.com

Contact Information Name: Community Name: _ Corporate Affiliation (if applicable): _____ _____ County: _____ Fax Number: Telephone Number: Email Address: ___ Website Address: **Billing Information: TOTAL DUE:** \$195 (Index) \$395 (Index & Descriptive) Please Check One: Please Bill Me ■ Mastercard Visa ☐ American Express Card Number: __ ___ Expiration Date: _____ Security Code: ____ Name on Card: ___ ___ Authorized By: ___ Credit Card Billing Address: ____ __ Zip: ___



A Preferred Resource for Senior Housing and Services Since 1992

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