BRIGHT HORIZONS
HOME SUPPORT INC.
Cleaning Homes • Restoring Hope • Changing Lives.

CLIENT INTAKE FORM

Bright Horizons Home Support Inc.

Phone: 657-596-5984

Email: info@bright-horizon-home.com

Serving Seward County • York County • Surrounding Counties

1. Client Information

Full Name: _____ Date of Birth: _____

Preferred Name: _____

Phone Number: _____ Alternate Phone: _____

Email Address: _____

Street Address: _____

City, State, Zip: _____

County: _____

Best way to contact: ☐ Phone ☐ Text ☐ Email

Marital Status: _____ Household Size: _____

Do you rent or own your home? ☐ Rent ☐ Own ☐ Other _____

2. Emergency Contact

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

Alternate Phone: _____

3. Referral / Program Information

How did you hear about us? _____

Referred by: _____

Are you applying for services for yourself or someone else? ☐ Self ☐ Someone Else

If someone else, name and relationship: _____

Have you received our services before? ☐ Yes ☐ No

Preferred appointment days/times: _____

4. Household & Support Needs

Who lives in the home? _____

Do you have children in the home? ☐ Yes ☐ No

Do you have pets in the home? ☐ Yes ☐ No If yes, type/number: _____

Are there any safety concerns in the home? ☐ Yes ☐ No

Is anyone in the home currently receiving home health, case management, counseling, or other support services? ☐ Yes ☐ No

Primary challenges affecting ability to clean/maintain home (check all that apply):

☐ Depression ☐ Anxiety ☐ PTSD/Trauma ☐ Physical limitations
☐ Chronic illness ☐ Recent crisis ☐ Overwhelm ☐ Hoarding/Clutter
☐ Lack of support ☐ Other _____

5. Service Needs

☐ Decluttering / Organizing
☐ General Cleaning
☐ Deep Cleaning
☐ Kitchen Cleaning
☐ Bathroom Cleaning
☐ Bedroom Cleaning
☐ Laundry Assistance
☐ Trash Removal / Bagging
☐ Move-In / Move-Out Help
☐ Ongoing Maintenance Support
☐ Other _____

Please describe the main cleaning or household concerns: _____

Which areas of the home need the most attention? _____

Are there any rooms we should not enter? ☐ Yes ☐ No If yes, explain: _____

Are there any supplies, chemicals, or equipment we should avoid? ☐ Yes ☐ No

If yes, explain: _____

Do you have working utilities in the home? ☐ Water ☐ Electricity ☐ None ☐ Limited

6. Health / Access / Safety Information

Do you have any mobility limitations we should be aware of? ☐ Yes ☐ No

Do you use any assistive devices? ☐ Yes ☐ No

Are there odors, pests, mold, or biohazard concerns? ☐ Yes ☐ No

Any allergies or sensitivities to cleaning products? ☐ Yes ☐ No

Is there anything else our team should know to support you respectfully and safely? _____

7. Consent & Acknowledgment

I understand that the information provided on this form will be used to determine eligibility, plan services, and promote safe and appropriate support. I certify that the information I provided is true to the best of my knowledge.

Client Signature _____ Date _____

8. Scheduling Availability

Preferred days of the week:

☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

Preferred time of day:

☐ Morning ☐ Afternoon ☐ Evening ☐ Anytime

Specific dates that work for you: _____

Times that usually work best: _____

Are there any days or times that do NOT work for you? _____

How much notice do you prefer before a visit? _____

APPOINTMENT ARRIVAL WINDOW: Scheduled appointment times are estimated arrival times. Please allow Bright Horizons Home Support Inc. up to one hour after the scheduled appointment time to arrive due to travel, prior appointments, or unforeseen delays.

Staff Use Only

Eligibility Status: ☐ Approved

Intake Completed By: _____

Intake Date: _____

Follow-Up Needed: ☐ Yes ☐ No

Thank you!

Your trust helps us create clean spaces and brighter futures for families in need.

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CLIENT LIABILITY & RESPONSIBILITY WAIVER

By signing below, you acknowledge and agree to the following terms and conditions.

CLIENT INFORMATION

Client Name: _____

Service Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

Clean ID / Reference #: _____

Type of Clean:

☐ Routine ☐ Deep Clean ☐ Move-In/Move-Out
☐ Post-Illness ☐ Other: _____

WAIVER & AGREEMENT

In consideration of Bright Horizons Home Support Inc., a nonprofit organization, providing cleaning services at the address listed above, I (the client) agree to the following terms and conditions:

1. ASSUMPTION OF RISK & LIABILITY

- I understand that Bhaning involves the use of household cleanning products, equipment, and tools.
- While our team takes every reasonable precaution to provide safe and thorough service, I acknowledge that risks may exist, including but not limited to slips, falls, accidental damage, or allergic reactions.
- I agree to release, waive, and discharge Bright Horizons Home Support Inc., its volunteers, employees, and representatives from any and all liability, claims, demands, losses, damages, or expenses (including attorney fees) arising out of or [illegible]

2. CLIENT RESPONSIBILITIES

- I agree to provide a safe working environment.
- I will secure all pets or inform the team of any pets on the premises prior to the cleaning.
- I will inform the team of any hazardous materials, fragile items, or areas that require special attention.
- I understand that team members are not responsible for moving heavy furniture, climbing over furniture, or performing tasks outside the agreed-upon scope of work.
- I agree to be honest and respectful toward all volunteers

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Email Address: _____ ☐ Post-Illness ☐ Other: _____

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- I agree to release, waive, and discharge Bright Horizons Home Support Inc., its volunteers, employees, and representatives from any and all liability, claims, demands, losses, damages, or expenses (including attorney fees) arising out of or in connection with the cleaning services provided.

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- I agree to be honest and respectful toward all volunteers and staff.

3. PERSONAL PROPERTY

- I understand that Bright Horizons Home Support Inc. is not responsible for loss, theft, or damage to cash, jewelry, documents, electronics, or any personal belongings.
- I agree to remove or secure any valuables prior to the cleaning service.

4. SERVICE LIMITATIONS

- Cleaning services are provided on a best-effort basis.
- We do not guarantee the removal of all stains, rust, mold, or buildup.
- Additional services outside the original agreement may require separate arrangements.

5. GENERAL TERMS

- This waiver is valid for all cleaning services provided by Bright Horizons Home Support Inc. at the address listed above.
- This agreement shall be governed by and interpreted in accordance with the laws of the state in which the services are provided.
- If any provision of this waiver is found to be invalid, the remaining provisions shall remain in full force and effect.

6. APPOINTMENT ARRIVAL WINDOW

- Scheduled appointment times are estimated arrival times. The client agrees to allow Bright Horizons Home Support Inc. an arrival window of up to one hour after the scheduled appointment time due to travel, prior appointments, or unforeseen delays.

EMERGENCY CONTACT (OPTIONAL)

Name: _____ Relationship: _____

Phone Number: _____ Alternate Phone: _____

ACKNOWLEDGMENT & SIGNATURE

I have read this Liability & Responsibility Waiver in its entirety and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Client Signature: _____ Date: _____

Printed Name: _____

Thank you!

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