

**From:** info@homecarequote.com  
**To:** Client recipient email  
**Subject:** [HomeCareQuote] - Quote information

**Content:**

Dear [Customer Name],

Thank you for creating a new quote for personal care with [Agency Name].  
The following level of care chart and definitions summarizes the care, from the input you provided, as well as the quoted rate and your secure quote identification number. Please keep this information for your reference

A representative from [Agency Name] will be contacting you to discuss your individual care needs. We look forward to talking with you.

- Level of Care: Please refer to the Care Spectrum chart and definitions below
- Estimated hourly rate: \$31.50 (Note: Rates subject to agency review)
- Quote Identification Number: eotmfsv3j



**Pie Chart Definitions of Care Spectrum**

**Independent Care:** Independent in activities of IADL's & ADL's. Minimal care required. Basic home care/companion activities. Primarily companionship. (6+ hours of care recommended depending on family commitment for additional, supplemental help. (Must consider agency hourly/weekly minimums)

**Basic Care:** Primarily able to be independent with IADL's & ADL's. Basic home care/companion care with a minimum oversight or help. (6+ hours of care recommended (must include family commitment for additional, supplemental help & care). (Must consider agency hourly/weekly minimums)

**Caution Care:** Several areas of ADL's/IADL's indicating many conditions requiring additional help & oversight for safety. Continued independence requires oversight. (6-12+ hours of care recommended plus, must include family commitment for additional, supplemental help & care)

**Notable Care:** Majority of conditions & needs require significant help & oversight for safety & daily functions. Lack of self-abilities in most ADL's/IADL's to remain independent on their own. Significant safety concerns. Recommend 12-24 hours of care & all care be supervised w/continual care supervised by agency or family. (Care must include family commitment for additional, supplemental care.)

**Acute Care:** All needs require constant aid or assistance to complete. Lack of abilities to provide personal care & functions. All basic care of ADL's & IADL's require oversight & assistance for basic quality, safety & dignity. (12-24 hours of care recommended & must include family commitment for additional, supplemental help & care.)

Thank you,

(Agency Name)

(Agency Phone Number)

(Agency Website)

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