



Bellingham At Home

Dear prospective Service Provider,

Bellingham At Home is a community of neighbors helping neighbors. Our mission is to empower seniors to stay active and engaged while living in their own homes and neighborhoods.

Bellingham At Home is modeled on the many successful villages now operating across the country that allow seniors to age in place.

Members pay an annual membership fee for concierge type services that pair them with vetted, trained volunteers to help with transportation and light household chores and with vetted service providers who offer discounted services.

Desired qualities of our service providers include patience, quality work, reliability, honesty, and most importantly, a desire to work with senior citizens in their own homes. We do ask that our service providers offer some sort of discount to our members for the opportunity to be on our Referral List as representatives of Bellingham At Home. In return, our service providers may enjoy revenue enhancement, branding, differentiation, and creating social capital by giving back to their communities.

If you are interested in being considered as one of our service providers, please submit the following:

1. Service Provider Application
2. Copies of relevant licenses, certifications, and insurances
3. Three references

Mail or submit electronically to:

Mailing Address: Bellingham At Home, 315 Halleck Street, Bellingham, WA 98225

Email: info@bellinghamathome.org

Once your application is received and your eligibility is confirmed, you will be contacted for an interview. Please be aware that we may have more than one company providing the same service. For more information, please contact Steve Morris at 360-746-3462 or email us at info@bellinghamathome.org. Thank you for your interest!

Bellingham At Home is a program of the Whatcom Council on Aging, which is a 501(c)(3) organization, and a member of the Village to Village Network.

315 Halleck Street Bellingham, WA 98225
360 746-3462 | info@bellinghamathome.org | www.bellinghamathome.org



This is a fillable pdf

Contact Person Name & Title: _____

Business Name: _____

Address – Physical: _____

Mailing: _____

Phone- Business: _____ Cell: _____

Email: _____

Web Address: _____

Service Category(s): See list of possible categories _____

List relevant WA licenses/certifications, Lic # & Exp. Date: _____

List relevant insurances (including worker's comp and liability): _____

Amount: _____ Carrier: _____

Are you bonded? No _____ Yes _____

Amount: _____ Exp. Date: _____

Other relevant information, e.g. years in business: _____

Do you have experience working with older adults? _____

Member discount you will offer: _____

Bellingham at Home is dedicated to enhancing the lives of its member through a menu of services and programs that enable members to live a healthy, meaningful life in their homes. As a Bellingham at Home Service Provider, you are a reflection of our organization and therefore asked to provide timely, quality service. We respect the confidentiality of any member interaction and require providers to pledge this same ethic in serving Bellingham at Home members.

Your signature

Date

Service Provider Categories

Provider categories may include, but are not limited to:

Accountant	Home Alteration/Remodeling
Appliance repair	Housekeeping
Beautician	Insurance
Bookkeeping	Landscaping
Carpenter	Legal Counsel (Elder Lawyers)
Carpet cleaner	Locksmith
Catering Services	Masonry
Chimney sweep	Massage
Companion Care	Media Technology (TV, Radio, Internet, Phones)
Computer help	Mortgage, Real Estate & Prop. Mgmt.
Contractor	Notary
Cooks/Meals	Painting
Durable Medical Equipment	Personal Assistance
Elder Support Groups	Personal Trainer
Electrician	Pet Services
Electronic help	Pharmacy
Financial Services	Plumber
Firewood	Rehab & Physical Therapy
Floor refinishing	Roofing services
Furniture Repair	Sewing/mending
Funeral Services	Transportation
Gardening	Trash removal
Gutter Cleaning	Tree removal
Hair cutting	Upholsterer
Handyman	Window replacement
Health Club	Window washer
Home Care	Yard work
Home Health	



This is a fillable pdf

Service Provider References

Please list three individuals who have used your services that we may contact as a reference.

Name:

Phone:

Approximate date of service:

Type of service provided:

Name:

Phone:

Approximate date of service:

Type of service provided:

Name:

Phone:

Approximate date of service:

Type of service provided:

References will not be contacted until after your initial interview.