



### SENIOR CITIZEN CHECK SERVICE (SCCS)

Delta Hawk Protective Agency PPO 16374/DDS Taxi will drive by your loved one's home, who still lives alone to check on their wellbeing. All officers/Drivers are trained security officers with CPR & Multi-First Aide.

The SCCS officer will check on the following:

- Wellbeing of the resident
- The overall appearance of the property, such as the lawn & the cleanliness of the home.
- Pets
- Utilities, make sure that the garbage is getting picked up, ECT.
- Any other item the client want us to check on
- Transport them from home to the doctors office round trip or the store.
- Will pick up prescriptions

If you have a love one that is living in a retirement home, we will check on them and evaluate the living area. Also check in (unannounced) on any caretakers.

We are available 24/7, just call our 24 hour dispatch if you would like us to check on your love one.

**Delta Hawk Dispatch 530-244-9227    DDS Taxi Dispatch 530- 410-0877**

## SCCS Rates and Agreement

### Services:

1. Home check rate..... \$20.00 per check
2. Retirement home check.....\$12.00 Per check
3. Pick up prescriptions.....\$10.00 per pick up
4. Transport to Doctor round trip..... \$15.00 per trip\*
5. Transport to grocery store or shopping center..... \$15.00 per trip\*
6. Transport to family or friends home..... \$15.00 per trip\*
7. Transportation – Wait time.....\$40.00 per hour\*

\*All trips are round trip and are in the city limits of Redding, Ca. and all miles must be no more then 7 miles round trip . Anything over 7 miles round trip or 3.5 mile one way the customer will be charged \$2.25 per mile. Number 7 will be charged only if the driver has to wait on the client over 10 minutes.

### Client Info:

Name of Client: \_\_\_\_\_ Start Date: \_\_\_\_\_

Address: \_\_\_\_\_ Redding, Ca. Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

DOB: \_\_\_\_\_ Male or Female

**Circle the service number above what you need.  
1 through 6**

Billing: Visa MC Discovery AmerExp

Name on Card: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Code on back: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I here by Authorize Delta Hot Protective Agency to charge my credit card per week on the above charges.