



Project ID: RFQ-337-25-GJ

Adult Day Care Program for Alzheimer's and Dementia
Thursday, August 21, 2025 by 3:00 p.m. EST

Submitted By:

Contact:
Virginie Augustin, CEO, Regional Manager
7608 Margate Blvd • Margate, FL 33063
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RFQ-337-25-GJ: Adult Day Care Program for Alzheimer's and Dementia
Addendum No. 1

Adult Day Care Operations Program Hours

The Service Provider shall agree to utilize Oak Lake Community Center's main room, office, kitchen, storage closets, and restrooms exclusively for the operation of the Adult Day Care Program—during designated program hours, Monday through Friday, between the hours of 7:00 AM and 5:00 PM.

Facility Public Use

It is understood Oak Lake Community Center will remain a public facility and will continue to provide City-sponsored programs and events during non-program hours, including weekday evenings and weekends. The City retains the right to access and utilize the facility as needed. The City will ensure that the facility is available, clean, and ready for Adult Day Care programming by the start of the next business day.

Program Schedule Changes & Cancellations

The City reserves the right to reschedule or cancel Adult Day Care programming as deemed necessary to accommodate City operations or community needs. When possible, the City will provide the Provider with a minimum of forty-eight (48) hours' advance notice of any schedule changes or cancellations.

Setup and Break-Down

The Service Provider shall be responsible for breaking down and properly storing all equipment and materials used in connection with the Adult Day Care Program at the conclusion of each program day. The Provider shall also ensure sufficient time is allowed for the setting up of City furnishings (e.g., tables, chairs, etc.) to accommodate other scheduled City programming and events.

Holidays & Election Day Closures

The Service Provider acknowledges that the Adult Day Care Program shall remain closed on all City-recognized holidays listed below as well federal, state and local elections. Any exceptions to this closure schedule must be requested in advance, agreed upon in writing, and incorporated into the final Agreement.

- **Recognized Holidays:**
 - New Year's Day
 - Martin Luther King Jr. Day
 - Presidents Day
 - Memorial Day
 - Juneteenth
 - Independence Day
 - Labor Day
 - Veterans Day
 - Thanksgiving Day
 - Day After Thanksgiving
 - Christmas Eve
 - Christmas Day
 - New Year's Eve
 - Federal, State and Local Election Dates

The Provider shall coordinate operations accordingly to ensure compliance with the City's holiday closure schedule.

Service Provider Equipment and Storage

All equipment, furniture, and personal property brought onto the premises by the Service Provider for use in connection with the Adult Day Care Program shall remain the sole property of the Service Provider. Upon expiration or termination of the Agreement, the Service Provider shall retain ownership and shall be responsible for the removal of all such property from the facility in a timely manner.

All additional terms and conditions regarding the use of the facility shall be formalized during the Agreement stage, following the selection and award of the Service Provider.

Aiding With Care Health Services, Inc., confirms acknowledgment of Addendum No. 1 and affirms that our proposal remains fully compliant with the updated requirements.



Executive Summary

Aiding With Care Health Services, Inc., established in 2017, is a licensed Nurse Registry and Woman-Owned Small Business (WOSB) specializing in comprehensive home care and staffing solutions. We proudly serve individuals with disabilities, children, and the elderly, with a mission rooted in compassion, excellence, and personalized care. With over a decade of experience in skilled and non-skilled nursing, we have consistently delivered high-quality services to diverse populations, including a large community of minority and underserved patients.

Our expertise positions us as an ideal partner for the City of Hollywood's Adult Daycare Program for individuals with Alzheimer's and Dementia. We fully understand the City of Hollywood's objectives to provide health supervision, therapeutic activities, and meaningful daily engagement for participants, while ensuring critical respite care for caregivers.

Program Approach

Aiding With Care Health Services, Inc., will implement a comprehensive, participant-focused Adult Daycare Program tailored to the unique needs of individuals living with Alzheimer's disease and dementia, ensuring dignity, safety, and meaningful daily engagement such as:

Therapeutic Activities: Daily group programs designed to bring purpose and meaning, including music therapy, memory games, light physical activities, and cognitive stimulation.

Health Supervision: Skilled nursing oversight by licensed professionals to monitor wellness, ensure medication compliance, and provide early intervention.

Field Trips & Community Outings: Safe, supervised excursions that foster socialization, engagement, and meaningful connections to the local community.

Nutritious Daily Meals: Balanced meals and snacks tailored to dietary needs, ensuring participants receive proper nutrition to support their health and well-being.

Supportive Care: Assistance with activities of daily living (ADLs), such as feeding, mobility, and hygiene, delivered with dignity and respect.

Family & Caregiver Support: Respite care services, ongoing communication, and counseling resources to ease the burden on caregivers.



Company Capabilities

Aiding With Care Health Services, Inc., possesses the professional, financial, and administrative capabilities to deliver high-quality adult day care services that align with the City of Hollywood's expectations and standards. As an approved provider in the Florida Medicaid program by the Agency for Health Care Administration (AHCA), we are fully authorized to serve participants requiring skilled and non-skilled support. Our entire team is composed of 50+ healthcare professionals specialized in assisting individuals with Alzheimer's disease, dementia, and a wide range of disabilities, ensuring that each participant receives compassionate, individualized care tailored to their unique needs.

Furthermore, Aiding with Care Health Services, Inc., maintains the highest standards of compliance and safety, holding multiple certifications, including the State Food Safety, Food Management Certification, Health Care Services Pool Certification, and CPR/First Aid Certification, all of which guarantee adherence to state regulations and best practices in healthcare delivery. Additionally, our agency is EVV compliant, enabling accurate tracking, reporting, and accountability in the care we provide. These qualifications, combined with our licensed Nurse Registry status and over a decade of industry experience, uniquely position Aiding With Care Health Services, Inc., as a reliable and capable partner to manage and deliver the City of Hollywood's Adult Day Care Program with excellence, transparency, and measurable impact.

Why Aiding With Care Health Services, Inc.

- **Licensed, Experienced, and Trusted Provider:** With over a decade of hands-on experience in skilled and non-skilled care, Aiding With Care Health Services, Inc., has built a strong reputation as a reliable, fully licensed home care provider. Our operational expertise ensures compliance with state and federal regulations, while our commitment to quality guarantees safe, effective, and compassionate service.
- **Collaborative Partnership with the City:** Aiding With Care Health Services Inc., is dedicated to working hand-in-hand with the City of Hollywood to design and deliver this program, to maximize taxpayer value, while achieving measurable community outcomes. We view this opportunity not simply as a service delivery but as a true partnership that will strengthen families, improve community health, and enrich the lives of the City of Hollywood's residents.
- **Results and Accountability:** With a proven track record of reducing long-term healthcare costs, we deliver results through transparent, accountable care.



Impact on the Residents of Hollywood

The Adult Day Care Program will create a measurable and lasting positive impact on the residents of the City of Hollywood by:

Enhancing Quality of Life: Delivering meaningful daily activities that foster mental stimulation, social connection, and emotional well-being, empowering participants to live with dignity and purpose.

Strengthening Families: Providing dependable respite care and ongoing support for caregivers, reducing stress, preventing burnout, and enabling families to continue caring for their loved ones at home.

Promoting Community Health: Offering consistent health supervision, early intervention, and preventive care that reduce avoidable hospitalizations and emergency visits, lowering long-term healthcare costs.

Building Inclusive Communities: Ensuring equitable access to care through culturally responsive programming, bilingual staff, and individualized support that reflects the diversity of Hollywood's residents.

Maximizing Public Value: Delivering visible, community-wide benefits while upholding transparency and the responsible use of taxpayer resources.

Commitment to the City of Hollywood

Aiding With Care Health Services, Inc. is deeply committed to supporting the City of Hollywood in its mission to provide compassionate, effective, and sustainable services to residents in need of adult day care. Our organization views this opportunity not only as a contract, but as a long-term partnership dedicated to enhancing the quality of life for some of the City's most vulnerable populations. We pledge to deliver services that prioritize the dignity, safety, and well-being of participants, while providing dependable respite and peace of mind to their caregivers.

Beyond meeting program requirements, we are committed to working collaboratively with the City, to ensure services are inclusive, culturally responsive, and continuously aligned with the evolving needs of Hollywood residents. By leveraging our licensed Nurse Registry expertise, certified staff, and proven care model, Aiding With Care Health Services, Inc. reaffirms its commitment to being a trusted, results-driven partner who will uphold the City of Hollywood's standards of excellence and strengthen the community through compassionate care.



**AIDING WITH CARE
HEALTH SERVICES INC**

CAPABILITY STATEMENT

About Us

Aiding With Care Health Services specializes in comprehensive home care and staffing solutions, expertly serving individuals with disabilities, children, and the elderly. Founded in 2017, our mission emphasizes compassion and excellence, ensuring personalized, respectful care for every client. As a licensed Nurse Registry, we offer an extensive range of services, including skilled and non-skilled nursing, care for autistic children, private duty aides, and 24/7 support. Our broad service spectrum and status as a Woman-Owned Small Business (WOSB) position us as a preferred provider nationwide.

Core Competencies

Comprehensive Staffing Solutions:

We utilize our extensive network to efficiently place healthcare professionals across various care settings, ensuring optimal match and coverage.

Specialized Home Care:

We provide tailored skilled nursing and supportive care by focusing on the unique needs of our clients.

Adaptive Service Offerings:

We offer flexible staffing solutions including permanent, temporary, and emergency placements in settings such as home care, senior living facilities, and specialized pediatric care.

Differentiators

Decade of Excellence: We have a decade-long commitment to providing skilled and non-skilled home care with a focus on excellence and compassion.

Certified Specialized Care: We're certified under Florida's Med-Waiver Program and the VA. We specialize in delivering home care tailored to the unique needs of individuals with disabilities and elderly clients.

Comprehensive Insurance Network: We collaborate with a wide range of public and private insurance providers, ensuring broad accessibility and coverage.

Round-the-Clock Availability: We offers 24/7 service availability, ensuring that clients receive care at any time it's needed.

Diverse Client Services: We caters specifically to children from one year old and up with special needs, as well as to senior citizens requiring private-duty care.

Company Data

NAME: Aiding With Care Health Services Inc

UEI: F4XBA1E5XNW7

CAGE: 9UX91

POC: Virginie Augustin

Mobile: (954) 274-1701

Email: V.augustin@awchservices.com

NAICS CODES

621610 - Home Health Care Services

623990 - Other Residential Care Facilities

623110 - Nursing Care Facilities (Skilled Nursing Facilities)

561320 - Temporary help services

561330 - Professional employment organization

561311 - Employment Placement Agencies

621399 - Offices of All Other Miscellaneous Health Practitioners

Past Performance

Medicaid Home Care Services (2017 - Present):

Since 2017, Aiding With Care Health Services has successfully delivered comprehensive home care services to over 50 patients annually, funded by Medicaid. Our effective care solutions and strict adherence to regulatory standards have consistently earned us high audit scores, typically ranging between 95 and 100.

Extensive Service to Minority Communities:

Our dedicated service to a large community of minority patients highlights our commitment to inclusivity and tailored care, significantly enhancing the quality of life for these groups. This dedication has also contributed to our steady annual revenue of \$2-3.5 million dollars.

Robust Staff and Family Engagement:

Aiding With Care Health Services excels in maintaining continuous communication with families, providing essential support and resources. This proactive interaction ensures that our services are not only effective but also compassionate and closely aligned with the specific needs of the communities we serve.



RON DESANTIS
GOVERNOR

SHEVAUN HARRIS
SECRETARY

PRV-9701-R/XX/0327576858/1
AIDING WITH CARE HEALTH SERVICES INC
7618 MARGATE BLVD
MARGATE FL 33063-3352

0327576858



May 30, 2025

Dear Provider,

Welcome to the Florida Medicaid program.

Your agreement for participation as a Limited Enrolled provider in the Florida Medicaid program has been approved by the Agency for Health Care Administration. This type of enrollment allows you to seek to participate as a network provider with one of the Medicaid health plans.

Enrollment in Florida Medicaid does not entitle you to participate in a health plan network. Each health plan has its own credentialing and contracting requirements and determines the providers who can participate in their network.

Please review the demographic information printed below for accuracy. If changes are necessary, please notify the Medicaid fiscal agent immediately.

Florida Medicaid Provisional Provider Enrollment Information

Name: **AIDING WITH CARE HEALTH SERVICES INC**
D/B/A Name:
Address: **7618 MARGATE BLVD**
MARGATE, FL 33063-3352

Provider NPI: Medicaid Provider ID: **126839300** Provider Tax ID (last 4): **0915**

Provider Type: **HOME AND COMMUNITY BASED SERVICES WAIVER**

Provider Specialty: **STATEWIDE MEDICAID MANAGED CARE WAIVER SERVICES**

Taxonomy: **3747A0650X** Taxonomy: **TECHNICIAN - ATTENDANT CARE PROVIDER**

The effective dates of your enrollment are: **05/17/2025** through **05/16/2028**.





RON DESANTIS
GOVERNOR

SHEVAUN HARRIS
SECRETARY

Name: AIDING WITH CARE HEALTH SERVICES INC
Medicaid Provider ID: 126839300
Date: 05/30/2025
Page 2

As a Limited Enrolled provider, you will be assigned access to the secure Medicaid portal where you can request eligibility verifications, request and track prior authorization and referrals, and other activities. Watch for your secure portal Personal Identification Number (PIN) in a separate letter.

You are advised to report any changes in ownership or managing employees, physical address, professional or facility license, or other significant characteristics, which could affect compliance, to Florida Medicaid for action as deemed necessary. Failure to do so may result in suspension of your agreement with Florida Medicaid.

For information, guidance, and training support for provider enrollment, recipient eligibility, or other questions related to your enrollment, please visit the Medicaid public portal at <http://mymedicaid-florida.com>, or contact the Medicaid fiscal agent Monday through Friday, 7:00 a.m. - 6:00 p.m., at 1-800-289-7799.

For Medicaid policy questions, please contact the Recipient and Provider Assistance, Florida Medicaid Help Desk Monday through Friday, 8:00 a.m.ET – 5:00 p.m. ET, at 1-877-254-1055.

The success of the Florida Medicaid program is dependent on providers like you who furnish services to our recipients. Thank you, for your participation in our mission to provide better health care for all Floridians.

Sincerely,

Florida Medicaid
Agency for Health Care Administration

cc: Provider File





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/12/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CM&F Group 5 Bryant Park, 4th Floor New York, NY 10018	CONTACT NAME: CM&F Group		
	PHONE (A/C, No, Ext): 1-800-221-4904	FAX (A/C, No):	
	E-MAIL ADDRESS: info@cmfgroup.com		
INSURED Aiding with Care Health Services INC 7618 Margate Blvd Margate, FL33063	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: MEDICAL PROTECTIVE COMPANY- MPC		11843
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			V11772	11/02/2024	11/02/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			V11772	11/02/2024	11/02/2025	Per Incident 1,000,000 Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Occurrence Coverage

CERTIFICATE HOLDERAiding with Care Health Services INC
7618 Margate Blvd
Margate, FL33063**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

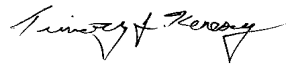
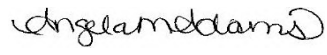
AUTHORIZED REPRESENTATIVE

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The Medical Protective Company®

A STOCK INSURANCE COMPANY
5814 Reed Road, Fort Wayne, Indiana 46835
Strength. Defense. Solutions. Since 1899.

MULTI-SPECIALTY HEALTHCARE PROFESSIONAL - CERTIFICATE

Policy Period:	2024-11-02 To: 2025-11-02 at 12:01 a.m. Standard Time at the address of the First Named Insured.	Certificate Number:	V11772			
Item 1(a) Named Insured:	N/A Student	Non-Insured acting in the capacity of an Administrative First Named Insured				
Aiding with Care Health Services INC Professional Services Specialty: All Others Classification: N/A		Item 1(b) Additional Insureds:				
First Named Insured Address:						
7618 MARGATE BLVD MARGATE, FL 33063		<input type="checkbox"/> New Business <input type="checkbox"/> Renewal Business				
COVERAGES:	POLICY TYPE*			RETROACTIVE DATE	LIMITS OF LIABILITY	
	Occurrence	Standard Claims Made	Convertible Claims Made		Per Claim	Aggregate
PROFESSIONAL LIABILITY A. Professional Liability (PL) & B. Good Samaritan Acts C. Assault Upon You D. First Aid E. Medical Payments F. Deposition Fees - Administrative Hearing Expense - Sexual Misconduct Expense - Loss of Earnings - HIPAA Proceeding Expense - Biomedical Waste Hearing Expense	X				\$1,000,000 Included \$25,000 \$25,000 \$25,000 \$25,000 \$35,000 \$2,500 \$35,000 \$10,000	\$3,000,000 Included \$25,000 \$25,000 \$100,000 \$25,000 \$100,000 \$25,000 \$35,000 \$35,000 \$10,000
WORKPLACE LIABILITY A. Healthcare Professional Premises Liability & B. Personal Injury Liability <small>Workplace Liability does not apply if the General Liability Insuring Agreement is made part of your coverage.</small>						
EMPLOYMENT PRACTICES LIABILITY**						
CYBER LIABILITY						
BILLING PRACTICES & REGULATORY						
COMMERCIAL GENERAL LIABILITY - Each Occurrence Limit - Damages to Premises Rented to an Insured Business - Personal & Advertising Injury - General Aggregate Limit - Product Completed Operations Aggregate - Hired and Non-Owned Auto <small>General Liability does not apply if the Workplace Liability Insuring Agreement is made part of your coverage.</small>	X				\$1,000,000 \$1,000,000	 \$100,000 \$3,000,000 \$3,000,000
FORMS & ENDORSEMENTS:				Master Policy Number:		MMPOC19190
SEE POLICY FORMS & ENDORSEMENTS SCHEDULE				IN WITNESS WHEREOF, The Medical Protective Company has caused this policy to be signed by its President and Corporate Secretary (and countersigned by its duly Authorized Representative, where necessary).  President  Secretary		
Premium: \$983.00 Surcharges: \$10.00 Taxes: \$0.00 TOTAL: \$993.00		For Service or questions, please call: CM&F Group, Inc. 1-800-221-4904		Countersignature / Authorized Representative:		
NOTICE *THIS POLICY CONTAINS CLAIMS-MADE COVERAGE. ** CLAIM EXPENSE IS PAID WITHIN THE LIMITS OF LIABILITY. LIMITS MAY CHANGE BY COVERAGE PROVISION OR ENDORSEMENT. PLEASE READ YOUR POLICY AND ENDORSEMENTS CAREFULLY. DISCUSS WITH YOUR INSURANCE AGENT IF NEEDED.						



Business Licenses

View current license information at: Floridahealthfinder.gov LICENSE # 30212150
CERTIFICATE # 11727

State of Florida
AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

Nurse Registry
LICENSED

This is to confirm that AIDING WITH CARE HEALTH SERVICES INC has complied with rules and regulations adopted by the State of Florida, Agency for Health Care Administration, authorized in Chapter 400, Part III, Florida Statutes, and Chapter 59A-18 of the Florida Administrative Code and is authorized to operate the following:

AIDING WITH CARE HEALTH SERVICES, INC
7618 Margate Blvd
Margate, FL 33063-3352

Service Area:
BROWARD

Services:
Homemakers, Companions, Home Health Aides, Certified Nursing Assistants, Licensed Practical Nurses, Registered Nurses

Satellite Offices:

EFFECTIVE DATE: 04/15/2025
EXPIRATION DATE: 09/01/2026


Shevaun L. Harris, Secretary

View current license information at: Floridahealthfinder.gov LICENSE # 2290
CERTIFICATE # 9956

State of Florida
AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

Health Care Services Pool
REGISTERED

This is to confirm that AIDING WITH CARE HEALTH SERVICES INC has complied with Chapter 400, Part IX, rules of the State of Florida and is authorized to operate the following:

AIDING WITH CARE HEALTH SERVICES INC
7618 Margate Blvd
Margate, FL 33063-3352

EFFECTIVE DATE: 03/27/2025
EXPIRATION DATE: 08/31/2026


Shevaun L. Harris, Secretary



NOTICE PROVISION:

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intentionally left blank.

See Attached Documents on Next Page



Business Certifications

THIS CERTIFIES THAT

Aiding with Care Health Services Inc


NMSDC
 National Minority Supplier
 Development Council

* Nationally certified by the: **FLORIDA STATE MINORITY SUPPLIER DEVELOPMENT COUNCIL**

*NAICS Code(s): 621610; 623990; 623110; 561320; 561330; 561311; 621399

* Description of their product/services as defined by the North American Industry Classification System (NAICS)

06/30/2025

Issued Date

06/30/2026

Expiration Date

FL242505

Certificate Number


Ying McGuire
 NMSDC CEO and President


Beatrice Louissaint, President & CEO

By using your password (NMSDC issued only), authorized users may log into NMSDC Central to view the entire profile: <http://nmsdc.org>

Certify, Develop, Connect, Advocate.

* MBEs certified by an Affiliate of the National Minority Supplier Development Council, Inc.®

Overall Performance

Provider Information

Provider:	AIDING WITH CARE HEALTH SERVICES INC
Address:	7608 MARGATE BLVD
	MARGATE, FL 33063
Phone:	954-274-1701
County:	Broward
APD Region:	Southeast
Review Date:	08/24/2023
Overall Performance Score:	90.1 %
Life Skills Development 1 (Companion)	Not reviewed
Personal Supports	92.5 %
Respite	89.4 %
Background Screening:	7/7
Staff Training:	18/23
Health and Safety:	9/9



EVV Compliance Summary Report

Page 1 of 1

Report Date: 08/12/2025 17:20

Office(s): Aiding With Care Health Services, INC		Coordinator: All	
Type of Service: Non-Skilled		From Date: 7/1/2025	To Date: 7/31/2025
Caregiver Team(s): All		Caregiver Location(s): All	Caregiver Branch(es): All
Contract(s): All		Include Type: All	Service Code(s): All

Sr.#	Contract	Total Visits	Total EVV Compliant Visits	Confirmed Visits	Billed Visits	Missed Visits	Visits with Exceptions	% Exceptions	EVV Compliance Percentage
1	Childrens Medical Services (ICC)	706	608	706	706	0	98	13.88%	86.12%
Total:		706	608	706	706	0	98	13.88%	86.12%



City of Margate, Florida
Local Business Tax Receipt
901 NW 66th Avenue
Margate, FL 33063
(954) 979-6213

Business Name: AIDING WITH CARE HEALTH SERVICES, INC.
Fictitious Name (DBA): SERVICES, INC.
Location Address: 7608 MARGATE BLVD
Issue Date / Class: August 4, 2025
Effective Date: October 01, 2024
Receipt Fees: BUSINESS/SALES OFFICE

Comments:
For Home Local Business Tax Receipt: No Commercial Vehicles Permitted at Residence. No Inventory, Stock of Trade, Sales or Display, Permitted.
Commercial and all others: No Outside Sales, Service, Display, Stock or Storage without prior City Commission Approval.
Additional Comments:

AIDING WITH CARE HEALTH SERVICES, INC.
7608 MARGATE BLVD
MARGATE FL 33063

NOTICE: RECEIPT MUST BE TRANSFERRED WHEN BUSINESS IS MOVED OR SOLD.

Post This Receipt in a Conspicuous Place **Maximum Capacity:**

Business Tax Receipt

Form W-9
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Name (as shown on your income tax return)
Business name/disregarded entity name, if different from above
Aiding with Care Health Services, INC.

Check appropriate box for federal tax classification (required):
☐ Individual/sole proprietor
☐ C Corporation
☒ S Corporation
☐ Partnership
☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C-C corporation, S-S corporation, P-partnership) ☐ Exempt payee
☐ Other (see instructions)

Address (number, street, and apt. or suite no.)
7610 Margate Blvd
City, state, and ZIP code
Margate FL 33068
List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification
Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here **Signature of U.S. person** **Date** 08/13/2025

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.
Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:
• An individual who is a U.S. citizen or U.S. resident alien.
• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.
• An estate (other than a foreign estate), or
• A domestic trust (as defined in Regulations section 301.7701-7).
Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Cat. No. 10201X Form W-9 (Rev. 1-2011)

Completed W-9 Form



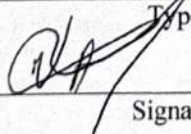
CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The grantee certifies that it will provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing a drug-free awareness program to inform employees about—
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will—
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after each conviction;
- (e) Notifying the agency within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;
- (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted—
 - (1) Taking appropriate personnel action against such an employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

Aiding With Care Health Services Inc, Virginie Augustin, CEO

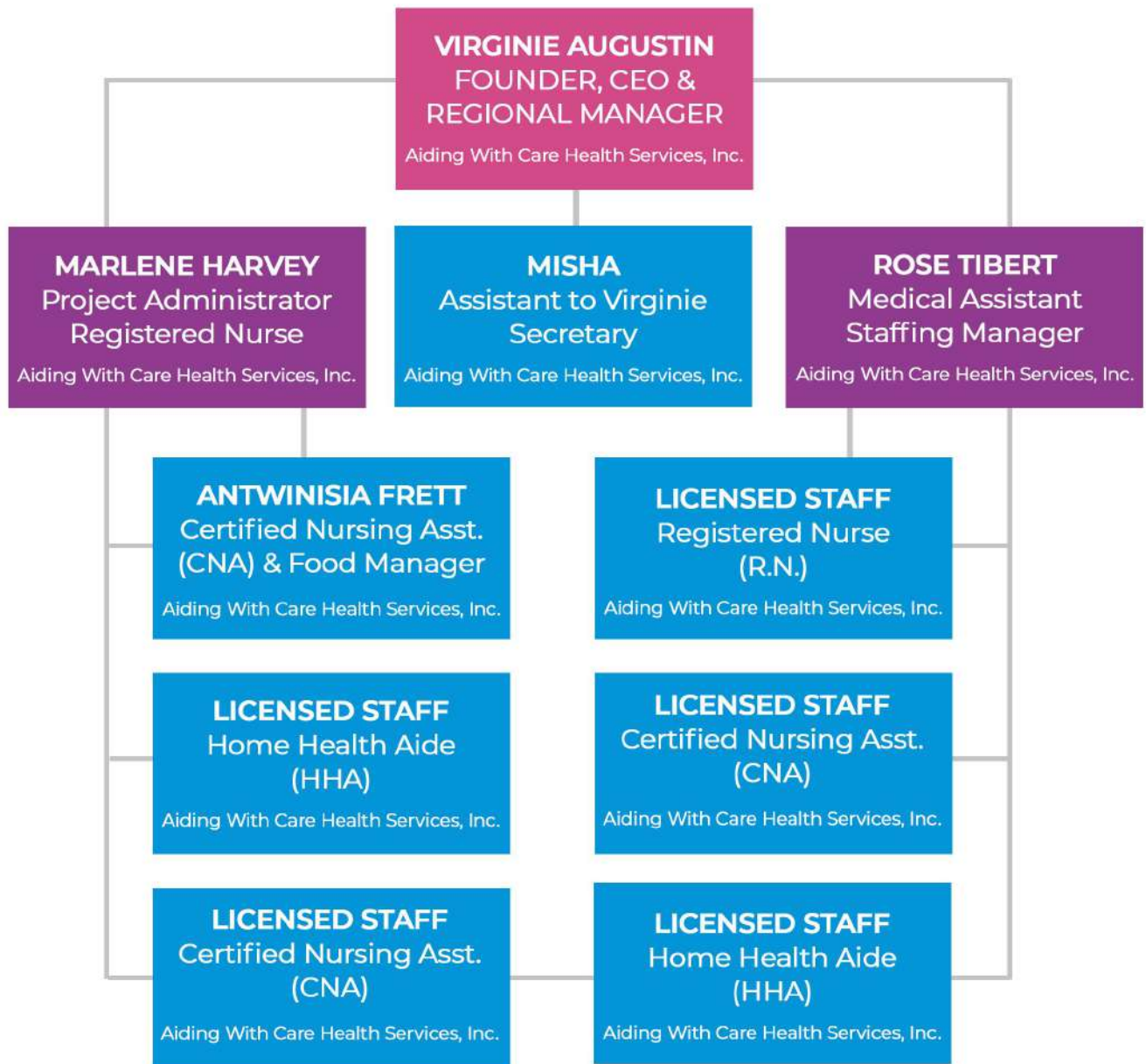
Typed Name and Title of Certification Official


Signature

08/18/2025
Date



Organizational Chart



Individual Staff: **Qualifications**



Virginia Augustin

Chief Executive Officer (CEO) & Regional Manager
Founder of Aiding With Care Health Services, Inc.

Experience:

10+ Years in Aiding with Care Health Services, Inc.
AWC Behavioral Health, LLC
ARC PPEC Center
Home Health Care Management
Staff Recruitment and Training

Mrs. Virginia Augustin is the Founder, Chief Executive Officer (CEO) and Regional Manager of Aiding With Care Health Services, Inc., a licensed Nurse Registry and Woman-Owned Small Business (WOSB) that has been serving South Florida. With over 10+ years of experience in the home health care and behavioral health industries, Mrs. Virginia Augustin has established herself as a dynamic leader dedicated to advancing compassionate, high-quality care for individuals with disabilities, children, and being a care resource for senior patients.

Mrs. Virginia Augustin has successfully grown Aiding with Care Health Services, Inc., into a trusted provider of skilled and non-skilled nursing, private duty aides, and specialized support services. Mrs. Virginia Augustin oversees a team of more than 50+ healthcare professionals, ensuring that every client receives individualized, culturally sensitive care that promotes dignity and enhances the quality of life. Under Mrs. Virginia Augustin leadership, Aiding with Care Health Services, Inc., has expanded its service offerings to include behavioral health solutions such as ABA therapy, with plans to incorporate speech, occupational therapy, and physical therapy.

Mrs. Virginia Augustin's expertise spans from Medicaid billing and compliance, risk management, and healthcare operations, with a strong emphasis on maintaining regulatory adherence at the local, state, and federal levels. Her certifications includes Supported Living Coach, BLS, HIV/Bloodborne Pathogen, Trauma-Informed Care, HIPAA Compliance, and EMR/EHR systems training, reflecting her commitment to clinical excellence and safety.

Beyond Mrs. Virginia Augustin's professional achievements, she is actively engaged in community outreach and health education initiatives. Mrs. Virginia Augustin regularly participates in local health fairs and programs designed to connect underserved populations with critical care resources. Bilingual in English and Creole, Mrs. Virginia Augustin is passionate about serving minority communities with inclusivity and respect. Mrs. Virginia Augustin continues to position Aiding With Care Health Services, Inc., as a preferred partner for government agencies, healthcare providers, and families seeking dependable and compassionate care solutions.

VIRGINIE AUGUSTIN

Aiding With Care Health Services Inc

📞 954-274-1701

@ v.augustin@awchservices.com

📍 Sunrise, FL 33351

SUMMARY

Dynamic Owner and Operator with over 8 years of experience in the home health care industry, adept at evaluating programs and services to meet client needs effectively. Proven track record in managing day-to-day operations, building client relationships, and leading a dedicated team of professionals. Committed to providing high-quality, compassionate care and ensuring compliance with regulatory standards.

EXPERIENCE

Aiding With Care Health Services Inc

AWC Behavioral Health LLC

📅 2017 - Present 📍 Oakland Park/ Boca Raton FL

- Established and grew a Woman-Owned Small Business (WOSB) specializing in comprehensive home care and staffing solutions for individuals with disabilities, children, and the elderly
- Oversaw the daily operations of a licensed Nurse Registry, managing a team of 50 employees and ensuring high standards of service delivery
- Increased client base through effective marketing strategies and maintaining strong relationships with consumers and families on the Medicaid waiver program
- Developed and implemented a risk management program, enhancing operational efficiency and service quality
- Formulated and enforced policies and procedures to ensure compliance with local, state, and federal regulations
- Created and monitored budgets to maintain financial stability, successfully securing funding for expanded services
- Spearheaded the introduction of new services, including ABA therapy, with plans to incorporate speech, occupational, and physical therapy

EDUCATION

High School Diploma - Supported Living Coach Certification - BLS Certification - HIV/Bloodborne Pathogen Certification - Trauma-Informed Care Training - Medicaid Billing Proficiency - EMR/EHR Trained

Marlene Training Center

📅 06/2012

SKILLS

EMR HIPAA Microsoft Office

Home Health Care Services Management

Staff Recruitment and Training

Medicaid Billing and Compliance

Risk Management and Safety Protocols

Client Relationship Management

Budget Creation and Monitoring

LANGUAGES

Creole

Advanced

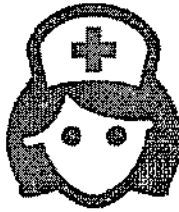


English

Advanced



Certificate Number : 10014498-100112



FTC Training Center

FLORIDA TRAINING CENTER INC.

3451 NORTH ANDREWS AVE, OAKLAND PARK, FLORIDA, 33309
Phone : (954) 656-1249, Website : FloridaTrainingCenter.Org

THIS IS TO CERTIFY THAT

VIRGINIE AUGUSTIN

License Number : A223861899160
Has successfully completed the

ALZHEIMER'S AND RELATED DEMENTIA

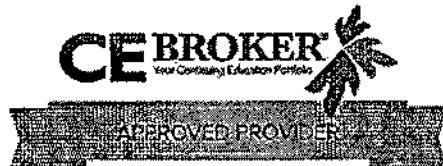
Contact Hours : 4.00

Completion Date : 05-03-2024

Expiration Date : 05-03-2026

RN, BSN
Instructor

Program Director



CE Provider # 50-19418
CE Course Code # ALZHEIMERÄ



Provider Number
Assisted Living Facility ALF # 8080 | Nursing
Home NH #8083 | Hospice HSP #8084 | Adult
Day Care ADC # 8086

Home Health Alzheimer's Disease and Related Disorders ADRD Curriculum Approval Number # HH AD 8772 | Specialized Alzheimer's Adult Day Care Level I Curriculum Approval Number # SAADC 8777 | Specialized Alzheimer's Adult Day Care Level II Curriculum Approval Number # SAADC 8778 | Adult Day Care Alzheimer's Disease and Related Disorders 3-Hour Curriculum Approval Number # ADC AD 8773

Licensed by the Commission for Independent Education, License #6344 Florida Department of Education.
Certificate must be retained for at least 4 years, do not forward certificate to the Board of Nursing.



agency for persons with disabilities

State of Florida

CERTIFICATE *of* TRAINING

THIS IS TO CERTIFY THAT

Virginie Paul

HAS SUCCESSFULLY COMPLETED THE

APD Incident Reporting for Providers

DECEMBER 5,
2017

Rita Castor, BCBA

RITA CASTOR, BCBA
DEPUTY REGIONAL OPERATIONS MANAGER
SOUTHEAST REGION
INCIDENT REPORTING TRAINER
Agency for Persons with Disabilities



Certificate Number : 10014498-100116



FTC Training Center

FLORIDA TRAINING CENTER INC.

3451 NORTH ANDREWS AVE, OAKLAND PARK, FLORIDA, 33309
Phone : (954) 656-1249, Website : FloridaTrainingCenter.Org

THIS IS TO CERTIFY THAT

VIRGINIE AUGUSTIN

License Number : A223861899160
Has successfully completed the

COMMUNICATION WITH THE COGNITIVELY IMPAIRED

Contact Hours : 2

Completion Date : 04-30-2024

Expiration Date : 04-30-2026

RN, BSN
Instructor

Program Director



CE Provider # 50-19418
CE Course Code # COMMUNICAT



Provider Number
Assisted Living Facility ALF # 8080 | Nursing
Home NH #8083 | Hospice HSP #8084 | Adult
Day Care ADC # 8086

Licensed by the Commission for Independent Education, License #6344 Florida Department of Education.
Certificate must be retained for at least 4 years, do not forward certificate to the Board of Nursing.

HEARTSAVER

Heartsaver® First Aid CPR AED



American
Heart
Association.

VIRGINIE AUGUSTIN

has successfully completed the cognitive and skills evaluations
in accordance with the curriculum of the American Heart Association
Heartsaver First Aid CPR AED Program.

Optional modules completed:

Issue Date

8/5/2025

Training Center Name

Life Beat, Inc.

Training Center ID

FL20191

Training Center City, State

Ft. Lauderdale, FL

**Training Center Phone
Number**

(954) 942-3438

Training Site Name

FTC Training Center

Renew By

08/2027

Instructor Name

Mazinga Blanc Ductan

Instructor ID

05180685514

eCard Code

266014320626

QR Code



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

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Marlene's Training Center



5460 N STATE ROAD 7, STE 114
FORT LAUDERDALE, FL 33319
Phone (954) 533-9608 Cell (754) 367-0222

ON THE RECOMMENDATION OF THE FACULTY AND BY AUTHORITY
OF THE BOARD OF DIRECTORS THIS

Certificate IS HEREBY AWARDED TO

VIRGINIE ANTOINETTE PAUL

**HAS COMPLETED OUR (75) HOURS
HOME HEALTH AIDE TRAINING PROGRAM**

THIS 29 DAY OF JUNE 2012



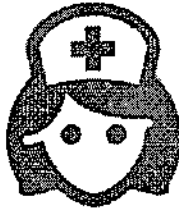
Marlene Dubois

DIRECTOR

LIC.3665

THIS OFFICIALLY SEALED DIPLOMA IS PRINTED ON A SECURITY PAPER.
WHEN PHOTOCOPIED THE WORD VOID SHOULD APPEAR

Certificate Number : 10014498-100117



FTC Training Center

FLORIDA TRAINING CENTER INC.

3451 NORTH ANDREWS AVE, OAKLAND PARK, FLORIDA, 33309
Phone : (954) 656-1249, Website : FloridaTrainingCenter.Org

THIS IS TO CERTIFY THAT VIRGINIE AUGUSTIN

License Number : A223861899160
Has successfully completed the

MEDICAL RECORDS DOCUMENTATION & LEGAL ASPECTS/ LEGAL ISSUES

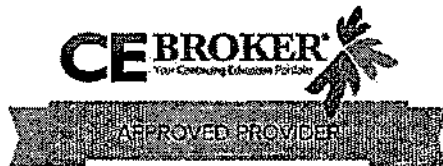
Contact Hours : 2

Completion Date : 04-30-2024

Expiration Date : 04-30-2026

RN, BSN
Instructor

Program Director



CE Provider # 50-19418
CE Course Code # MEDICALREC



Provider Number
Assisted Living Facility ALF # 8080 | Nursing
Home NH #8083 | Hospice HSP #8084 | Adult
Day Care ADC # 8086

Licensed by the Commission for Independent Education, License #6344 Florida Department of Education.
Certificate must be retained for at least 4 years, do not forward certificate to the Board of Nursing.



Certificate of Completion

This Certifies that
Virginie Augustin

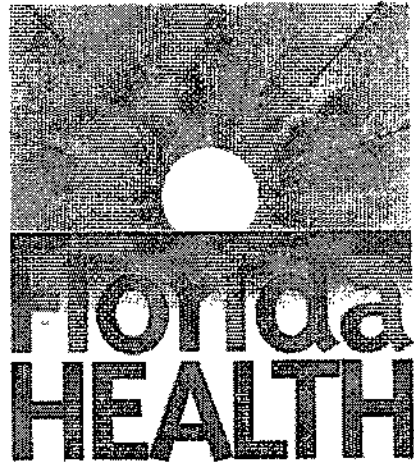
Has successfully satisfied all the requirements for
APD - Health Insurance Portability and Accountability Act (HIPAA) Basics

TRAIN Florida

07/07/2025

Completion Date

1618473



CERTIFICATE OF COMPLETION

THIS CERTIFIES THAT

Virginie Augustin

Has successfully satisfied all the requirements for the

FDOH Infection Control Training: An Overview of Infection Control

07/07/2025

Florida Health: The first accredited public health system in the U.S.

COMPLETION DATE

Certificate of Completion

Congratulations!

You have completed the

Requirements for all Waiver Providers Course

My signature on this certificate acknowledges that I viewed the
"Requirements for all Waiver Providers" course.



●●●● CONNECTING YOU TO THE COMMUNITY

VIRGINIE PAUL

Name

06/12/2023

Date



Individual Staff: **Qualifications**



Marlene Harvey, RN, BSN, CLNC

Project Manager
Registered Nurse

Experience:

3+ Years in Aiding with Care Health Services, Inc.
30+ Years as a Nursing Professional
The Florida Nursing Association
The American Association of Legal Nurse Consultants

Ms. Marlene Harvey is a highly skilled and compassionate Registered Nurse with over 30+ years of dedicated experience in diverse healthcare settings, including cardiology, acute medical care, home health, psychiatry, and administration. Currently serving as a Registered Nurse at Aiding with Care Health Services, Inc., Ms. Marlene Harvey brings a wealth of expertise in managing quality patient care, particularly for individuals with disabilities such as Alzheimer's and Dementia.

Throughout her successful career, Ms. Marlene Harvey has demonstrated a steadfast commitment to patients' well-being, combining clinical excellence with empathetic support. Ms. Marlene Harvey's roles have included being a Nursing Supervisor, Charge Nurse, and Office Manager, where she has supervised staff, coordinated high-volume patient care, and conducted in-service training for healthcare providers. Ms. Marlene Harvey's proficiency in documentation, telephone triage, and referrals ensures seamless care transitions and upholds the highest standards of patient confidentiality.

Ms. Marlene Harvey's specialized experience in behavioral health and home health nursing has equipped her with the skills to address the unique needs of patients with cognitive impairments. Ms. Marlene Harvey continues to excel in creating personalized care plans that enhances the quality of life while providing compassionate support to families navigating the challenges of Alzheimer's and Dementia.

A lifelong learner, Ms. Marlene Harvey holds a Bachelor of Science in Nursing from the University of Phoenix and an Associate's Degree in Nursing from Vanier College in Montreal, Canada. Ms. Marlene Harvey is an active member of the Florida Nursing Association and the American Association of Legal Nurse Consultants, reflecting her dedication to professional growth and advocacy in the nursing field.

With a reputation for leadership, meticulous attention to detail, and unwavering patient advocacy, Ms. Marlene Harvey continues to make a profound impact in healthcare industry, ensuring dignity and exceptional care for every patient she serves.

1834 NW 94th Avenue
Plantation, FL 33322

Marlene Harvey
RN, BSN, CLNC



Mehlegalnurse6@gmail.com
(786) 344-6312 Direct

Registered Nurse

- 30 years of nursing experience in various health care settings including; cardiology, medical acute care, home health, psychiatry, and administration.
- Managed the quality care and patient treatment in an acute care setting.
- Basic computer skills manage and supervise on a daily basis high volume of patients, I am competent in telephone triage, appointment scheduling, and referral to appropriate after care providers.
- Proficient in documentation and record maintenance to ensure accuracy and patient confidentiality.
- Supervise nurses and ancillary staff in all aspects of psychiatric patient care and support.
- Staff scheduling.
- Conduct various in-service for health care providers.

Credentials. Florida 1995	Nursing License	Quebec, Canada 1992	State of
Experience 06/2022-Present	Registered Nurse	Aiding with Care Health Services, INC	
Experience 11/2021-Present	Registered Nurse/Office Manager	Institute for Optimal Healing & Aesthetics	
Nursing Supervisor	University Hospital & Pavilion Tamarac, Florida	2006 – 05/2021	
Charge Nurse	Florida Medical Center. Behavioral Health	Oakland Park, Florida	2004-2007
Home Health Nursing	Janelle Nursing Agency Miami, Florida	2006 - 2007	
Telemetry Nurse	North ShoreHospital Miami, Florida.	2002 - 2006	
Staff Nurse / Medical Surgical / Telemetry 1996 - 2002	Memorial Regional Hospital		
Education. FtLauderdale, Florida.	Bachelor of Science in Nursing 05/2006	University of Phoenix	
Associate Nursing	Vanier College.	Montreal, Canada	06/1992
Affiliations. of Legal Nurse Consultants	.Florida Nursing Association 2010 – Present	2005 – Present	.American Association

Your license number is RN 3034342.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.



STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE		
DATE	LICENSE NO	CONTROL NO
04282025	RN 3034342	4245674

THE REGISTERED NURSE		QUALIFICATION(S)	
NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA		Multi-state Registered Nurse	

EXPIRATION DATE APRIL 30, 2027

MARLENE HARVEY
9521 SUNRISE LAKES BLVD
205
SUNRISE, FL 33322

THE REGISTERED NURSE
NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA

MARLENE HARVEY

EXPIRATION DATE APRIL 30, 2027

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE

LICENSE NO

CONTROL NO

04282025

RN 3034342

4245674

THE REGISTERED NURSE
NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA

MARLENE HARVEY

EXPIRATION DATE APRIL 30, 2027

LICENSEE SIGNATURE

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

Scan QR Code for
License Authentication

DISPLAY IF REQUIRED BY LAW

BASIC LIFE SUPPORT

**BLS
Provider**



American
Heart
Association.

Marlene Harvey

has successfully completed the cognitive and skills evaluations
in accordance with the curriculum of the American Heart Association
Basic Life Support (CPR and AED) Program.

Issue Date

6/13/2024

Training Center Name

Life Beat, Inc.

Training Center ID

FL20191

Training Center City, State

FL, Lauderdale, FL

**Training Center Phone
Number**

(954) 942-3436

Training Site Name

Renew By

06/2026

Instructor Name

Hope McGrav

Instructor ID

12091635023

eCard Code

245419481417

QR Code



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

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NurseCE4Less.com

CERTIFICATE OF COMPLETION

Marlene Harvey, RN

License Number RN3034342

Is awarded:

2 Contact Hours

for successful completion of

**Alzheimer's Disease: Early Recognition,
Treatment and Prevention Strategies
R176D**

Enrollment Date: 04/20/2025

Completion Date: 04/24/2025

A handwritten signature in black ink, appearing to read 'William A. Cook, Ph.D.'.

William A. Cook, Ph.D.
Director, NurseCE4Less.com, LLC

5414 W Daybreak Parkway C-4 #401
South Jordan, UT 84009
help@nursece4less.com

NurseCE4Less is accredited by the State of Florida, Board of Nursing (CE Provider # 50-9573). Do not send to the Florida Board of Nursing. Keep in your records for at least 4 years



NurseCE4Less.com

CERTIFICATE OF COMPLETION

Marlene Harvey, RN

License Number RN3034342

Is awarded:

2 Contact Hours

for successful completion of

**Alzheimer's Disease: Early Recognition,
Treatment and Prevention Strategies
R176D**

Enrollment Date: 04/20/2025

Completion Date: 04/24/2025

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5414 W Daybreak Parkway C-4 #401
South Jordan, UT 84009
help@nursece4less.com

NurseCE4Less is accredited by the State of Florida, Board of Nursing (CE Provider # 50-9573). Do not send to the Florida Board of Nursing. Keep in your records for at least 4 years

Individual Staff: **Qualifications**



Antwinisia Frett

Certified Nursing Assistant (CNA)
State Food Safety Manager
Medical Biller

Experience:

5+ Years in Aiding with Care Health Services, Inc.
Administrative Assistant
Healthcare Coordinator

Ms. Antwinisia Frett is a compassionate and highly skilled Certified Nursing Assistant (CNA) with over five years of dedicated experience in patient care, administrative support, and healthcare coordination. Currently serving at Aiding With Care Health Services, Inc., Ms. Antwinisia Frett provides exceptional care to patients with diverse needs, including those living with Alzheimer's, Dementia, and other disabilities. Ms. Antwinisia Frett's commitment to dignity, comfort, and support has made her an exceptional professional of the Aiding with Care Health Services, Inc., team.

With a career rooted in both clinical and administrative roles, Ms. Antwinisia Frett excels in assisting patients with activities of daily living (ADLs), such as feeding, grooming, and mobility support, while closely monitoring and recording vital signs. Ms. Antwinisia Frett's ability to create a calming and reassuring environment for residents and their families reflects her deep empathy and understanding of the challenges faced by individuals with cognitive impairments.

Ms. Antwinisia's Frett's versatility shines through her role at Aiding With Care Health Services, where she has also served as an Administrative Assistant, managing billing, payroll, insurance credentials, and regulatory compliance. This unique blend of hands-on patient care and administrative expertise allows Ms. Antwinisia Frett to bridge gaps between clinical operations and patient needs, ensuring seamless care.

Ms. Antwinisia Frett gained valuable experience at Manor Oaks Nursing and Rehab, where she furthered her skills in restorative care and patient advocacy. Ms. Antwinisia Frett's experience has equipped her with proficiency in medical records management, patient intake, and clinical support, reinforcing her comprehensive approach to healthcare.

Ms. Antwinisia Frett carries a Nursing Assistant Certificate from Beacon Hill Career Training and maintains active certifications in Medication Administration, First Aid/CPR/AED, and Food Safety. Ms. Antwinisia Frett's warm demeanor and patience allows her to embody the heart of healthcare while continuing to inspire her colleagues and educate family members and uplift the community.

ANTWINISIA FRETT

CNA - Certified Nursing Assistant

📞 954-448-6410 @ Antwinisia.allen@gmail.com 📍 Wilton Manors, FL 33311

EXPERIENCE

CNA - Certified Nursing Assistant

Aiding With Care Health Services

📅 02/2021 - Present 📍 Oakland Park, FL

- Assist patients with ADLs such as feeding, mouth care, grooming, shaving, and incontinence care
- Assist nurse with care of residents
- Measure and record patient vital signs
- Assist with restorative care
- Transport residents to appointments
- Build a relaxing environment for resident and family members

Administrative Assistant

Aiding With Care Health Services

📅 02/2021 - 11/2023 📍 Oakland Park, FL

- Certifying Clients
- Processing payroll
- Credentialing with insurance
- Renewing tax receipt
- Renew nurse registry license

CNA - Certified Nursing Assistant

Manor Oaks Nursing and Rehab

📅 12/2019 - 12/2020 📍 Fort Lauderdale, FL

- Assist patients with ADLs such as feeding, mouth care, grooming, shaving, and incontinence care
- Assist nurse with care of residents
- Measure and record patient vital signs
- Assist with restorative care
- Transport residents to appointments
- Build a relaxing environment for resident and family members

Retail Associate

dd's DISCOUNTS

📅 11/2018 - 04/2019 📍 Fort Lauderdale, FL

- Demonstrates true courtesy, respect, friendliness, and professionalism at all times
- Provides prompt and efficient responses to customers at all times
- Understands customer service as a number one priority and responds to customer service calls immediately
- Handles all customer issues in a courteous and helpful way, calling a member of the supervisory staff when needed
- Takes accurate markdowns, counts and inventories as scheduled
- Performs daily recovery and light cleaning tasks to ensure a neat, clean and organized store

EDUCATION

Diploma

Dillard High School

📅 06/2011 📍 Fort Lauderdale, FL

SUMMARY

Authorized to work in the US for any employer

TRAINING / COURSES

Certificate in Nursing assistant

Beacon hill career training

Med tech

Food Safety Certification

Food Safety Certification

Heartsaver certification

Certified Nursing Assistant (CNA)

EXPERIENCE

Medical Assistant

Claude Romulus, Md-Miramar, FL

📅 11/2017 - 02/2018 📍 Md-Miramar, FL

- Record patients' medical history, vital statistics, or information such as test results in medical records
- Prepare treatment rooms for patient examinations, keeping the rooms neat and clean
- Interview patients to obtain medical information and measure their vital signs, weight, and height
- Show patients to examination rooms and prepare them for the physician
- Checked patients into the office and verify insurance coverage and plans
- Answered and expedited all incoming calls to appropriate personnel
- Performed administrative duties such as faxing, pulling, and filing away patient charts

Retail associate

Ross

📅 12/2015 - 08/2017 📍 Fort Lauderdale, FL

- Demonstrates true courtesy, respect, friendliness, and professionalism at all times
- Provides prompt and efficient responses to customers at all times
- Understands customer service as a number one priority and responds to customer service calls immediately
- Handles all customer issues in a courteous and helpful way, calling a member of the supervisory staff when needed
- Takes accurate markdowns, counts and inventories as scheduled
- Performs daily recovery and light cleaning tasks to ensure a neat, clean and organized store

Medical Assistant Extern

Medix urgent care

📅 10/2016 - 02/2017 📍 Lauderdale Lakes, FL

- Record patients' medical history, vital statistics, or information such as test results in medical records
- Prepare treatment rooms for patient examinations, keeping the rooms neat and clean
- Interview patients to obtain medical information and measure their vital signs, weight, and height
- Show patients to examination rooms and prepare them for the physician

Manager

McDonald's

📅 01/2009 - 01/2015 📍 Fort Lauderdale, FL

- Maintain sanitation, health, and safety standards in work areas
- Take food and drink orders and receive payment from customers
- Serve orders to customers at windows, counters, or tables
- Clean, stock, and restock workstations and display cases
- Prepare and serve beverages such as coffee and fountain drinks

Your license number is CNA 383674.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.



✂

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE		
DATE	CERTIFICATE NO.	CONTROL NO.
MAY 18, 2024	CNA 383674	2251257

THE CERTIFIED NURSING ASSISTANT
NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES FOR NURSING ASSISTANT CERTIFICATION AND IS LISTED ON THE CERTIFIED NURSING ASSISTANT REGISTRY IN THE STATE OF FLORIDA.

EXPIRATION DATE: MAY 31, 2026

ANTWINISIA J FRETT
2701 W OAKLAND PARK BLVD
STE 425
OAKLAND PARK, FL - 33311



Ron DeSantis
GOVERNOR



Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

Scan QR Code for
License Authentication

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

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ANTWINISIA J FRET Expiration Date: MAY 31, 2026

LICENSEE SIGNATURE



StateFoodSafety

A CERTUS COMPANY



StateFoodSafety FOOD MANAGER CERTIFICATION

PRESENTED TO

Antwinisia Frett

for successfully completing the StateFoodSafety Food Protection Manager Certification Exam.

This exam is accredited by the ANSI National Accreditation Board (ANAB).

May 4, 2025

DATE OF ISSUANCE

Valid five (5) years from date of issuance.



1kcb93-k7cf43h

VERIFICATION NUMBER

Verify certificate online at
www.statefoodsafety.com/Verify



48

EXAMINATION FORM

John Comly
John Comly
Chief Executive Officer

VERIFICATION CODE

Use any QR code reader on a
mobile device to verify.



Contact us at www.statefoodsafety.com.

ID 1020

Individual Staff: **Qualifications**



Rose-Andree Tibert

Licensed Home Health Aide & Medical Assistant
Staffing Manager

Experience:

4+ Years in Aiding with Care Health Services, Inc.
15+ Years in Medical Assisting
Home Health Aide (HHA)
Dermatology Practices

Ms. Rose-Andree Tibert is a dedicated and skilled healthcare professional with over 15 years of experience in medical assisting, patient care, and staffing management. Currently serving as the Staffing Manager at Aiding with Care Health Services, Inc., Ms. Rose Tibert plays a pivotal role in ensuring compliance, overseeing staffing operations, and facilitating the hiring and training of healthcare personnel. Ms. Rose Tibert's extensive background in dermatology, patient-focused care, and administrative excellence makes her an invaluable asset to Aiding with Care Health Services, Inc.

With a career spanning diverse medical settings, Ms. Rose Tibert has gained her expertise in providing compassionate care to patients, including those with disabilities such as Alzheimer's and Dementia. Her hands-on experience as a Medical Assistant has equipped her with a deep understanding of patient needs, medical terminologies, and clinical procedures. Ms. Rose Tibert is proficient in taking vital signs, obtaining medical histories, assisting with biopsies and surgeries, and educating patients on treatment regimens.

In her current role at Aiding with Care Health Services, Inc., Ms. Rose Tibert ensures that staffing operations run smoothly, aligning with the our companies' mission to deliver high-quality care to vulnerable populations. Ms. Rose Tibert's leadership in candidate screening, onboarding, and training ensures that our team of staff is well-prepared to support patients with complex conditions, including cognitive impairments. Ms. Rose Tibert's attention to detail, organizational skills, and proficiency in EMR systems like Medi-Soft, Perfect Carelite, and EMA further enhance her ability to streamline operations and improve patient outcomes.

Ms. Rose Tibert holds a Medical Assistant Certificate from Concorde Career Institute and recently earned her Home Health Aide Certificate from Marlene Training Center in 2025, excelling her commitment to professional growth. Ms. Rose Tibert's ability to collaborate effectively, educate patients, and adapt to evolving in the healthcare industry reflects her passion for making a difference in the lives of others. Combining clinical expertise with administrative acumen, Ms. Rose Tibert continues to elevate the standard of care for patients, team excellence makes her a trusted leader in the healthcare community.

Objective

It is my immediate goal to contribute to a growing medical practice by extending my current skill set; while opening up to learn what others may offer to teach me. I collaborate well with others to achieve desired goals, and I intend to extend my skills in customer service and sales as well.

Skills

- Patient focused Care
- Knowledge of front/back office
- Good understanding of medical terminologies
- Taking vital signs, patient medical history, and e-prescribing prescriptions
- Good interpersonal communication skills
- High attention to details
- Efficiently trained in EMR Services such as Medi-Soft, Perfect Carelite and EMA

Experience**Staffing Manager Aiding with Care home services LLC 2021-Present**

- Ensure compliance with internal and external policies and regulations
- Oversee all staffing needs and operations of our organization
- candidate screening and hiring processes
- Assist in preparation and execution of onboarding and training plans
- Outstanding organizational and leadership skills

Medical Assistant; Dermpartners. 2017-2020

- Escorted patients to exam room and obtained full medical history intake.
- Assisted physicians in exam room with biopsies, excisions etc..
- Suture Removals
- Cosmetic consultations pertaining to Lasers, Coolsculpting and Cosmetic Products
- Pre Screening for biologics

Medical Assistant; Hecker Dermatology Group, P.A 2012 - 2017

- Assisted medical doctors with biopsies, surgery, and cosmetic procedures
- Prepared patients for physical examinations; interviewed patients to obtain medical history; explained treatment procedures
- Sterilized equipment, restocked exam rooms, and properly disposed of contaminated biomedical waste
- Performed medical treatments such as Hydra- facials, Peels, and Ultherapy procedures
- Educated patients on prescribed product regimens to treat and maintain healthier skin
- Faxing, electronic scanning, and handling medical records
- Managed and updated biopsy and CLIA log book

Medical Assistant; Schlam Dermatology 2008 - 2012

- Organized medical exam rooms
- Managed multiple phone lines, faxing and appointment scheduling
- Assisted in minor surgical procedures
- Administered PPD tests, draw labs and removed sutures
- Completed medical, cosmetic and product inventory

Education**Home Health Aide Certificate 2025**

Marlene Training Center, Oakland Park, FL

GED 2025**Medical Assistant Certificate 2007-2008**

Concorde Career Institute, Miramar, FL



Marlene's
training center



MD MD

2701 W OAKLAND PARK BLVD STE 105

OAKLAND PARK, FL 33311

Phone (954) 533-9608 Cell (754) 367-0222 Fax (954)-533-9609

ON THE RECOMMENDATION OF THE FACULTY AND BY AUTHORITY
OF THE BOARD OF DIRECTORS THIS

Certificate

ROSE ANDREE TIBERT

HOME HEALTH AIDE TRAINING PROGRAM

SIGNED AND GIVEN UNDER OUR HAND:

THIS 25TH DAY OF JUNE, 2021



LIC.3665

MARLENE DUBOIS
DIRECTOR
MDA

Concorde Career Institute

10933 Marks Way
Miramar, Florida

Be It Known That

Rose-Andree Tibert


*Having successfully completed the required program of instruction
and upon examination having been found duly qualified
in the subjects of the program, is hereby awarded this diploma in*

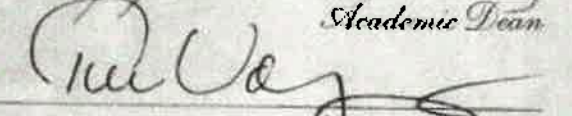
Medical Assistant

Given at Miramar, Florida this date



November 4, 2008





Academic Dean


Campus President

HEARTSAVER							
Heartsaver® First Aid CPR AED  American Heart Association	Training Center Name Life Beat, Inc. Training Center ID FL20191 TC City, State Ft. Lauderdale, FL TC Phone (954) 942-3436 Training Site Name FTC Training Center Instructor Name Mazinga Blanc Ductan Instructor ID 05180685514						
<p>Rose Tibert</p> <p>has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Heartsaver First Aid CPR AED Program.</p> <p>Optional modules completed: Heartsaver Total, Child CPR AED, Infant CPR, Exam</p> <table border="1"> <thead> <tr> <th>Issue Date</th> <th>Renew By</th> <th>eCard Code</th> </tr> </thead> <tbody> <tr> <td>4/15/2024</td> <td>04/2026</td> <td>256014087224</td> </tr> </tbody> </table> <p>To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.</p> 	Issue Date	Renew By	eCard Code	4/15/2024	04/2026	256014087224	<p>© 2023 American Heart Association 20-3002 R3/23</p>
Issue Date	Renew By	eCard Code					
4/15/2024	04/2026	256014087224					

Directions

1. Cut along dotted lines
2. Fold both halves together
3. Use adhesive to combine halves



EMPLOYEE ROSTER

EMPLOYER	EMPLOYEE NAME	ID NUMBER	POSITION
Aiding With Care Health Services, INC	Acstrel Tesesa	ICC-1072	PCA, CNA
Aiding With Care Health Services, INC	Aguerre Kenny	ICC-1088	PCA, HHA
Aiding With Care Health Services, INC	Alexandre Dagerie	ICC-1093	PCA, HHA, Other
Aiding With Care Health Services, INC	Altidor Tarah	ICC-1014	HHA
Aiding With Care Health Services, INC	Alvarez G Melissa	ICC-1026	HHA
Aiding With Care Health Services, INC	Alvarez Tallado primitiva Grisel	ICC-1051	HHA
Aiding With Care Health Services, INC	Amilcar Woodyly	ICC-1171	PCA, HHA, RESP
Aiding With Care Health Services, INC	Anyiam C Mabel	ICC-1103	HHA, CNA
Aiding With Care Health Services, INC	Asselui Cassandra	ICC-1119	HHA
Aiding With Care Health Services, INC	Auguste Wislaine	ICC-1168	PCA, HHA, CNA
Aiding With Care Health Services, INC	Augustin Bellancia	ICC-1193	PCA, HHA
Aiding With Care Health Services, INC	Augustin Beverlie Milord	ICC-1174	PCA, HHA, RESP
Aiding With Care Health Services, INC	Augustin Daniella	ICC-1214	PCA, HHA, RESP
Aiding With Care Health Services, INC	Augustin Romanie	ICC-1102	PCA, HHA, RESP
Aiding With Care Health Services, INC	Augustin Schneidne	ICC-1210	PCA, CNA, RESP
Aiding With Care Health Services, INC	Augustin Virginie	ICC-1009	PCA, HHA, Other
Aiding With Care Health Services, INC	Bailey Yvonne Jonnae	ICC-1024	HHA
Aiding With Care Health Services, INC	Belcombe Davis Katy Dayana	ICC-1188	PCA, HHA
Aiding With Care Health Services, INC	Belfort Aimeline	ICC-1205	PCA, HHA
Aiding With Care Health Services, INC	Beliard Idiane	ICC-1060	PCA, HHA, RESP
Aiding With Care Health Services, INC	Bell Myriame	ICC-1044	PCA, CNA
Aiding With Care Health Services, INC	Belval C Fritz	ICC-1172	PCA, HHA
Aiding With Care Health Services, INC	Boisvert Anne-Valentine	ICC-1054	PCA, HHA, Other
Aiding With Care Health Services, INC	Borrego Lobo Regla Tania	ICC-1020	HHA
Aiding With Care Health Services, INC	Branly Maria	ICC-1092	PCA, HHA
Aiding With Care Health Services, INC	Braveus Lovelendya	ICC-1145	PCA, HHA, Other
Aiding With Care Health Services, INC	Brown Eric	ICC-1034	PCA, HHA
Aiding With Care Health Services, INC	Brown Terryann	ICC-1074	PCA, HHA
Aiding With Care Health Services, INC	Brutus Claire	ICC-1065	HHA, RESP
Aiding With Care Health Services, INC	Brutus Darline	ICC-1112	HHA
Aiding With Care Health Services, INC	Cadet Marjorie	ICC-1015	HHA

EMPLOYER	EMPLOYEE NAME	ID NUMBER	POSITION
Aiding With Care Health Services, INC	Calixte Jenny	ICC-1184	PCA, CNA, RESP
Aiding With Care Health Services, INC	Cameau Nadia	ICC-1057	HHA
Aiding With Care Health Services, INC	Cardichon Antonio Miguel	ICC-1120	HHA
Aiding With Care Health Services, INC	Carries Darline Marie	ICC-1196	PCA, CNA
Aiding With Care Health Services, INC	Casseus Linda	ICC-1144	PCA, HHA, Other
Aiding With Care Health Services, INC	Castellanos Edith	ICC-1084	PCA, HHA
Aiding With Care Health Services, INC	Celestin Paul Suze	ICC-1136	PCA, HHA, Other
Aiding With Care Health Services, INC	Cervantes Betty	ICC-1135	PCA, HHA, Other
Aiding With Care Health Services, INC	Cesar Carole	ICC-1040	HHA
Aiding With Care Health Services, INC	Chambers Moya	ICC-1039	HHA
Aiding With Care Health Services, INC	Charles Jonande	ICC-1122	HHA
Aiding With Care Health Services, INC	Charles-Brutus Rose Yva	ICC-1200	PCA, HHA
Aiding With Care Health Services, INC	Claude Wedline	ICC-1062	PCA, CNA
Aiding With Care Health Services, INC	Cleare Lovemicar	ICC-1202	HHA
Aiding With Care Health Services, INC	Cerveaux Reynal Christmen	ICC-1150	HHA
Aiding With Care Health Services, INC	Clesca Serfilia	ICC-1116	PCA, HHA
Aiding With Care Health Services, INC	Crawford Eassie	ICC-1109	PCA, HHA, Other
Aiding With Care Health Services, INC	Cruz Anadelys	ICC-1132	PCA, HHA, Other
Aiding With Care Health Services, INC	Cruz Morell Erika	ICC-1048	HHA



Individualized Care Plan

Participant Profile Assessment

Each participant's care plan should start with a detailed profile:

- **Basic Information:** Name, age, gender, emergency contacts.
- **Medical History:** Diagnosis, stage of Alzheimer's/Dementia, other medical conditions, medications, allergies.
- **Cognitive and Functional Assessment:** Memory level, attention span, reasoning, communication abilities, motor skills, mobility limitations.
- **Emotional & Behavioral Assessment:** Mood patterns, triggers, preferred coping strategies, anxiety or aggression tendencies.
- **Personal Preferences:** Hobbies, favorite music, foods, cultural/religious practices, daily routines.
- **Daily Living Skills:** Ability to eat, dress, groom, and participate in activities independently or with support.

Individualized Goals

Based on assessment findings, each patient care plan will set specific, measurable goals aimed at enhancing quality of life:

Examples:

- Maintain cognitive function through daily memory and orientation exercises.
- Promote physical mobility with daily stretching or light exercise routines.
- Encourage social engagement through structured group activities tailored to interests.
- Support emotional well-being by implementing personalized coping strategies for anxiety or agitation.
- Provide opportunities for creative expression (art, music, or storytelling) based on participants' preferences.

Personalized Care Strategies

Each participant's care plan also includes approach strategies to address behavioral or emotional challenges:

- **Communication:** Use short, simple sentences, gestures, and visual cues for those with language difficulties.
- **Behavior Management:** Identify triggers for agitation or aggression and use calming techniques (music, redirection, sensory activities).
- **Safety Measures:** Ensure mobility aids, fall-prevention strategies, and environmental modifications.
- **Routine Structure:** Maintain consistent daily routines to reduce confusion and anxiety.



Personalized Activity Plan

ACTIVITY TYPE	PURPOSE / GOAL	TAILORING STRATEGY
Cognitive Stimulation	Maintain Memory & Attention	Puzzles, memory games, reminiscence therapy using personal photos or stories.
Physical Activity	Enhance Mobility & Health	Chair exercises, gentle yoga, guided walking sessions, dance therapy.
Social Engagement	Reduce Isolation & Improve Mood	Small-group discussions, board games, music sessions, themed parties and Celebrations.
Creative Arts	Encourage Self-Expression & Joy	Painting, music or sing-alongs, craft decorating projects related to personal interests.
Emotional Support	Reduce Stress, Anxiety & Agitation	One-on-one counseling, calming music, aromatherapy, mindfulness exercises.
Life Skills Practice	Maintain Independence	Assisting in meal prep, simple tasks, table setting activities, sorting activities.

Personalized Care Strategies

Each participant's care plan also includes approach strategies to address behavioral or emotional challenges:

- **Communication:** Use short, simple sentences, gestures, and visual cues for those with language difficulties.
- **Behavior Management:** Identify triggers for agitation or aggression and use calming techniques (music, redirection, sensory activities).
- **Safety Measures:** Ensure mobility aids, fall-prevention strategies, and environmental modifications.
- **Routine Structure:** Maintain consistent daily routines to reduce confusion and anxiety.

Monitoring & Evaluation

Progress is tracked and care plans are adjusted regularly:

- **Daily Observation Notes:** Staff record mood, engagement, participation, and any behavioral changes.
- **Weekly Review:** Professional Care team evaluates if activities and interventions meet participant goals.
- **Safety Measures:** Ensure mobility aids, fall-prevention strategies, and environmental modifications.
- **Quarterly Updates:** Formal reassessment to update care plan, including input from family/caregivers. Families are included in care planning to provide insight and continuity of care.



Daily Schedule

ADULT DAYCARE PROGRAM

Monday – Friday | 7:00 AM – 4:00 PM

TIME	ACTIVITY	PURPOSE / NOTES
7:00–8:00	Arrival & Breakfast	Calm start, social interaction, hydration
8:00–9:00	Morning Physical Activity	Chair exercises, stretching, or gentle yoga to maintain mobility
9:00–10:00	Cognitive Engagement	Memory games, puzzles, storytelling, music therapy
10:00–10:30	Snack & Social Time	Encourage conversation and social bonding
10:30–11:30	Creative Arts	Painting, crafts, or simple handiwork, tailored to skill level
11:30–12:00	Sensory Stimulation	Aromatherapy, tactile activities, or gardening for those with
12:00–1:00	Lunch	Provide adaptive utensils if needed, support self-feeding
1:00–2:00	Rest / Quiet Time	Optional nap or calming music session
2:00–3:00	Music & Reminiscence	Singing familiar songs, photo albums, storytelling
3:00–3:30	Snack & Social Interaction	Encourage group discussion or gentle games
3:30–4:00	Closing & Departure	Reflective activities, planning for next day,

*Please note that scheduled activities are subject to change on a daily basis to ensure flexibility and alignment with each participant's individual needs. In addition, the program service schedule will be structured to best serve the community while remaining fully compliant with all grant requirements.



Approach and Methodology

Aiding with Care Health Services, Inc., proposes a comprehensive, person-centered approach to operating the City of Hollywood's Adult Daycare Program for individuals living with Alzheimer's, dementia, and related cognitive conditions. Our methodology is rooted in the belief that every participant deserves dignity, safety, and meaningful daily engagement. We recognize that caregivers and families also benefit from a well-structured, reliable program, and therefore our model integrates both participant-centered care and caregiver support to enhance overall quality of life.

At the time of admission, Aiding with Health Services, Inc., will retrieve each individual's plan of care directly from their physician or specialist to ensure our services are aligned with clinical guidance. This physician-driven collaboration allows our Registered Nurse to review diagnoses, medications, mobility considerations, and behavioral needs before developing an Individualized Day Support Plan. In addition, families are engaged during the intake process to capture personal history, cultural preferences, and daily routines so that each plan reflects the individual, rather than just their diagnosis. The individualized support plans are reviewed quarterly, or sooner when a change of condition occurs, and are updated in collaboration with physicians and caregivers.

The daily program will be structured to balance cognitive stimulation, physical activity, social interaction, and rest. Activities will include reminiscence therapy, art, music, gentle exercises, and functional skill maintenance, all adapted for different stages of Alzheimer's and dementia. The day will also provide time for meals, hydration, and quiet periods in order to reduce sundowning or behavioral triggers. Our staff-to-participant ratio will ensure that every individual receives personalized attention and care, including support with activities of daily living when needed. Families will receive consistent communication, including same-day updates on notable events and quarterly progress summaries.

Based on participants transportation, though not a requirement of the program, will be available through an accredited and insured transportation partner. This option may be utilized for community outings, field trips and transportation to and from the community center, when necessary. By partnering with a licensed agency that meets all safety and accessibility standards, Aiding with Care Health Services, Inc., can guarantee secure, reliable, and ADA-compliant travel for participants without placing additional operational risk on the program.



Approach and Methodology (continued)

Our staffing model includes a Project Administrator, Registered Nurse, Activities Coordinators, Certified Nursing Assistants, and support staff who are all trained specifically in Alzheimer's and dementia care. Staff will implement competency-based training in communication, behavioral management, fall prevention, infection control, and emergency response. Aiding with Care Health Services, Inc., has established risk management protocols including elopement prevention strategies, infection control measures, medication assistance policies, and emergency preparedness in accordance with the Comprehensive Emergency Management Plan. These protocols are aligned with the Florida Agency for Health Care Administration and the Florida Department of Elder Affairs regulations, as well as with HIPAA, ADA, and OSHA requirements.

Financially, Aiding with Care Health Services, Inc., is fully equipped to manage a program of this scope. We maintain strong fiscal controls, including dual-approval purchasing thresholds, variance reporting, and reconciliation processes that ensure responsible use of resources. Our billing systems are prepared to accommodate Medicaid waiver programs, managed care, in order to provide transparent financial reporting to ensure accountability. Administrative operations are supported by an HR system that tracks credentials, trainings, and background checks, while our compliance infrastructure ensures that all program requirements are met and documentation remains audit-ready at all times.

Quality assurance is embedded into our methodology. Aiding with Care Health Services, Inc., collects and reviews key performance indicators such as participant attendance, activity engagement, fall rates, incident reports, caregiver satisfaction, and hospital diversion outcomes. This data is reviewed monthly through a Quality Assurance and Performance Improvement process, and findings are used to adjust programming and improve outcomes. We also engage caregivers through education sessions and satisfaction surveys to ensure that their voices are heard and integrated into program improvement.

Through this structured methodology, Aiding with Care Health Services, Inc. demonstrates its capacity to not only meet but exceed the operational and regulatory requirements of an adult day care program. With our clinical expertise, caregiver partnerships, transportation readiness, financial management, and strong quality oversight, Aiding with Care Health Services, Inc., is prepared to deliver a sustainable, compliant, and impactful Adult Daycare Program that will enrich the lives of residents' and their families throughout the City of Hollywood.



Past Performance

Company Name:	WELLCARE HEALTH
Company Address:	P.O. Box 31370 Tampa, FL 33631
Customer Point of Contact Name:	Rosa Matos
Point of Contact Phone:	(813) 327-7626
Point of Contact E-mail:	Rosa.matos2@wellcare.com
Contract Number:	1979525
Contract Period:	8/21/2019 - Current
Contract Value:	\$2,094,253.00

Description of Services: Aiding with Care Health Services, Inc. has provided non-skilled home care and staffing services under WellCare Insurance, including personal care, companionship, and homemaker support. Services are delivered across South Florida by qualified Home Health Aides (HHAs) and Certified Nursing Assistants (CNAs), with staffing tailored to client needs ranging from part-time assistance to 24-hour coverage.

Accomplishments: During our contract with WellCare Insurance, Aiding with Care Health Services, Inc. successfully coordinated and delivered timely non-skilled home care services in full compliance with plan requirements. We maintained ongoing communication with case managers, consistently achieved high levels of client satisfaction, and met all documentation and reporting obligations. Our team's professionalism, efficiency, and reliability contributed to positive health outcomes and ensured continuity of care for WellCare members.

Challenges: Aiding with Care Health Services, Inc., encountered occasional delays in authorization approvals and communication gaps regarding coverage updates. To address these challenges, we established a dedicated liaison role within our team to maintain consistent follow-ups with WellCare representatives and streamlined internal processes for documentation and submission. These measures improved communication, minimized processing delays, and enhanced the overall efficiency and quality of service delivery.



Past Performance

Company Name:	SUNSHINE HEALTH
Company Address:	P.O. Box 459089 Fort Lauderdale, FL 33345-9089
Customer Point of Contact Name:	Ana Espinosa
Point of Contact Phone:	(954) 684-5688
Point of Contact E-mail:	Aespinosa@sunshinehealth.com
Contract Number:	920870915
Contract Period:	10/01/2021 - Current
Contract Value:	\$7,404,312.84

Description of Services: Aiding with Care Health Services, Inc., provides non-skilled home care and staffing services to Sunshine Health members across Florida, delivering support in personal care, companionship, respite, and homemaker services. Care is provided by qualified Home Health Aides (HHAs) and Certified Nursing Assistants (CNAs), with staffing levels aligned to each member's approved service hours and individualized care plan.

Accomplishments: Aiding with Care Health Services, Inc. consistently delivered high-quality, person-centered care throughout our contract with Sunshine Health, while ensuring full compliance with all regulatory and contractual requirements. We've successfully deployed qualified professionals, maintained timely service delivery, and received positive feedback from both members and care managers. Our team demonstrated strong coordination, effective communication to enhancing health outcomes for Sunshine Health members.

Challenges: One challenge encountered during our contract with Sunshine Health was coordinating timely staffing for members with complex needs across multiple regions. To address this, Aiding with Care Health Services, Inc. implemented a centralized scheduling system and appointed regional coordinators to improve communication and response times. We've also faced occasional delays related to insurance authorizations; these were resolved by assigning dedicated staff to manage prior authorizations and maintain direct communication with Sunshine Health case managers.



Past Performance

Company Name:	MEDWAIVER
Company Address:	3125 W Commercial Blvd, Suite 200 Fort Lauderdale, FL 33309
Customer Point of Contact Name:	Yvonne Roberts
Point of Contact Phone:	(954) 467-4218
Point of Contact E-mail:	Yvonne.roberts@apdcares.org
Contract Number:	15077
Contract Period:	08/24/2017 - Current
Contract Value:	\$850,327.99

Description of Services: Aiding with Care Health Services, Inc. provides non-skilled in-home support and personal care services under the Florida Medicaid Waiver Program, serving members across Florida. Services are delivered by thoroughly trained and background-screened direct support professionals and caregivers, ensuring safety, quality, and compliance with program requirements. Staffing levels are customized to each individual's service plan, typically ranging from one to three caregivers per client.

Accomplishments: During the performance of this Medicaid Waiver contract, Aiding with Care Health Services, Inc. consistently delivered high-quality, person-centered care in full compliance with all state and Agency for Persons with Disabilities (APD) standards. We ensured timely service delivery, maintained strict adherence to documentation and support plan requirements, and received positive feedback from both clients and their guardians. Our team demonstrated strong coordination and effective communication.

Challenges: A key challenge encountered during this contract was managing staff scheduling conflicts resulting from last-minute changes in client needs or availability. Aiding with Care Health Services, Inc. implemented a real-time communication system and expanded the on-call staffing pool to ensure consistent coverage and continuity of care. Additionally, we enhanced internal scheduling protocols and provided cross-training for team members to increase flexibility. These measures strengthened overall reliability and responsiveness.

VENDOR REFERENCE FORM

City of Hollywood Solicitation #: RFQ-337-25-GJ: Adult Day Care Program for Alzheimer's and Dementia
 Reference for: Aiding with Care Health Services INC

Organization/Firm Name providing
 reference:

Current Client

Organization/Firm Contact

Name: Claire Nader

Email: clairenader@yahoo.com

Name of Referenced Project: Novaly Siffrant

Date Services were provided: 11/15/2024 - Current

Title:

Client

Phone: (561) 267-5114

Contract No:

Project

Amount:

Referenced Vendor's role in
 Project:

☒ Prime Vendor

☐ Subcontractor/
 Subconsultant

Would you use the Vendor
 again?

☒ Yes

☐ No. Please specify in additional
 comments

Description of services provided by Vendor (provide additional sheet if necessary):

Home Health Aid Services: Dressing, Grooming, Driving to doctor's appointment, groceries shopping, Cooking

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness/Cost Control of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):

******THIS SECTION FOR CITY USE ONLY******

Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>
Verified by:	Name:				Title:	
	Department:				Date:	

VENDOR REFERENCE FORM

City of Hollywood Solicitation #: RFQ-337-25-GJ: Adult Day Care Program for Alzheimer's and Dementia
Reference for: Aiding with Care Health Services INC

Organization/Firm Name providing reference: CURRENT CLIENT

Organization/Firm Contact Title: CLIENT

Name: Claire Brutus

Email: clairebrutus@gmail.com Phone: 786-339-0188

Name of Referenced Project: Stephen Jean-Baptiste Contract No: _____

Date Services were provided: 03/11/2024- Current Project Amount: _____

Referenced Vendor's role in Project: ☒ Prime Vendor ☐ Subcontractor/
Subconsultant

Would you use the Vendor again? ☒ Yes ☐ No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):
Services provided but not limited to (light house keeping, companionship, assistance to and from doctors bathing,dressing and grooming).

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness/Cost Control of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):

****THIS SECTION FOR CITY USE ONLY****						
Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>
Verified by:	Name:				Title:	
	Department:				Date:	

VENDOR REFERENCE FORM

City of Hollywood Solicitation #: RFQ-337-25-GJ: Adult Day Care Program for Alzheimer's and Dementia
 Reference for: Aiding with Care Health Services INC

Organization/Firm Name providing
 reference:

CURRENT CLIENT

Organization/Firm Contact

Title: CLIENT

Name:

DANAIDES FRETT JR

Email:

DANAIDEDFRETT@GMAIL.COM

Phone: 954-661-2534

Name of Referenced Project:

ANDREW ALLEN

Contract No:

Date Services were provided:

11/15/2021 - CURRENT

Project

Amount:

Referenced Vendor's role in
 Project:

☒ Prime Vendor

☐ Subcontractor/
 Subconsultant

Would you use the Vendor
 again?

☒ Yes

☐ No. Please specify in additional
 comments

Description of services provided by Vendor (provide additional sheet if necessary):

Services provided included personal care, assisting with showering, eating, companionship, etc. Staff provided light housework.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness/Cost Control of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):

******THIS SECTION FOR CITY USE ONLY******

Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>
Verified by:	Name:				Title:	
	Department:				Date:	

Client Improvement Report

Quarterly Report

1st Quarterly Summary: 7/1/2024 through 9/30/2024

Name: Edward Bennett

Medicaid Number: ***** Identification Number: 53887

Life Skills Development Level 1 (Community Inclusion) S5135UC Ratio of 1-1

Service Provided By: Virginie Augustin, Service Provider

Aiding With Care Health Services INC, Provider Number: 020580200

Goal#1: Behavior

Goal#2: Education

Goal#3: Job

Summary of Services Provided During This Quarter:

Life Skills Development Level 1 Services was provided to Edward Bennett between the dates of 7/1/2024 through 9/30/2024. Client was seen today for a 3 month visit. Edward wants to continue working on stated support plan goals.

Specific activities provided included assisting Edward with support plan goals. The behavior plan is being implemented as written and as approved. I evaluated the competency of caregivers in behavior plan implementation. I met with Edward and discussed progress on the Implementation Plan.

Edward is not currently engaging in behaviors of concern. I spoke with Edward about Rights that are guaranteed by law. We discussed the Right to dignity, privacy and humane care. We discussed the need to exercise our rights in a responsible manner.

Quarterly Report

1st Quarterly Summary: 7/1/2024 through 9/30/2024

Name: Edward Bennett

Medicaid Number: ***** Identification Number: 53887

Life Skills Development Level 1 (Community Inclusion) S5135UC Ratio of 1-1

Service Provided By: Virginie Augustin, Service Provider

Aiding With Care Health Services INC, Provider Number: 020580200

Goal#1: Behavior

Goal#2: Education

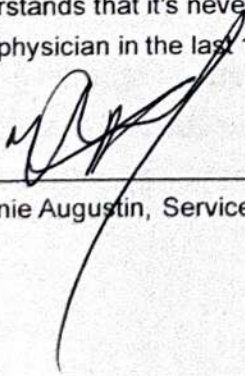
Goal#3: Job

Summary of Services Provided During This Quarter:

Life Skills Development Level 1 Services was provided to Edward Bennett between the dates of 7/1/2024 through 9/30/2024. Update for services rendered. Edward wants to continue working on stated support plan goals.

Health concerns are being met. Edward was friendly and cooperative with care. Mood appears improved this week.

Edward directs when and where services are provided. Edward set clear expectations of time, location, activities, goals, and expectations of staff. I have a copy of the support plan. I am implementing the goals listed. I involved Edward in review of progress towards goals. Current Service Authorizations are available to cover all services provided and billed. I reviewed the current Service Authorization. Both rates and ratio are correct. The Service Authorization is in my company's name. The dates are current. Edward was asked about satisfaction with services. Edward feels the WSC listens with respect. I am using a system to gather historical information. I provided education and resource information regarding choice of services and supports. I am aware of and addressing choices and preferences. I ensured that Edward is satisfied with services. Edward was offered options and support to explore more integrated day activities. I ensured that Edward's personal property is respected. Edward's access to food and snacks is not restricted. Edward has friends in the community. Edward has many opportunities to develop new friendships and relationships. Edward is supported to understand how to stay safe in the community. Edward understands that it's never OK for a caregiver to touch private parts. Edward has seen a primary care physician in the last 12 months. Edward is supported to have a say in directing healthcare.



Virginie Augustin, Service Provider

01/12/2025

Quarterly Report

3rd Quarterly Summary: 01/01/2025 through 03/31/2025

Name: Edward Bennett

Medicaid Number: ***** Identification Number: 53887

Life Skills Development Level 1 (Community Inclusion) S5135UC Ratio of 1-1

Service Provided By: Virginie Augustin, Service Provider

Aiding With Care Health Services INC, Provider Number: 020580200

Goal #1: Behavior

Goal #2: Education

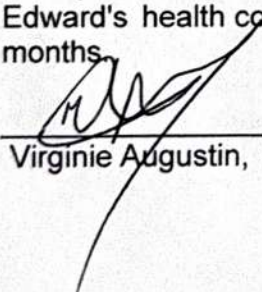
Goal #3: Job

Summary of Services Provided During This Quarter:

Life Skills Development Level 1 Services was provided to Edward Bennett between the dates of 01/01/2025 through 03/31/2025. Today Edward was seen for an update regarding services. Edward wants to continue working on stated support plan goals.

Health concerns are being met. Edward was friendly and cooperative with care. Edward is not currently engaging in behaviors of concern. Mood appears improved this week.

A copy of this report was provided to the WSC. We agreed upon a time and place for me to provide services. Edward directs when and where services are provided. The goals we worked on are the goals listed in the support plan. I have a copy of the support plan. I am implementing the goals listed. I encouraged Edward to make progress toward desired goals. Current Service Authorizations are available to cover all services provided and billed. I reviewed the current Service Authorization. Both rates and ratio are correct. The Service Authorization is in my company's name. The dates are current. I am using a system to gather historical information. I have gathered health, behavioral, and emotional information. We discussed informed consent including HIPAA, Confidentiality, and client rights. I assisted the legal representative to know about rights. I am aware of and addressing choices and preferences. I ensured that Edward's opinions are solicited and respected. I discussed employment options with Edward. I provided education and resource information regarding choice about where to live. Edward feels safe at home. Edward is supported to understand how to stay safe in the community. Edward said an example of Neglect is not helping me get clean. I am aware of and addressing Edward's health concerns. Edward has seen a primary care physician in the last 12 months.


Virginie Augustin, Service Provider

04/01/2025



NOTICE PROVISION:

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intentionally left blank.

Financial Capability Documents submitted under
CONFIDENTIAL / PROPRIETARY Information.



Aiding with Care Health Services, Inc. is committed to providing the City of Hollywood with exceptional services through this important opportunity to operate the Adult Day Care Program for residents with Alzheimer's and Dementia.

Our experienced team of licensed professionals, proven track record, and community-focused approach position us as an ideal partner for this contract.

We look forward to contributing our expertise to support the City of Hollywood's commitment to operational excellence. Thank you for considering our proposal. We are available to address any questions or provide additional information upon request.



Contact:

Virginie Augustin, CEO, Regional Manager

7608 Margate Blvd • Margate, FL 33063

Phone: 954.274.1701 • **Fax:** 754.701.4902

Email: v.augustin@awchservices.com