



**PRELIMINARY QUALIFICATION REPORT**

**Confidential**

**FAX: 330-454-6807**

Sarah® Adult Day Services, Inc. will rely on the following information to analyze your qualifications and to better assist you in your exploration of Sarah® Adult Day Services, Inc. Franchise Opportunity. This information will remain confidential. The submission of this information places no continuing obligation on either you or Sarah® Adult Day Services, Inc. Please call our toll free number at: 800-472-5544 if you have any questions.

PERSONAL INFORMATION		FINANCIAL DATA	
Name:		<b>ASSETS</b>	
Address:		Liquid (cash, unrestricted securities)	\$
City:		Restricted securities (IRA, 401K (s), etc.)	
State:	Zip:	Home Value (and other real estate)	
Home Phone:	Cell Phone:	Other assets (auto, business, receivables, etc.)	
Business Phone:	Best time to call:	<b>Total Assets</b>	\$
E-Mail:		<b>LIABILITIES</b>	
Citizenship:	Marital Status:	Mortgages (all debt on all real estate)	\$
Spouses Name:		Other Liabilities (auto loan, credit card, etc.)	
Number of Children:	Ages:	<b>Total Liabilities</b>	\$
		<b>NET WORTH</b>	
		<b>Total Assets Less Total Liabilities</b>	\$
Have you ever been convicted of anything other than minor traffic violations? Yes/No		Have you ever declared personal or business bankruptcy? Yes/No	
Have any judgments been entered against you or a business you controlled or did control? Yes/No If yes, please explain:		<b>PARTNER INFORMATION</b>	
<b>EDUCATION</b>		Will you have any business partners? Yes/No	
<input type="checkbox"/> High School		Name (s): _____	
<input type="checkbox"/> College		What involvement will they have? Financial / Operational	
<input type="checkbox"/> Grad School		How did you first learn about Sarah® Adult Day Services, Inc.?	
<b>BUSINESS CONSIDERATIONS</b>		<input type="checkbox"/> Visited SarahCare Center	Location: _____
Have you ever owned a business? Yes/No		<input type="checkbox"/> Advertisement	Publication: _____
Type:		<input type="checkbox"/> Web Search	Website: _____
When are you available for an interview at our Corporate		<input type="checkbox"/> Referral	From: _____
		<input type="checkbox"/> Other	Source: _____
		Comments: _____	

Feel free to attach any additional information you believe we should have. I hereby certify that to the best of my knowledge, information, and belief, the above statements are true and accurate. Should I continue pursuing Sarah® Adult Day Services, Inc. Franchise, I shall provide additional and more complete information to Sarah® Adult Day Services, Inc., as requested. Receipt, completion or submittal of this Preliminary Franchise Application is not intended to be construed as an offer to franchise. Offered by prospectus only.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_