

Welcome into our Caring Heart!

Dear Friend,

We are honored to support you or your loved one on a journey toward greater safety, mobility, and peace of mind. We focus on empowering seniors to live with dignity and vitality by providing compassionate, personalized care tailored to each individual's needs.

Our Core Services

1. **Fall-Prevention Training**
Focused exercises and techniques to improve balance, strength, and coordination, reducing the risk of falls and enhancing confidence in daily movement.
2. **At-Home Mobility Coaching**
Personalized sessions to support comfortable and independent movement at home. We work on flexibility, body mechanics, and functional tasks like getting up from a chair or navigating stairs.
3. **Mindfulness and Breathwork**
Simple mindfulness practices and breathing techniques to help reduce stress, increase focus, and promote emotional well-being.
4. **Biobehavioral coaching** - Happiness and wellness comes from an accumulation of habits, and we're here to gently encourage little shifts in lifestyle, nutrition, and mindfulness practices.

Additional Support Services

As we build trust and understand your needs, additional services become available, including:

- **Nonviolent Communication (NVC) Mediation:** Support for difficult family conversations, such as end-of-life planning or addressing long-standing emotional challenges. We provide tools and guidance to help foster understanding and harmony within families.
- **Positive Habits:** Through habit-stacking, we help assist clients with incorporating positive behaviors into their morning and evening routines, which is particularly important for clients experiencing the early stages of cognitive decline.
- **Network of referrals:** We have a network of professional end-of-life coaches, nutritionists, gardeners, homecare providers, wealth management investment advisors, and grocery shoppers ready to assist with extra tasks.

We are dedicated to offering more than just physical support. As our relationship grows and our connection is established, we offer further assistance through our network. Our holistic

approach ensures that emotional and mental well-being are honored throughout your journey, and that we find you the support and care that you need through the ever-changing life situations!

Our Rates

Our services are priced at **\$70 per hour**. To cover travel expenses, a **\$15 travel fee** will apply for any session beyond a 7 mile radius. This ensures we can continue providing personalized, in-home care while keeping our services sustainable.

If you have any questions about pricing or packages, or need financial assistance, please don't hesitate to ask. We set our price at market rate, while we understand that dignity should not have a price point. We are open to alternative economies during this global transition!

Scheduling and Cancellation Policy

- **Scheduling:** Sessions can be scheduled by phone at **303-656-9219** or through our website at www.ontheweb.shop/caringheart.
- **Cancellations:** Please provide at least **24 hours' notice** for cancellations or rescheduling. Cancellations with less than 24 hours' notice may be subject to a cancellation fee of **50% of the session rate** (\$35).
- **Rescheduling:** We understand that life happens! We're happy to work with you to find a new time if you need to reschedule.

Let's Begin This Journey Together

We're excited to partner with you and are committed to making each step a positive and empowering experience. We have included a "Client intake form" below. You may fill this out before our first session, or we can go over it with you when we meet in person. If you have any questions, concerns, or special requests, please reach out to us anytime. Your well-being is our priority, and we're here to support you fully.

With warmest regards,

Emmy Fritz Phone: 303-656-9219

Website: www.kriyahouse.org/CaringHeart

Caring Heart Service Agreement

Client Name: _____

Coach Name: _____

Service Overview

Caring Heart LLC provides the following services:

- **Fall-Prevention Training**
- **At-Home Mobility Coaching**
- **Mindfulness Coaching**
- **Biobehavioral Life Coaching**

Additional services available:

- **Access to a network of referrals for a nutritionist, wealth and investment advisors, non-violent communication mediation and coaching, end-of-life doula referrals, energy workers, household and petcare assistance, grocery and meal prep assistance.**
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Session Packages and Pricing

Standard Rate: \$70 per one hour session.

Package Deal: Purchase **5 sessions or more** and receive a discounted rate **\$350** for 5 sessions.

Payment Terms

Payments are due in full before the first session and can be made via **Zelle, PayPal, CashApp, Venmo**. **Checks** can also be accepted, payable to: Kriya House, inc. **Credit/Debit Cards** can be accepted via **Zeffy** (a stripe company offering fee-free services for nonprofit corporations!) Please communicate about preferred payment methods.

Scheduling and Cancellation Policy

Scheduling: Sessions are scheduled by mutual agreement.

Cancellations: Please provide at least **24 hours' notice** for cancellations or rescheduling. Cancellations with less than 24 hours' notice may be subject to a **\$35 cancellation fee**.

General Liability Waiver

Mutual Release of Liability

This mutual waiver ensures that both parties are protected and operate within a framework of trust and accountability. By signing this agreement, both parties agree to the following:

1. **Client's Release of Liability:**

I understand that participating in fall-prevention training, mobility coaching, and mindfulness practices involves physical activity. I acknowledge that I am voluntarily participating in these sessions and assume full responsibility for any risks, injuries, or damages, known or unknown, that might occur as a result of my participation.

I hereby release, waive, and discharge **Caring Heart LLC**, its coaches, and any associates from any and all claims, liabilities, damages, or causes of action arising from my participation in these sessions.

2. **Coach's Release of Liability:**

While on the client's property, **Caring Heart LLC** and its coaches agree to conduct themselves professionally and responsibly. We release the client from any liability for injuries or damages caused by the actions or negligence of Caring Heart LLC or its coaches during the session.

Agreement Acknowledgment

I have read, understood, and agree to the terms outlined in this Service Agreement and General Liability Waiver.

Client Signature: _____ **Date:** _____

Coach Signature: _____ **Date:** _____

Caring Heart – Client Intake Form

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Address:

Emergency Contact Name: _____

Emergency Contact Phone: _____

Relationship to Client: _____

Health Information

Do you have any of the following conditions? (Check all that apply)

- Arthritis
- Osteoporosis
- Joint Replacement
- Balance Issues
- High Blood Pressure
- Diabetes
- Cardiovascular Disease
- Neurological Conditions (e.g., Parkinson's, MS)
- Recent Surgery (please specify): _____
- Other (please specify): _____

List any current medications:

Do you use any assistive devices? (e.g., cane, walker, etc.)

- Yes No

If yes, which device(s)? _____

Have you experienced any recent falls or injuries?

Yes No

If yes, please provide details:

Lifestyle and Activity Level

How would you describe your current activity level?

- Sedentary
- Light Activity (e.g., short walks, occasional stretching)
- Moderate Activity (e.g., regular walks, light exercises)
- High Activity (e.g., regular workouts, physically demanding tasks)

Do you experience pain or discomfort during movement?

Yes No

If yes, please specify where and describe the pain:

What does a typical day look like for you?

Goals and Preferences

What are your primary goals for working with Caring Heart LLC? (Check all that apply)

- Fall Prevention
- Improved Mobility and Flexibility
- Increased Strength and Balance
- Mindfulness and Stress Reduction
- Pain Management
- Confidence in Daily Activities
- Other (please specify): _____

What hobbies or activities do you enjoy?

Do you have any specific concerns or fears regarding mobility or falls?

Have you practiced mindfulness, yoga, or breathwork before?

Yes No

If yes, what practices have you tried?

Scheduling and Preferences

Preferred Days and Times for Sessions:

Do you have any scheduling constraints or special considerations?

Client Agreement and Signature

I agree to inform Caring Heart LLC of any changes to my health or circumstances that may affect my participation in sessions, and that I have provided accurate information to the best of my ability.

Client Signature: _____

Date: _____