



Apply for an agency pilot of The Dove Circle technology. Pilots are limited and selected for fit. Pilot features may be pre-release, can change, and are offered under a separate written pilot agreement. Please do not include health information, Social Security numbers, card or bank numbers on this form. Pilot data handling is agreed before any client or caregiver data is used. Fields marked * are required. Type directly into this PDF (Adobe Acrobat Reader, Preview or any form-capable PDF app) and save, or print and write clearly.

1 AGENCY

Agency legal name *	Doing business as (DBA)	Franchise brand (if any)		
Main office street address	City	State *	ZIP	
		(select)		
Years operating	Active caregivers *	Active clients	Office locations	Care hours per week
(select)	(select)	(select)	(select)	(select)
State home-care license (if required in your state)		After-hours calls handled by		
☐ Licensed ☐ Not required ☐ Pending		☐ Staff on call ☐ Answering service ☐ Other		

2 PILOT CHAMPION AND CONTACTS

Pilot champion name *	Title	Email *	Phone
Technology / IT contact (name and email)		Billing contact (name and email)	

3 YOUR SYSTEMS AND PAYERS

Scheduling software	EVV system	Payroll system	Accounting (e.g. QuickBooks)
Payers you bill today			
☐ Private pay	☐ Long-term care insurance	☐ VA	☐ Medicaid / HCBS waiver
☐ Area Agency on Aging / state	☐ Medicare Advantage	☐ Nonprofit / grant	☐ Other

4 PILOT SCOPE AND GOALS

Products to pilot *		
☐ DoveOnCall (after-hours answering)	☐ DoveOnDeck (matching & compliance)	
☐ DoveRescue (emergency coverage)	☐ DoveOS (agency operating system)	
Top three goals for the pilot *		
How will you measure success? (e.g. open shifts filled, after-hours response, time saved)		
Preferred pilot length	Earliest start date	Nearby offices that may join a DoveRescue pilot?
(select)		☐ Yes ☐ No ☐ Maybe



If yes, which offices? (names and cities only)

5 COMMITMENTS

- ☐ We will name a pilot champion and join short feedback sessions during the pilot. *
- ☐ We understand pilot features may be pre-release, may change, and that a separate written pilot agreement (and, where required, a business associate agreement) comes first. *
- ☐ We will not send client health information through email or this form. *

APPLICANT (AUTHORIZED AGENCY REPRESENTATIVE)

Printed name *

Typed signature (type your full name) *

Title

Date *

X

If printed: sign here by hand in ink

A typed signature is used when this form is completed electronically and the signer intends it as their signature. Your agency or attorney may require a handwritten or verified e-signature.

How to return this form. Email the completed form to hello@thedovecircle.com (cc messenger@thedovecircle.com) or use the matching form at thedovecircle.com.