



Referral Disclosure & Acknowledgment Form

Mars Consulting Solutions

Senior Placement & Referral Services

CLIENT INFORMATION

Client Name: _____

Responsible Party/Family Representative: _____

Relationship to Client: _____

Phone Number: _____

Email Address: _____

Date: _____

REFERRAL DISCLOSURE

Mars Consulting Solutions provides senior placement, referral, consulting, and care navigation services for individuals seeking assisted living communities, personal care homes, memory care communities, and related senior care services.

In accordance with Georgia consumer protection and fair business practice requirements, the following disclosures are provided:

1. Compensation Disclosure

Mars Consulting Solutions may receive compensation, referral fees, marketing fees, or commissions from certain assisted living communities, personal care homes, senior housing providers, or healthcare organizations when a client chooses and moves into a participating community or provider.

Compensation arrangements may vary between providers.

Clients and families are under no obligation to select a provider recommended by Mars Consulting Solutions.

2. Consumer Choice

Clients have the right to independently research, visit, and select any community or provider of their choice, including providers not affiliated with or referred by Mars Consulting Solutions.

Referral recommendations are based on information provided by the client or responsible party regarding care needs, preferences, budget, and location.

Mars Consulting Solutions does not guarantee admission, availability, quality of care, or future outcomes of any provider or community.

3. Licensing Verification

Mars Consulting Solutions verifies, to the best of its ability at the time of referral, that referred assisted living communities and personal care homes maintain appropriate licensure through the State of Georgia.

Licensing status may change after the date of referral.

Families are encouraged to independently review state inspections, licensing records, and community conditions prior to making placement decisions.

For licensing information, visit:

[Georgia Department of Community Health](#)

4. No Medical or Legal Advice

Mars Consulting Solutions does not provide medical, nursing, financial, or legal advice.

Families are encouraged to consult licensed healthcare professionals, attorneys, or financial advisors regarding medical conditions, legal matters, financial planning, or long-term care decisions.

5. Privacy & Confidentiality

Information shared with Mars Consulting Solutions may be used solely for the purpose of identifying appropriate care options and coordinating referrals.

Client information will not be sold to unrelated third parties.

ACKNOWLEDGMENT OF RECEIPT

By signing below, I acknowledge that:

- I have received and reviewed this Referral Disclosure Form;
- I understand that Mars Consulting Solutions may receive compensation from certain providers;
- I understand that I may choose any provider regardless of referral relationship;
- I understand that placement decisions remain my responsibility;
- I have had the opportunity to ask questions regarding these disclosures.

CLIENT / RESPONSIBLE PARTY

Signature: _____

Printed Name: _____

Date: _____

MARS CONSULTING SOLUTIONS REPRESENTATIVE

Representative Name: _____

Signature: _____

Date: _____

Office Use Only

- ☐ Disclosure Provided Prior to Referral
- ☐ Licensing Verified
- ☐ Copy Provided to Client
- ☐ CRM Documentation Completed

Notes:
