Approval for Salon Services

Our facility offers professional hair care services. We have found that our residents feel better about themselves after having their hair done. Their self-esteem is increased as a result. Please complete the information and return it to our beauty salon.

Residents Name:_____Room #_____Date_____

Permission given by:_____ Phone #_____

Your signature gives permission for the hair care, and your agreement to pay for the services
on a timely basis. Payment will be made from funds in the resident's account at our facility or you will be billed.

Following are the most commonly provided services. Please indicate with an "X" which services you wish, and how often.

Service	Price	Weekly	Bi-Weekly	Monthly	As Requested

PLEASE RETURN TO FRONT DESK OR BEAUTY SALON