



INDIVIDUAL AGENCY MODEL 01

Home Care Agency

Business Model & Marketing Model

A proposed non-medical in-home care franchise designed to help Filipino families protect independence, dignity and peace of mind.

PRIVATE-PAY MODEL

Hourly · Daily · Live-in

U.S. BLUEPRINT

CNA Dispatch · Las Vegas

SIGNATURE SYSTEM

Caregiver Match

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EXECUTIVE BRIEF

A human service, built as a repeatable system

The proposed Home Care Agency model turns dependable, non-medical support into a locally delivered and centrally supported family-care experience.

It is designed around six service lines, flexible private-pay arrangements, a five-stage client journey and the **Caregiver Match** method adapted from CNA Dispatch in Las Vegas. The model is intended for phased validation in the Philippines; it does not represent current operating locations, clients, revenue or results.

The model in one view

Customer promise

Right support. Right caregiver. Right at home.

Core customer

Families coordinating safe daily support for an older adult or recovering household member.

Delivery

Caregivers proposed to be staffed through Global Care PH, with local supervision and family updates.

Commercial model

Private-pay hourly, daily and live-in arrangements; all fees and unit economics remain TBD.

Website-ready overview

Global Care PH Home Care Agency is a proposed non-medical care model created to help people live safely and comfortably at home. Families would receive a coordinated care plan, a thoughtfully matched caregiver, ongoing supervision and regular updates - all delivered with North American standards and Filipino excellence.

Investor lens

The opportunity is a repeatable service platform: local trust-building and care delivery, supported by centralized standards, workforce systems, training pathways and quality controls.

Development status

Proposed franchise model. Market validation, licensing analysis, pricing, territory design, franchise documentation and counsel review are required before recruitment or launch.

BUSINESS MODEL • PURPOSE & VALUE

Dignity, continuity and caregiver fit drive the promise

Mission

To make dependable, compassionate non-medical care available at home while honoring each person's routines, relationships and independence.

Why families would choose it

- ✓ **Better fit:** matching considers needs, personality, language, routine and care intensity.
- ✓ **Visible coordination:** a defined care plan, supervision and family updates.
- ✓ **Flexible support:** service intensity can be shaped around changing household needs.
- ✓ **Culturally responsive care:** caregivers support the household's language, customs and daily rhythm.
- ✓ **Continuity:** the agency aims to reduce avoidable handoffs and respond when the plan changes.

“Care at home should feel personal - never transactional.”

PROPOSED BRAND
PROMISE

Value proposition by stakeholder

For the person receiving care

Respectful help with daily routines, companionship and safety while remaining in familiar surroundings.

For the family

A structured point of coordination, clearer communication and greater confidence in who is providing care.

For the franchisee

A focused service model with defined operating workflows, workforce support and multiple private-pay formats.

Scope boundary

This agency is non-medical. Clinical assessment, diagnosis, medication administration and skilled treatment must remain with appropriately licensed professionals and agencies.

BUSINESS MODEL • SERVICE ARCHITECTURE

Six coordinated service lines

The proposed menu is intentionally centered on activities of daily living and household support. Each service would be activated through an individualized plan and delivered only within lawful non-medical scope.

Companion care

01

Conversation, social engagement, routine support, appointment accompaniment and meaningful daily activities.

Personal care

02

Assistance with bathing, grooming, dressing, toileting and mobility within a documented non-medical care plan.

Dementia & memory support

03

Consistent routines, cueing, engagement and family communication designed around the person's preferences and safety needs.

Respite care

04

Planned short-term relief for family caregivers through scheduled hourly, daily or extended support.

Post-hospital transitional support

05

Non-clinical help after discharge: meal preparation, mobility support, reminders, household setup and escalation when concerns arise.

Housekeeping & meal preparation

06

Light housekeeping, laundry, grocery support and meal preparation aligned with household preferences and the agreed plan.

Optional arrangement formats

Hourly visits

Daily blocks

Live-in arrangements

Availability, minimums, definitions and pricing: TBD after legal and operational validation.

BUSINESS MODEL • TARGET MARKET

Different decision-makers need different proof

The market is not one audience. The proposed model should tailor its offer, proof points and communication rhythm to the person making the decision.

Priority segment	Trigger	What matters most	Proposed response
Adult children of seniors	Increasing help with daily routines; caregiver strain	Trust, reliability, dignity, clear oversight	Needs assessment, matched caregiver, family update cadence
OFW and diaspora families	Coordinating a parent's support from abroad	Visibility across distance, accountable local contact	Remote intake, scheduled updates, authorized family communication
Post-discharge households	Returning home after hospitalization or a procedure	Fast non-clinical setup, safe routines, escalation pathways	Transitional care plan and step-up referral when clinical needs emerge
Family caregivers	Burnout, travel, work demands or planned relief	Flexible respite and continuity	Recurring or short-term schedules with documented handoff
People living with memory change	Need for routine, cueing and supervision	Consistency, patience, fit and family communication	Memory-support plan with caregiver matching and oversight

Primary service area logic

Launch planning should prioritize a compact, serviceable territory with concentrated referral relationships and manageable caregiver travel. Final territory boundaries remain TBD.

Access and inclusion

Materials should use plain language and locally appropriate languages. Intake should define who receives updates, how consent is recorded and when concerns are escalated.

BUSINESS MODEL · REVENUE & COSTS

Flexible private pay, disciplined economics

Proposed revenue streams

Hourly care

Scheduled visits for companionship, personal care, respite or household support.

Daily care blocks

Longer planned coverage for households that need sustained assistance during the day or overnight.

Live-in arrangements

Extended support structured around applicable labor, rest, accommodation and supervision requirements.

Transitional care packages

Time-bound, non-medical support after discharge, subject to lawful scope and clear package terms.

Cost structure

Category	Planning items
People	Caregiver wages, care coordination, supervision, recruitment, training
Operations	Scheduling, communications, insurance, transport support, supplies
Technology	Client records, scheduling, timekeeping, secure family updates
Quality	Background checks, competency review, incident response, audits
Growth	Local launch, referral development, digital content, community events
Franchise	Initial and ongoing fees, systems and territory terms - all TBD

Unit economics to validate

$$\text{Billable care revenue} - \text{Direct caregiver labor} - \text{Care delivery costs} = \text{Contribution margin}$$

No financial promise

Rates, fees, wages, utilization, margins, break-even timing, investment requirements and returns are not set in this model. They require local research, legal review and formal franchise disclosure.

BUSINESS MODEL • PEOPLE & ORGANIZATION

Staffing is the operating engine



Global Care PH support

- Proposed workforce sourcing and staffing systems
- Brand, operating playbooks and launch templates
- Quality assurance and performance reporting standards
- Technology and documentation requirements
- Training coordination and continuing development

Planned IHI&T pipeline

International Healthcare Institute and Technology (IHI&T) is envisioned as a future training and workforce-development pathway. It is not yet launched and no regulatory approvals or training-center agreements are claimed.

Readiness gate: role profiles, competency standards, local legal review, training content approval and documented supervision must be completed before deployment.

Workforce principle

Growth follows safe staffing capacity. Marketing should not create commitments that the caregiver pipeline and supervision model cannot responsibly support.

BUSINESS MODEL • OPERATING SYSTEM

Caregiver Match anchors a five-stage client journey

The proposed journey converts a sensitive family decision into a clear series of decisions, records and handoffs.

1

Inquiry

Capture need, location, timing, decision-maker, consent and immediate risk flags.

2

In-home needs assessment

Document routines, non-medical support needs, preferences, home context and escalation criteria.

3

Caregiver Match

Match on needs, personality, language, routine and care intensity; confirm availability and fit.

4

Care plan & start

Agree scope, schedule, communication cadence, responsibilities and start-of-care handoff.

5

Supervision & updates

Monitor delivery, collect feedback, update the plan and refer clinical or facility needs appropriately.

Minimum operating controls

Intake

Consent, authorized contacts, scope screen, urgency rules

Matching

Documented rationale, availability, competency, backup plan

Delivery

Visit verification, notes, schedule exceptions, issue escalation

Quality

Family feedback, supervision checks, incidents, plan review

Step-up pathway

When needs become clinical or the home setting is no longer appropriate, the agency may coordinate an authorized referral to the proposed Home Health Agency or to a suitable RED International flagship facility - without guaranteeing acceptance or availability.

BUSINESS MODEL · FRANCHISEE & GROWTH

Scale follows quality, capacity and referral density

Who this agency suits

- ✓ A healthcare or service entrepreneur committed to non-medical scope and family-centered care.
- ✓ A locally credible operator who can build relationships with caregivers, communities and referral partners.
- ✓ A disciplined manager comfortable with scheduling, documentation, supervision and service recovery.
- ✓ A mission-aligned investor-operator willing to validate economics before scaling.

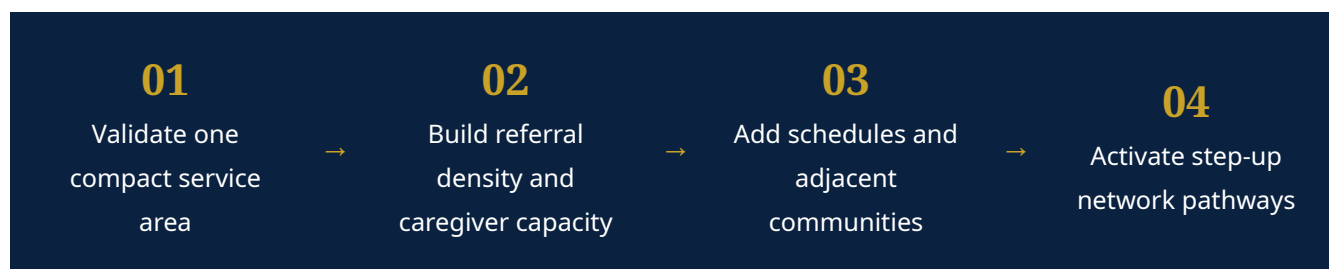
Not a fit when

- ✗ The operator expects passive ownership without accountable local leadership.
- ✗ The plan depends on unlicensed clinical care or unverified marketing claims.
- ✗ Growth targets outpace available caregivers, supervision or quality controls.

Proposed performance dashboard

Dimension	Measures
Demand	Qualified inquiries, assessment conversion, referral-source mix
Access	Inquiry response time, time to assessment, time to staffed start
Workforce	Fill rate, caregiver retention, training completion, continuity
Quality	Plan reviews, family feedback, complaints, incident closure
Delivery	Scheduled vs delivered hours, cancellations, missed visits
Economics	Utilization, revenue mix, labor ratio, contribution margin

Targets and definitions remain TBD and should be established during pilot validation.



MARKETING MODEL • POSITIONING

Own the space between a staffing service and family peace of mind

Dependable, culturally responsive support that helps families care for loved ones at home - delivered through a thoughtful match, a clear plan and accountable supervision.

PROPOSED POSITIONING STATEMENT

Four message pillars

Care at home

Protect familiarity, independence and meaningful routines.

The right match

Needs, personality, language, routine and care intensity all matter.

Family visibility

Defined communication turns distance and uncertainty into coordination.

Supported caregivers

Clear roles, training and supervision strengthen reliable delivery.

Audience-specific message angles

Audience	Lead message	Proof to show
Local families	Help your loved one remain safely supported at home.	Journey, scope, matching method, communication cadence
OFW / diaspora children	Stay informed while trusted support is coordinated locally.	Authorized updates, named coordinator, documented care plan
Referral partners	A responsive non-medical transition option with clear boundaries.	Referral workflow, response standard, escalation pathway
Caregivers	Join a team built around fit, respect, preparation and supervision.	Role clarity, training pathway, support structure

Website CTA

Invite families to request information or schedule a needs conversation; do not imply immediate service availability before the agency is legally and operationally ready.

MARKETING MODEL · CHANNELS & REFERRALS

Local trust compounds when education leads the conversation

Demand channels

Facebook & community digital

Educational posts, local-language explainers, caregiver stories, FAQs, lead forms and family webinars.

Barangay outreach

Caregiver education sessions, senior-safety talks and clear referral information coordinated through appropriate channels.

Parish & faith communities

Family-care education and respite awareness built on service, consent and non-exploitative outreach.

LGU relationships

Explore lawful community education and referral coordination; never imply endorsement or partnership without written authority.

Referral partner engine

Map

Hospitals, physicians, discharge planners, rehabilitation providers, churches and community organizations.

Equip

One-page scope guide, eligibility prompts, consent language and a secure referral route.

Respond

Acknowledge inquiries, screen scope, schedule assessment and close the loop with authorized parties.

Educate

Offer useful talks on caregiver burnout, discharge readiness, dementia routines and planning care from abroad.

Measure

Track referral source, qualified leads, assessments, starts and service quality - not just contact volume.

EDUCATE

Checklists · myth vs fact · family guides

HUMANIZE

Consented caregiver stories · values in action

REASSURE

Process explainers · matching · supervision

CONNECT

Community Q&A · webinars · partner spotlights

All stories, testimonials, health information and partner references require appropriate consent, substantiation and legal/privacy review before publication.

MARKETING MODEL · 90-DAY PLAN

Launch learning before scaling spend

DAYS 1-30

Build readiness

- Confirm lawful scope, brand claims, territory and referral process.
- Prepare website page, FAQs, intake route and family materials.
- Map priority referral partners and community calendars.
- Train launch team on messages, response standards and consent.

DAYS 31-60

Launch locally

- Publish educational content and activate inquiry follow-up.
- Begin partner introductions and community education sessions.
- Test OFW-family webinar and remote intake journey.
- Review staffing capacity before accepting service starts.

DAYS 61-90

Optimize responsibly

- Compare lead quality, assessment conversion and referral sources.
- Refine content around recurring family questions.
- Strengthen partners that produce appropriate, consented referrals.
- Set the next-quarter plan only after quality and capacity review.

Marketing scorecard

Reach

Local audience growth · education attendance · website engagement

Intent

Qualified inquiries · response time · assessment bookings

Conversion

Assessment-to-start rate · source mix · time to staffed start

Trust

Family feedback · partner re-referrals · consented reviews

Efficiency

Cost per qualified inquiry · cost per assessment · channel yield

Capacity

Available caregivers · fill rate · continuity · missed visits

CORPORATE EDITION · DECISION GATES

Before public recruitment

Complete Philippine counsel review, regulatory and labor analysis, territory and pricing validation, franchise disclosure documentation, workforce readiness standards, technology/privacy review and approved claim substantiation.

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