

**CARING HANDS SERVICES VISA REQUEST FORM**

**Date:**

**Name:**

**Company (if applicable):**

**Address:**

**City:**

**State:**

**Zip code:**

**Phone:**

**Email:**

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1. **Applicant's name:**
2. **Applicant's name:**
3. **Applicant's name:**
4. **Applicant's name:**

| <b>Country name:</b> | <b>Visa type</b>      |                        |                        |                    | <b>Number of entries<br/>(Where applicable)</b> |                      |                        |
|----------------------|-----------------------|------------------------|------------------------|--------------------|---|----------------------|------------------------|
|                      | <b><u>Tourist</u></b> | <b><u>Adoption</u></b> | <b><u>Business</u></b> | <b><u>Work</u></b> | <b><u>Single</u></b>                            | <b><u>Double</u></b> | <b><u>Multiple</u></b> |
| 1.                   |                       |                        |                        |                    |   |                      |                        |
| 2.                   |                       |                        |                        |                    |   |                      |                        |
| 3.                   |                       |                        |                        |                    |   |                      |                        |

**Return shipping method:**

**USPS Express Mail**

**USPS Priority Mail**

**Prepaid mailer enclosed**