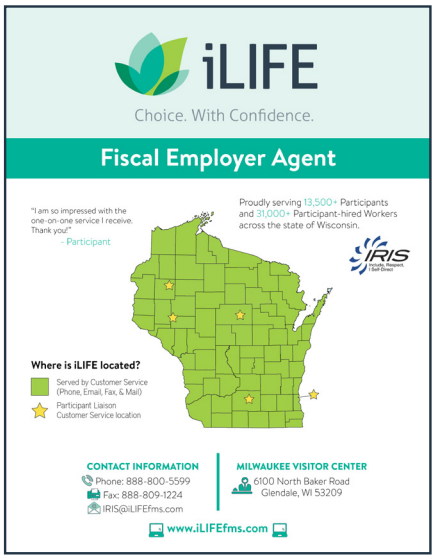
iLIFE

Choice. With Confidence.

ICA One-Pager Order Form

FRONT:



BACK:

Regions Served				
1	2	3	4	5
6	7	8	9	10
	11	12	13	

Amount Requested

Per IC: _____

TOTAL: _____

Language Format

☐ English _____ ☐ Spanish _____

☐ Russian _____ ☐ Hmong _____

Name: _____ **ICA:** _____

Address to send one-pagers to: _____

_____

I verify that I am an IC Supervisor with a certified ICA within Wisconsin's IRIS program, and that I am approved to place this order.

Signature: _____ **Date:** _____

Please fill this form out and return it to Dylan Bernard:
Via Email - dylan.bernard@iLIFEfms.com OR Via Mail - 6100 N. Baker Rd, Glendale, WI 53210