



## Welcome to Little Bloom Care

Thank you for choosing **Little Bloom Care**. It is an honor to support your family during this tender and meaningful season. This packet has been thoughtfully prepared to help you feel informed, supported, and confident as we begin postpartum care together.

### **This packet includes:**

- Provider introduction
- Family intake form
- Postpartum support services & packages
- Postpartum care preferences & package selection
- Consent & liability acknowledgment
- Service agreement

Please review each section, complete the required forms, and feel free to ask any questions along the way. My goal is to provide calm, nurturing, and respectful support tailored to your family's needs.



### **MISSION STATEMENT**

Little Bloom Care provides compassionate, hands-on postpartum support to help mothers heal, rest, and feel cared for. Through gentle home care, newborn assistance, meal preparation, and emotional support, our mission is to create a peaceful environment where every mother can recover with dignity, comfort, and confidence.

### **VISION STATEMENT**

Our vision is to ensure that every family in our community has access to affordable, nurturing postpartum help. Little Bloom Care strives to become a trusted support system for new mothers, offering consistent, high-quality care that reduces stress, strengthens families, and helps every newborn enter a home filled with calm, love, and support.



## Provider Introduction

Hello, my name is Jessenia Hooper-Cruz, and I am the founder of Little Bloom Care. I provide compassionate, non-medical postpartum support to families during the early weeks after birth, with a focus on emotional reassurance, newborn care support, and practical assistance in the home.

I hold a Bachelor of Arts in Sociology, which has shaped my understanding of family systems, child development, and the importance of supportive care during major life transitions. I am Basic Life Support (BLS) certified and have completed postpartum doula training, breastfeeding education through Stanford University, and infant and toddler development training through a U.S. Air Force Child Development Center.

Little Bloom Care is a legally registered and insured business in Nevada. My approach to care is respectful, nurturing, and family-centered, with services thoughtfully tailored to each household's preferences and comfort level. I believe postpartum support should feel calm, safe, and empowering, and it is an honor to support families during such a meaningful and tender time.



## Little Bloom Care Family Intake Form

Thank you for choosing Little Bloom Care. This form helps guide personalized, non-medical postpartum support. All information is kept confidential.

### Parent(s) / Guardian(s) Information

Parent or Guardian Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address (service location):  
\_\_\_\_\_

### Baby Information

Baby's Name: \_\_\_\_\_

Date of Birth (or Due Date): \_\_\_\_\_

Birth Type (optional – helps guide postpartum support):

Vaginal  Cesarean  Prefer not to say

### Household Information

Who lives in the home?:  
\_\_\_\_\_

Are there pets in the home?  Yes  No

If yes, type(s): \_\_\_\_\_

(For safety, pets may need to be secured during service hours.)

### Feeding & Newborn Care Preferences

Feeding method (check all that apply):

Breastfeeding  Bottle feeding  Pumping  Combination  Undecided / Support needed

Any feeding concerns or preferences?:

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### Allergies & Sensitivities

Any allergies, sensitivities, or important considerations (baby or household)?:

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### Postpartum Support Needs

Areas where support is most needed (check all that apply):

Newborn care support  Emotional support  Light household help  Meal preparation  Education & reassurance

Anything specific you'd like support with?:

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### Emergency Information (Optional)

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred Pediatrician / Clinic (optional): \_\_\_\_\_

OB-GYN / Midwife (optional): \_\_\_\_\_

### Acknowledgment

I confirm that the information provided is accurate to the best of my knowledge and understand that this form supports non-medical postpartum care.

Parent/Guardian Name(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Postpartum Support Services & Packages

Little Bloom Care provides non-medical postpartum support focused on nurturing families during the early weeks and months after birth. Care is flexible, compassionate, and centered on emotional support, newborn care guidance, practical in-home assistance, and postpartum-focused meal preparation offered as part of each package.

### Services included in all packages:

- Newborn care support and education
- Emotional support and reassurance
- Light household assistance related to postpartum recovery
- Postpartum-focused meal preparation support using client-provided ingredients, based on visit priorities and available time
- Care customized to each family's needs

### Meal Preparation

Meal preparation is offered as part of all postpartum care packages using ingredients provided by the family. A rotating weekly menu offering a small selection of meal options may be shared in advance. Menus rotate on a recurring schedule to provide variety while keeping meals simple and nourishing.

Time spent on meal preparation may vary based on the family's immediate needs, available time during the visit, infant care priorities, or client preference. Choosing not to receive meal preparation during a visit does not constitute incomplete service. A suggested grocery list may be provided for each menu. If a family is unable to purchase ingredients, grocery shopping may be available as an optional add-on service.

### Visit Structure

- Services are scheduled in visits of up to four (4) hours
- Up to three visits per week, including weekends, based on availability
- Services are provided within the family's home

### Postpartum Care Packages

### ***Standard Bloom Package***

Foundational postpartum support offering hands-on care and reassurance during the early postpartum period.

- 12 total hours of postpartum support
- Includes postpartum-focused meal preparation support as part of care

### ***Deep Bloom Package***

Extended postpartum care for families seeking consistent, ongoing support.

- 20 total hours of postpartum support
- Includes postpartum-focused meal preparation support as part of care

### ***Full Bloom Package***

Comprehensive postpartum support offering continuity of care and deeper assistance.

- 40 total hours of postpartum support
- Includes postpartum-focused meal preparation support as part of care

Packages are prepaid and non-refundable once care has begun. Hours must be used within the agreed package validity period. Scheduling details are discussed and confirmed prior to the start of care.



## Postpartum Care Preferences & Package Selection

### Package Selection (Paid in Full)

- Standard Bloom Package – 12 hours – **\$420**
- Deep Bloom Package – 20 hours – **\$700**
- Full Bloom Package – 40 hours – **\$1,400**

### Availability & Scheduling

Postpartum care services are offered during the provider's scheduled availability. Current service hours are 7:00 a.m. to 12:00 p.m. Visits are scheduled for up to four (4) hours. Scheduling is coordinated directly with the provider and confirmed in advance. Availability is limited and subject to change.

- I understand and acknowledge the provider's service hours and visit structure.

### Optional Add-On Services

- Grocery Shopping Add-On — **\$30 per trip**  
*Client reimburses the cost of groceries separately.*  
Add-on services are optional, subject to availability, and must be agreed upon in advance.

### Acknowledgment

- I understand that packages are paid in full prior to the start of care and are non-refundable once care has begun.
- I understand that package hours, scheduling limits, and usage timeframes are outlined in the Service Agreement.
- I understand that service priorities may vary by visit based on immediate family needs.

Client Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Consent & Liability Acknowledgment

I understand that services provided by **Little Bloom Care** are non-medical postpartum support services. The provider does not offer medical advice, diagnosis, or treatment, and I agree to seek guidance from licensed medical professionals when needed.

I acknowledge that postpartum support involves normal daily activities within the home, including newborn care support, light household assistance, and meal preparation using client-provided ingredients. I understand that participation in these activities carries inherent risks, and I voluntarily assume responsibility for my household environment.

If optional add-on services, such as grocery shopping, are requested, they are agreed upon separately and are not included as part of standard in-home care services.

I consent to the provision of non-medical postpartum support services and authorize the provider to follow my instructions in the event of an emergency until appropriate assistance is available. I release and hold harmless **Little Bloom Care** from liability for injury or damages not resulting from gross negligence.

**Client Name:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provider:** Jessenia Hooper-Cruz  
**Little Bloom Care**



## **Little Bloom Care – Service Agreement**

### **1. Services Provided**

Little Bloom Care provides non-medical postpartum support services which may include newborn care, emotional reassurance, light household assistance related to postpartum recovery, breastfeeding support (non-clinical), and simple meal preparation using client-provided ingredients. Services are supportive in nature and customized to each family's needs. Services are flexible and responsive to the client's needs at the time of each visit. Not all services may be provided at every visit, and time spent focusing on specific areas of support does not constitute incomplete service.

### **Meal Preparation Clarification**

Meal preparation is offered as part of postpartum care using client-provided ingredients. Time spent on meal preparation may vary based on the family's immediate needs, available time during the visit, infant care priorities, or client preference. Choosing not to receive meal preparation during a visit does not constitute incomplete service. A suggested grocery list may be provided for each menu. If a family is unable to purchase ingredients, grocery shopping may be available as an optional add-on service.

### **2. Scope of Practice (Initials: \_\_\_\_\_)**

The Provider is not a medical professional and does not provide medical advice, diagnosis, or treatment. Clients agree to seek medical guidance from licensed healthcare professionals when needed.

### **3. Provider Responsibilities**

The Provider agrees to arrive as scheduled, provide respectful and non-judgmental care, maintain confidentiality, and operate strictly within a non-medical scope of practice.

### **4. Client Responsibilities**

Clients agree to provide a safe working environment, communicate preferences and concerns, secure pets if necessary for safety, and acknowledge that service focus may vary by visit based on immediate needs and priorities.

### **5. Scheduling**

Services may be scheduled for up to four (4) hours per day, per visit. Services are offered on weekdays and Saturdays only; services are not provided on Sundays. Families may schedule up to three (3) visits per week based on Provider availability. Visit frequency may vary and may include one, two, or three visits per week depending on client preference and scheduling availability.

**6. Payment & Packages (Initials: \_\_\_\_\_)**

All service packages are prepaid. Hours must be used within six (6) months of purchase. Packages are non-refundable once care has begun.

**7. Cancellations & Rescheduling**

Clients are asked to provide at least 24 hours' notice for cancellations or rescheduling. Late cancellations may result in forfeited hours.

**8. Termination of Services**

Either party may terminate services if the arrangement is no longer a good fit. The Provider may terminate services due to safety concerns, repeated policy violations, or requests outside the agreed scope of practice. Hours already used are non-refundable. Unused prepaid hours remain subject to the non-refundable policy.

**9. Liability Waiver (Initials: \_\_\_\_\_)**

The Client acknowledges that postpartum support involves normal daily activities and releases Little Bloom Care from liability for injuries or damages not caused by gross negligence.

**10. Consent for Care**

The Client grants permission for the Provider to offer non-medical postpartum support and to follow emergency instructions if necessary.

**11. Confidentiality**

All personal and family information will be kept confidential and shared only when required by law or in case of emergency.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider: Jessenia Hooper-Cruz

Little Bloom Care

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Rotating Postpartum Meal Preference Menu

This rotating meal menu is designed to support postpartum recovery with simple, nourishing meals. Please select which menu you would like to begin with. Menus rotate automatically on a recurring schedule unless otherwise discussed. Meal preparation is offered as part of postpartum care using client-provided ingredients and is subject to visit priorities and available time.

### Menu Selection

- Menu 1
- Menu 2
- Menu 3

### Dietary Restrictions & Allergies

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### Additional Notes

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### Acknowledgment

I understand that meal preparation is flexible, rotates automatically, and is based on availability, visit priorities, and infant care needs.

Client Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Little Bloom Care – Emergency Contact Information Form

Please fill out this form so we can ensure safety and peace of mind during all visits.

### Client Information

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address Where Services Are Provided: \_\_\_\_\_

### Primary Emergency Contact

Name: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Number (optional): \_\_\_\_\_

### Secondary Emergency Contact (Optional)

Name: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Medical Information (Optional but Helpful)

Any allergies (medications, food, etc.): \_\_\_\_\_

Preferred hospital (if known): \_\_\_\_\_

Medical conditions we should be aware of: \_\_\_\_\_

### Home Safety Information

Any safety concerns in the home (stairs, pets, equipment, etc.): \_\_\_\_\_

Areas of the home to avoid: \_\_\_\_\_

### Emergency Response Policy

In the event of a medical emergency, Little Bloom Care will immediately call 911. After emergency services have been contacted, your designated emergency contact will then be notified.

**Signature**

I understand this information will be used only in emergencies and kept confidential. I will notify Little Bloom Care of any changes to this information.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_