

## Home Care

Age Requirements

18 and over

Intake Contact

Afua Ofosuhene

Intake Contact Email

afuah06@yahoo.com

Intake Process

Please call for more information and to request services.

Intake Contact Telephone

(703) 953-4804

Qualifications

Qualification Type

Licensure

Qualification Entity

Virginia Department of Health

Qualification Number

HCO-212566

Report Problems

Call the Agency

,

Send a Letter

,

Other

iFaith Home Healthcare Solution LLC

Main

(703) 953-4804

4 Raleigh Lane

22554 VA

United States

Monday: 8:00 am-8:00 pm

Tuesday: 8:00 am-8:00 pm

Wednesday: 8:00 am-8:00 pm

Thursday: 8:00 am-8:00 pm

Friday: 8:00 am-8:00 pm

Saturday: Closed

Sunday: Closed

Fee Structure

Call for Information

Payment Method(s)

Private Pay

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Medicaid

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CCC+

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FAPT

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Building Independence Waiver

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Family & Individual Supports Waiver

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Long-term Care Medicaid

,

Medicare

,

Veterans

Languages Spoken

English

iFaith Home Healthcare Solution LLC provides skilled services, non-medical, home care services. Individuals served are those who may require assistance in their own homes and communities to assist in the maintenance and retention of their independence and well-being.

Service Area(s)

Alexandria City

,

Arlington County

,

Fairfax City

,

Fairfax County

,  
Falls Church City

,  
Fredericksburg City

,  
Loudoun County

,  
Manassas City

,  
Manassas Park City

,  
Prince William County

,  
Stafford County

Email

[afuah06@yahoo.com](mailto:afuah06@yahoo.com)