



## Agency Survey Addendum: **ELDER AND DISABLED ADULT ASSISTANCE**

**Agency Name:**

So that we are able to get a clear picture of the services that you provide, and the populations that you serve, please complete this form in addition to the Agency Survey form. There are numerous types of assistance provided to elderly and disabled persons; please check all services offered by your agency. **Please provide a copy of your DHR license/certification and/or any other official documentation.**

### Health Care

- In Home Hospice Care
- Adult In Home Respite Care
- Adult Out of Home Respite Care
- Massage Therapy
- Reflexology
- Personal Care

### Emergency alert

- Gatekeeper Alert programs
- Identification Devices
- In-Person Reassurance/Monitoring Program
- Locator Aids
- Medic Alert
- Special Assistance Notification Services
- Telephone Reassurance

### Home Nursing

- Geriatric Home Nursing
- Home Health Aide Services
- Licensed Vocational Home Nursing
- Long Term Home Health Care
- Medical/Surgical Home Nursing
- Oncology Home Nursing
- Private Duty Home Nursing
- Psychiatric Home Nursing
- Registered Home Nursing
- Rehabilitation/Restorative Home Nursing
- Visiting Physician Services

### Support Services

- Buddy Programs
- Errand Running/Shopping Assistance
- Escort Program
- Friendly Telephoning
- Friendly Visiting
- Grocery Ordering/Delivery
- In Home Meal Preparation
- Homemaker Assistance
- In Home Hairdressing/Nail Care
- Personal Care
- Secretarial Assistance
- Restaurant Delivery

### Home Maintenance

- Carpet Cleaning
- Chimney Sweeping
- Firewood Stockpiling
- Furnace Maintenance/Repair
- General Minor Home Repair
- House Painting
- Plumbing Maintenance/Repair
- Rain Gutter Clearance
- Roof Maintenance/Repair
- Septic System Inspection/Maintenance
- Sprinkler System Installation/Repair
- Storm Window/ Shutter Installation/ Removal
- Water Heater Maintenance/Repair
- Window Washing

### Yard Work

- Lawn Care Volunteer
- Leaf Raking Volunteer
- Residential Brush Clearance
- Residential Snow Shoveling
- Sprinkler System Installation/Repair
- Residential Tree Maintenance
- Residential Tree Removal
- General Yard Work

### Please list specific fees:

- No Fee     Straight Fee; please specify:     Sliding Fee Scale; specify range:

**Please indicate if you accept:**  Medicaid     Medicare     Social Security     Private Insurance  
 Other:

**Do you offer transportation to/from doctor appointments?**  Yes     No

If yes, is there an additional fee? (Specify):

**Do you administer prescribed medications?**  Yes     No

If yes, who administers the medication? :