**Agency Survey Addendum: ELDER AND DISABLED ADULT LIVING**

**Agency Name:**

To get a clear picture of the services you provide and the populations that you serve, please complete this form in addition to the Agency Survey form. Please read all the categories, and indicate all that apply to your organization regularly? This completed form will help us to make only the most proper referrals to your organization. *Please provide a copy of your DHR license/certification and any other official documentation.*

Please specify program type(s) offered (check all that apply):

- □ Adult Residential Care Homes
- □ Hospice Facility
- □ Assisted Living Facility
- □ Subacute Care Nursing Facilities
- □ Congregate Living Facility
- □ Independent Living Community/Complexes for Older Adults
- □ Adult Foster Homes
- □ Group Residencies for Adults with Disabilities
- □ Continuing Care Retirement Communities
- □ Adult Day Program Center
- □ Semi-independent Living Residences for Adults with Disabilities

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:

Location of Services:

- □ Center-based
- □ Out of client’s home
- □ Other:

Do you offer transportation to/from doctor appointments?

- □ Yes
- □ No
  - If yes, is there an additional fee? (Specify)
  - □ Yes
  - □ No
  - □ bus
  - □ car
  - □ van

Do you administer prescribed medications? □ Yes □ No

If yes, who administers the medication?

- □ Nurse Practitioner
- □ MD
- □ Other staff (specify):

Meals provided:

- □ Breakfast
- □ Lunch
- □ Dinner
- □ Snack

Do you have a dietician on staff? □ Yes □ No

Do you provide meals for individuals with special needs (i.e., low sodium, puree meals for those who cannot chew)?

- □ Yes
- □ No

If yes, please specify types of special meals:

Activities provided:

- □ Outdoor Trips
- □ Outdoor Activities
- □ Game Room
- □ Movie time
- □ Computer Access
- □ Music/Dance time
- □ Fitness Center
- □ Others (specify):