

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):

- | | |
|--|--|
| <input type="checkbox"/> Adult Residential Care Homes | <input type="checkbox"/> Adult Foster Homes |
| <input type="checkbox"/> Hospice Facility | <input type="checkbox"/> Group Residencies for Adults with Disabilities |
| <input type="checkbox"/> Assisted Living Facility | <input type="checkbox"/> Continuing Care Retirement Communities |
| <input type="checkbox"/> Subacute Care Nursing Facilities | <input type="checkbox"/> Adult Day Program Center |
| <input type="checkbox"/> Congregate Living Facility | <input type="checkbox"/> Semi-independent Living Residences for Adults with Disabilities |
| <input type="checkbox"/> Independent Living Community/Complexes for Older Adults | |

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)

Is transportation 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): _____