



Agency Survey Addendum: Elder & Disabled Adult Living

Agency Name: _____

Please complete this form, in addition to the agency survey form, to give us a clear and complete picture of the services you provide and the populations you serve. 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.**

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 / Specify: _____ Sliding Fee Scale/Specify range: _____

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

Location of services: Center-based Client's Home Other: _____

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

If yes, is there an additional fee — specify:

Transportation is: 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 (low sodium, puree meals, etc.) Yes No

If yes, please specify types of special meals:

Activities Provided:

- | | |
|---|---|
| <input type="checkbox"/> Outdoor trips | <input type="checkbox"/> Computer access |
| <input type="checkbox"/> Outdoor activities | <input type="checkbox"/> Music/Dance time |
| <input type="checkbox"/> Game room | <input type="checkbox"/> Fitness center |
| <input type="checkbox"/> Movie time | <input type="checkbox"/> Other-specify: _____ |