



### 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):**

- 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 / 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:**

- Outdoor trips
- Outdoor activities
- Game room
- Movie time
- Computer access
- Music/Dance time
- Fitness center
- Other-specify: \_\_\_\_\_