

Agency Survey Addendum: Elder & Disabled Adult Assistance

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.**

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

Support Services, cont.

- 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 inspection/maintenance
- 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 / 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? _____