



Agency Survey Addendum: ELDER AND DISABLED ADULT ASSISTANCE

Agency Name:

So that we are able to get a clear picture of the services that you provide, and the populations that you serve, please complete this form in addition to the Agency Survey form. 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
- Locator aids
- Medic alert
- Personal emergency response systems
- Special assistance notification services
- Telephone reassurance
- Vial of life

Home Nursing

- Geriatric home nursing
- Home health aid services
- Licensed vocational home nursing
- Long-term home health care
- Medical/surgical home nursing
- Oncology home nursing
- Private duty 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
- Grocery delivery
- Homemaker Assistance
- In home meal preparation
- In home hairdressing/nail care
- Personal care
- Restaurant delivery
- Secretarial assistance

Home Maintenance

- Carpet cleaning
- 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 installation/repair
- Storm Window/ Shutter Installation/ Removal
- Water heater maintenance/repair
- Window Washing

Yard Work

- Lawn Care
- Leaf Raking
- Residential brush clearance
- Residential snow shoveling
- Sprinkler system installation/repair
- Tree maintenance
- Tree Removal
- Yard cleanup

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:

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? :

Signature/Name/Title:

Date: