



# Residential Provider Service Form

Facility Name: \_\_\_\_\_

Address Name: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home/Facility Fax Number: \_\_\_\_\_

## Home/Facility Characteristics

### Facility Type (check all that apply)

- Owner-Occupied
- CBRF
- AFH
- Respite Provider
- RCAC
- Supportive Home Care Days
- Supportive Apartment

Rate Range: \_\_\_\_\_

Bed Capacity: \_\_\_\_\_

Bed Availability: \_\_\_\_\_

### (check all that apply)

- Private
- Shared
- Female Only
- Male Only
- Respite

### Pets (check all that apply)

- Home/Facility has dog(s)
- Home/Facility has cat(s)
- Other pet/specify: \_\_\_\_\_
- Willing/able to accept member's pet(s)/specify: \_\_\_\_\_

### Facility Security

- Facility is locked
- Facility is alarmed

Narrative about the home/facility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Member Characteristics

Target Group Served (check all that apply):

- Elderly
- Physically Disabled
- Intellectually Developmentally Disabled
- Mental Illness

Ability to Accommodate the Following Member Behaviors/Characteristics (check all that apply):

- Self-injurious behavior
- Physically aggressive
- Offensive language
- Memory impairment
- Wandering/elopement risk
- Smoking inside
- Smoking outside only
- Smokeless tobacco use (chewing tobacco)
- Languages spoken other than English/specify: \_\_\_\_\_
- Substance use/abuse
- Other behaviors/specify: \_\_\_\_\_

### Personal Care

Bathing (check all that apply):

- Provides verbal cueing as needed
- Provides partial assistance as needed
- Provides total assistance if needed
- Provides bathing as often as needed or requested by member
- Has roll-in shower

Grooming (check all that apply):

- Provides verbal cueing as needed
- Provides partial assistance as needed
- Provides total assistance if needed
- Provides grooming upon request of member
- Provides fingernail/toenail care
- Provides grooming only during specific times of day

Indicate times: \_\_\_\_\_

Dressing (check all that apply):

- Provides verbal cueing as needed
- Provides partial assistance as needed
- Provides total assistance if needed
- Provides dressing upon request of member
- Provides dressing only during specific times of day

Indicate times: \_\_\_\_\_

Toileting (check all that apply):

- Able to accommodate members needing assistance with use of incontinence products
- Able to accommodate persons incontinent of bladder
- Able to accommodate persons incontinent of bowel
- Able to accommodate excessive care needs related to toileting (laundering, cleaning, etc.)
- Able to accommodate members with high care needs (supervision, hands-on assistance, fecal smearing, etc.).

Able to accommodate the following (check all that apply):

- Commodes
- Ostomy
- Catheter
- Bowel/Bladder Programs
- Other/specify: \_\_\_\_\_

Nutritional Services (check all that apply):

- Members have input into menus
- Residents can access the kitchen in between meals
- Provides supervision and set-up with meals as needed
- Provides hands-on assistance with eating as needed
- Provides feeding for members as needed
- Able to accommodate special diet requirements (diabetic, low sodium, etc.)
- Able to accommodate mechanical diets (soft, pureed, thicket, etc.)
- Able to accommodate tube feeding

Mobility/Accessibility (check all that apply):

- Home/facility is handicap accessible
- Able to accommodate moderate assistance with mobility (walkers, canes, grab bars, etc.)
- Able to accommodate individuals needing transfer assistance (one person assists)
- Able to accommodate individuals needing two-person assists for transfers (non-weight bearing)
- Home/facility has a Hoyer/mechanical lift
- Home/Facility has a wheelchair equipped vehicle

Able to accommodate the following equipment (check all that apply):

- Wheelchairs
- Hoyer/mechanical lifts
- Transfer board/trapeze
- Other/specify: \_\_\_\_\_

Supervision (check all that apply):

- Provides overnight awake supervision
- Provides overnight sleep staff
- Has submitted/will submit a staffing pattern schedule (provide ability for ATTACHMENT of staffing pattern form HERE)

**Medical and Health Care Services**

Health Monitoring (check all that apply):

- RN on site and available
- Consult RN on call
- Corporate RN

Medication Management (check all that apply):

- Provides set-up and cueing of medication administration as needed
- Provides full services of medication administration if needed
- Able to accommodate oral medications
- Able to accommodate injectable medication needs
- Able to accommodate inhaled medications
- Able to accommodate topical medications
- Able to assist in the administration/delivery of injectable medications

**Specialized Nursing Service**

Provides the following nursing services (check all that apply):

- Oxygen/nebulizer
- Ventilator/Respiratory care
- Suction/Trachea care
- Tube feeding (G or J tubes)
- Catheter care
- Catheter changes
- IV fluids/Medications
- Wound care
- Blood sugar monitoring
- Sliding scale diabetic needs
- Fluid monitoring
- Ostomy care

Transportation (check all that apply):

- Arranges and pays for transportation
- Provides transportation

Activities (check all that apply):

- Provides planned activity schedule
- Members involved in planning of activities
- Arranges for member to attend the church of their choice, if requested
- Provides planning activities outside of the facility (Frequency: \_\_\_\_\_)