**Comforting Choices Questionnaire**

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| **Date:** |

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| **Identification:** |
| **Name of Facility:** |
| **Corporation Name (if different):** |
| **Year Founded: Telephone #: Fax #:** |
| **Address:** |
| **City: State: Zip Code:** |
| **E-Mail: Website:** |
| **Best way to contact to you:  E-Mail  Phone  Fax** |

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| **Metro Milwaukee Locations:** |
| **East  Southeast  Central  West  Southwest**  **Waukesha  Racine County  Other:** |

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| **Type of Retirement Community:** |
| **Retirement Communities** |
| **Community Based Residential Facilities (CBRF’s)** |
| **Residential Care Apartment Complexes (RCAC’s)  Registered  Certified** |
| **Independent Senior Living Units** |
| **Subsidized Housing Units** |
| **Other (describe):** |

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| **CBRF:** |
| **Capacity: Rooms Available:  Private  Semi-Private** |
| **Accept Men  Accept Women  Accept Wheelchairs  Accept Incontinence**  **Accept Alzheimer’s  Residents  Early  Mid  Late  Brittle Diabetes  Parkinson’s  M.S.  Mental Disabilities  Other (name):** |

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| **Licensure (list both current and proposed licensure):** |
| **Class A A  Class A S  Class C A  Class C S  Class C N A  Class A N A**  **Not Licensed** |

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| **Special Programming:** |
| **Alzheimer’s  Depression**  **Respite (how long?): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Other (explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Hospice** |

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| **Environment (accommodations available):** |
| **Studio  1 Bedroom  2 Bedroom  Private Bath**  **Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wheelchair Accessible?  No  Yes**  **Accept Pets?  No  Yes (explain)**  **Accept Smokers?  No  Yes**  **Inside Smokers?  No  Yes**  **Family Care?  No  Yes (room & board rate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Endowment or Entrance Fee?  No  Yes**  **Range of Endowment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Security Deposit:  No  Yes (amount): \_\_\_\_\_\_\_\_\_\_\_\_\_**  **Range of Monthly Costs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **State Refund Policy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **State Other (special financial information):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Base Services (included in rent):** |
| **Cooking Facilities  Meals Per Day: \_\_\_\_\_\_\_\_  Private Bath  Shared Bath**  **Utilities  RN Services  Transport Cost: \_\_\_\_\_\_\_\_  Laundry (how often?): \_\_\_\_\_\_\_**  **Arrange for county van rides  Activity Program  Housekeeping Cost: \_\_\_\_\_\_\_\_**  **Personal Care Assistance (list type & cost): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Amenities:** |
| **List amenities or other information:** |

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| **Affiliations:** |
| **Hospital  Home Care Agency  SNF  Religious  Other:** |

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| **Waiting List:** |
| **No  Yes (please list type of housing & how long?):** |

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| **Additional Information:** |
| **List any other information you would like to include, or feel is important:**  **Person completing survey’s name & phone #:** |

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| **Competed Surveys (return to):** |
| **Brian Bitzer - Comforting Choices**  **5208 Woodbridge Lane South Greenfield, WI 53221**  **Phone #: 414-339-4860 Fax #: XXX-XXX-XXXX**  **E-mail:** [**comfortingchoiceswillc@gmail.com**](mailto:comfortingchoiceswillc@gmail.com) **Website:** [**www.comfortingchoices.com**](http://www.comfortingchoices.com) |