**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** **Website:** [**www.comfortingchoices.com**](http://www.comfortingchoices.com) |