

– Adult Day Services – Online Services & Amenities Checklist



Community: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Fax: (_____) _____

Contact Name: _____ Email: _____

Instructions: Please review all 6 categories. Please indicate which service are available at your company by placing a checkmark next to the ones that are available. **NOTE:** the Fees category, #6, **enter the lowest rate for all categories available.**

Form can be faxed to (800) 350-0771

**** You can not add or rename items listed.****

1 Community Information

(Add check mark if item is available)

- ☐ Game Room
- ☐ Library
- ☐ Lounge Area
- ☐ Outdoor Areas

2 Services

(Add check mark if item is available)

- ☐ Assistance with Activities of Daily Living
- ☐ Behavioral Interventions
- ☐ Counseling for Participants / Families
- ☐ Family Conferences
- ☐ Family / Caregiver Education
- ☐ Full Day Programs
- ☐ Half Day Programs
- ☐ Overnight Stays
- ☐ Personal Care
- ☐ Social Work Health Assessment
- ☐ Special Diets
- ☐ Transferring
- ☐ Transportation To and From

3 Medical Services

(Add check mark if item is available)

- ☐ Alzheimer's / Dementia Care
- ☐ Incontinence Care
- ☐ Medication Management
- ☐ Nurse on Campus
- ☐ Occupational Therapy
- ☐ Physician Available
- ☐ Respite Care
- ☐ Therapy

4 Activities

(Add check mark if item is available)

- ☐ Art Therapy
- ☐ Educational Classes
- ☐ Exercise Programs
- ☐ Intergenerational Programs
- ☐ Movies
- ☐ Music / Dance Programs
- ☐ Outdoor Activities
- ☐ Pet Therapy
- ☐ Scheduled Trips
- ☐ Social Activities
- ☐ Spiritual Programs

5 Meals

(Add check mark if item is available)

- ☐ Kosher Diet
- ☐ Meals Provided
of meals: _____
- ☐ Snacks
- ☐ Special Diets

6 Fees:

(Add check mark if item is available)

- ☐ Minimum Days
- ☐ Minimum Hours
- ☐ Weekend / Evening Rates Available

**** Enter the lowest rate for all categories offered**

Fees from \$ _____

Half Day Rate from \$ _____

Hourly Rate from \$ _____