

Member Contact Information

As a Member of SNAPforSeniors™, you will have the authority to create, update or delete the SNAP-Profile, and act as the final point of accountability for the facility listed below.

Name _____ Title _____
Phone _____ Cell _____ E-mail _____

Facility Contact Information

Facility Name _____

If applicable, provide the name of the chain this facility is affiliated with _____

Address _____

City _____ State _____ ZIP _____

Website URL _____ E-mail _____

Phone _____ Fax _____

Cell _____ I am willing & able to receive leads via text message

Accreditations

If the administrator of your community is a full or fellow member (voting member) of ACHCA (American College of Health Care Administrators), please enter the membership number: _____

Is this community CARF-accredited?

- CARF-CCAC CARF-accredited No

Description

Please select the category that best describes this facility:

Note: if your facility has more than one category, as in a Continuing Care Retirement Community, you will need to complete a separate SNAP-profile for each category (i.e. complete one to describe the Independent Living section and another for Assisted Living). This will assure that your detailed information will show in a search result for that category.

- Independent Living or Retirement Community Nursing Home or Rehabilitation
 Assisted Living or Residential Care Home

If you use different facility names for each category, please list the others here:

Highlights: Promote your facility by describing what makes it special. Consider including anything that makes your facility unique such as care specialties, location, facility and room amenities, or staff credentials.

We accept residents of the following genders:

- All genders welcome **-OR-** Male only Female only

We accept residents of the following ages:

- All ages welcome **-OR-** Minimum Age _____

Eligibility Requirements: Please describe any admissions policies or other requirements such as income qualifications, minimum rental and/or lease commitments, etc.

Care Options

This facility is regularly staffed with licensed nursing care (RN, LPN, or Delegation Nurse):

- Eight (8) or less hours per day **-----OR-----**
 Between eight (8) and 24 hours per day Contract for on-call nursing care
 24 hours per day We do not offer licensed nursing care

This facility provides licensed physician care including Nurse Practitioner or Physicians Assistant:

- We do not offer physician care Physician care is on-call Physician makes routine visits

This facility offers personal assistance with the following: (select all that apply)

- Activities of Daily Living (i.e. bathing, grooming, dressing, eating, etc.) Sitting, standing, walking, & getting in and out of bed
 Catheter management Toileting
 Foot care Medication management

The following care services are provided onsite by this facility: (select all that apply)

- Adult day care Massage therapy Speech therapy
 Audiology Mental health counseling Support groups for patients
 Dental care Occupational therapy Support groups for families or caregivers
 Eye care Physical therapy Other _____
 Hospice Restorative therapy Other _____

May residents contract with outside agencies to bring in services (i.e. Home Health, Therapy, etc.)?

- Yes No

This facility offers behavioral support to residents who: (select all that apply)

- Hit, kick or act physically aggressive Pace or rummage habitually
 Yell, curse or act verbally aggressive Seek exits/Try to leave
 Do not sleep through the night Wander
 Become disoriented (e.g. Sundown syndrome) Need prompting for their personal care

What level of diabetic care management is this facility able to provide? (select all that apply)

- Diet Insulin injection self-administered
 Oral medication Insulin injection staff-administered

This facility cares for residents with the following special health conditions or needs: (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Onsite dialysis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Management of an I.V. |
| <input type="checkbox"/> Bariatric care | <input type="checkbox"/> Management of a feeding tube |
| <input type="checkbox"/> Breathing support with oxygen | <input type="checkbox"/> Memory loss |
| <input type="checkbox"/> Breathing support with a ventilator | <input type="checkbox"/> Monitored intake of food and liquids |
| <input type="checkbox"/> Broken bones | <input type="checkbox"/> Multiple sclerosis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Colostomy or urostomy | <input type="checkbox"/> Parkinson's disease |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Psychiatric conditions (schizophrenia, bipolar disorder, etc.) |
| <input type="checkbox"/> Developmental disabilities | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Emphysema or other lung disease (COPD) | <input type="checkbox"/> Tendency to fall |
| <input type="checkbox"/> Heart disease or heart failure | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Immune deficiency | <input type="checkbox"/> Wound treatment |
| <input type="checkbox"/> Incontinence | |

Please describe specific certifications and/or staff training conducted (include details such as minimum required standards, frequency of retraining and continuing education offered):

Dementia/Alzheimer's Care

(If you do not provide care for Dementia or Alzheimer's disease, please proceed to the Accommodations section)

In what setting is care provided for residents with Alzheimer's disease and/or Dementia? (select one)

- Mixed with other residents In a dedicated wing or care unit In a dedicated building

This facility is able to care for residents with the following stages of Alzheimer's disease and dementia progression (select all that apply): (Visit http://www.alz.org/alzheimers_disease_stages_of_alzheimers.asp for more information)

- | | |
|---|---|
| <input type="checkbox"/> Stage 1: No impairment- no evidence of memory problems apparent to health care professionals. | <input type="checkbox"/> Stage 5: Moderate, mid-stage- Major gaps in memory and recollection of personal history, confusion regarding where they are or about the date. |
| <input type="checkbox"/> Stage 2: Very mild decline- mild forgetfulness with names or location of everyday objects, but not noticeable to family or friends. | <input type="checkbox"/> Stage 6: Moderately severe- Increased difficulty with memory, personality changes emerge, loss of awareness with recent experiences, potential incontinence, and need extensive help with daily activities. |
| <input type="checkbox"/> Stage 3: Mild decline- problems with memory or concentration noticeable to family members. Word or name finding problems, misplacing objects. | <input type="checkbox"/> Stage 7: Severe, late-stage- Lack of ability to respond to environment, progressing to loss of speech and movement, general incontinence, abnormal reflexes and rigid muscles. |
| <input type="checkbox"/> Stage 4: Moderate decline- deficiencies noticed in medical interview. Reduced memory of personal history or current events, problems with planning. | |

The following services are offered for residents with Dementia and/or Alzheimer's disease (select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Family members able to join at mealtime | <input type="checkbox"/> Regular assessments by interdisciplinary staff |
| <input type="checkbox"/> Family members able to participate in care plan | <input type="checkbox"/> Environment that is easy to navigate |
| <input type="checkbox"/> Specialty trained staff | <input type="checkbox"/> Daily planned recreational and social activities |
| <input type="checkbox"/> Safe wandering areas | <input type="checkbox"/> Activities tailored to residents' abilities |

Facility Name _____

What diminished abilities or changes in condition (medical or behavioral) would likely result in a discharge of patient with Alzheimer's disease or Dementia?

Please describe any special care programs offered for residents with specific needs such as Dementia/Alzheimer's/Memory Care, Parkinson's, etc.:

Accommodations

This facility offers the following living space options: (select all that apply)

Living Space Option	Cost Range		
	Min	Max	Frequency (circle)
<input type="checkbox"/> Studio or efficiency apartment			Day or Week or Month
<input type="checkbox"/> 1-bedroom apartment			Day or Week or Month
<input type="checkbox"/> 2+ bedroom apartment			Day or Week or Month
<input type="checkbox"/> 1 bedroom home			Day or Week or Month
<input type="checkbox"/> 2+ bedroom home			Day or Week or Month
<input type="checkbox"/> Private bedroom with private bath			Day or Week or Month
<input type="checkbox"/> Private bedroom with shared bath			Day or Week or Month
<input type="checkbox"/> Shared bedroom			Day or Week or Month

This facility offers the following short-term or temporary stay options:

- Respite care Rehabilitation care We do not offer short-term care

Residents are allowed to bring the following pets: (select all that apply)

- Dogs Birds No pets allowed
 Cats Other _____ Service animals only

Is smoking permitted somewhere within the grounds of this facility? Yes No

Are residents able to bring their own furniture? Yes No

Security features: (select all that apply)

- 24 hour controlled access Door alarms (for exit seekers) Fully fenced facility
 24 hour up and awake staff Emergency in-room call system Gated community
 Controlled-access garage Fire sprinkler system Security staff on premises

Does this facility require criminal background checks on all new staff? Yes No

Transportation and parking options: (select all that apply)

- Access to public transportation nearby Resident parking
 Transportation provided by facility Guest parking

Available unit or room amenities: (select all that apply)

- Air conditioning
- Air purification system
- Cable hook up
- Full-service kitchen
- Climate control thermostat
- Microwave
- Private courtyard or patio
- Private telephone line
- Wheel-in shower
- Walk-in shower
- Wheelchair accessible
- Washer/dryer hookup

Community

Year the facility was opened: _____

Is this facility a residential home? Yes No

Number of residents accommodated at this facility (not including staff): _____

Dietary options available: (select all that apply)

- Ethnic meals
- Gluten-free
- Kosher kitchen
- Kosher meals
- Low Sugar
- Low sodium
- Vegetarian

Meals served: (select all that apply)

- Breakfast
- Lunch
- Dinner
- Snack

Dining options include: (select all that apply)

- Restaurant style
- Family style
- Buffet style
- Room service as needed

The primary pharmacy or pharmaceutical service for this facility is:

_____ (e.g., SeniorMed, Vanguard, Rite Aid) We do not have a primary pharmacy service.

Onsite community services or amenities available: (select all that apply):

- Activity director
- Beautician/barber
- Chapel
- Clubhouse/meeting Rooms
- Computer/internet access
- Concierge
- Designated family visiting area
- Fitness center/gym
- Fitness trainer
- Garden
- Guest dining
- Guest lodging
- Housekeeping
- Laundry room(s)
- Laundry service
- Library
- Maintenance director
- Billiards/pool room
- Sauna/whirlpool
- Swimming pool
- Storage
- Tennis courts
- TV/media room
- Other _____

Please list any languages, other than English, that are spoken by the staff:

Please describe any other recreational activities, religious services, community groups, clubs or public services offered onsite or nearby (e.g. Golf courses, Bible study groups, Bingo nights, etc.):

Please tell us if this facility specifically caters to a particular group or audience such as vocations, interests, practices or orientations (e.g. Veterans, Retired Teachers, Golfers, Gays and Lesbians, etc.):

Facility Name _____

Cost

This facility is qualified and willing to accept the following payment sources: (select all that apply)

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> HUD or other subsidies | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Private funds |
| <input type="checkbox"/> Long Term Care Insurance | <input type="checkbox"/> Medicare | <input type="checkbox"/> VA Benefits |
| <input type="checkbox"/> Variable rent or other fees based on age, income and/or other qualifications | | |

Additional fees are charged for: (select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Buy-in fees _____ | <input type="checkbox"/> Damage/Security Deposit _____ | <input type="checkbox"/> Nursing Care _____ |
| <input type="checkbox"/> Pet Deposit _____ | <input type="checkbox"/> Personal Assistance _____ | |

Signature

By signing below, you agree on behalf of your company and/or facility, to the Terms of Service and you acknowledge that the information provided is true and accurate to the best of your knowledge. The Terms of Service document is viewable online at www.snapforseniors.com under the "Providers" tab.

Signature _____ Date _____

Return via fax at: (206) 350-6965 -or-

Mail to: SNAPforSeniors, 1904 Third Avenue Suite 106, Seattle WA 98101