**Ohio Adult Care Facility Housing Survey**

*Please complete a survey for each licensed facility that you operate and* ***return to OACFA at PO Box 133, West Jefferson, OH 43162*** *or email the form to* ***zach@namiohio.org.***

*If you have questions, please contact Zach Johns at (614) 400-8723.*

***Please provide your facility contact information.***

**License No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Operator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide your facility’s website address if you have one: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

How many open beds (vacancies) does this home have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please e-mail 4 JPEG or PNG images (one of the outside of the house, one of the indoor common area, one of the bedroom, and one of the kitchen) to **emylynn@namiohio.org**

**Occupancy Information**

Total # of beds: \_\_\_\_\_\_\_\_\_\_ # of private rooms: \_\_\_\_\_\_\_\_\_\_ # of shared rooms: \_\_\_\_\_\_\_\_\_\_

**Populations Served**

Please check all populations served by your facility:

Men Women Families Women with Children Men with Children

Mental Illness Homeless Alzheimer’s/Dementia Care Developmental

 Disability

Visual/Hearing Impairments Veterans Co-occurring mental health

 & substance use disorders

Age range served is \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_

**ADA Accessibility**

Can the facility accommodate individuals in wheelchairs? **Yes No**

**Payment information**

 Private pay daily rate: $ \_\_\_\_\_\_\_\_\_\_ or Private pay monthly rate: $ \_\_\_\_\_\_\_\_\_\_

 Do you accept Residential State Supplement? **Yes No**

**Building Type**

Please check the building type that best describes your facility:

Single Family Unit Multi-Family Unit Apartment

 Duplex  Condo If other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staffing Information**

How many staff work on the day shift? \_\_\_\_\_\_ evening shift?\_\_\_\_\_\_ night shift?\_\_\_\_\_\_

Does a staff member live in the home? **Yes No**

**Supportive Services**

 **Meals**

Are all meals included in the cost? **Yes No**

Are special diets accommodated? **Yes No**

 **Laundry/Homemaker services**

Is laundry included in the cost? **Yes No**

Are laundry facilities available on-site? **Yes No**

Is housekeeping included in the cost? **Yes No**

If yes, are residents responsible for maintaining their own
sleeping quarters? **Yes No**

 **Medication Assistance**

Is assistance with self-administration of medication provided? **Yes No**

 **Transportation**

Does the facility provide transportation? **Yes No**

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amenities**

Are TVs available to residents? In a shared space In bedrooms

Is internet access provided for residents? **Yes No**

**Facility Policies**

 **Smoking Policy**

Is smoking permitted inside the facility? **Yes No**

If no, is smoking permitted immediately outside the building? **Yes No**

**Animals**

Are pets permitted? **Yes No**

If yes, please specify what types and any restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Community Services**

**Public Transportation**

Is there a bus stop within walking distance of the facility? **Yes No**

 **Peer Support Services**

How far is the nearest peer support center located?

 0-2 miles 3-5 miles 6-10 miles 11-20 miles Over 20 miles

**Community Behavioral Health Centers**

How far is the nearest Community Mental Health Center located?

 0-2 miles 3-5 miles 6-10 miles 11-20 miles Over 20 miles

 How far is the nearest Alcohol/Drug Addiction treatment facility located?

 0-2 miles 3-5 miles 6-10 miles 11-20 miles Over 20 miles

**Other Human Services Organizations**

How far is the nearest County Job and Family Services/One Stop Shop office located?

 0-2 miles 3-5 miles 6-10 miles 11-20 miles Over 20 miles

How far is the nearest Social Security office located?

 0-2 miles 3-5 miles 6-10 miles 11-20 miles Over 20 miles

**General Comments:** Please describe, in 150-300 words, your facility and services in general. Please include any programs or other features that make your facility unique, such as cable/satellite TV packages, group activities, outings, special features on the premises, and/or any special populations you serve not listed above. **(PLEASE PRINT CLEARLY)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Thank you!**