

Care & Health Grid Questionnaire

Complete the information,
SAVE & email to admin@retirementconnection.com
Or PRINT & fax to 503-334-2868

For Internal Use - Date Received: _____

ALL Agencies are included at no charge, your listing is FREE

Agency Name: _____ Phone: _____

Agency Address: _____ City: _____ ST: _____ Zip: _____

Contact Person: _____ Email: _____

Only complete the fields your agency offers: Home Health or In Home Care with any changes that are needed

No changes from last edition

Home Health Agencies

Includes skilled nursing services, physical therapy, occupational therapy, speech language therapy and medical social services. A home health care agency may choose to be medicare certified to be reimbursed for their services.

Agency Name & address <i>if different</i>	TELEPHONE	IV THERAPY/INFUSION	DIABETIC CARE	CARDIAC CARE	PSYCHIATRIC	MEDICARE CERTIFIED	ACCEPTS MEDICAID	PRIVATE DUTY ADL	NAT'L BACKGROUND	DRUG TEST REQUIRED	THERAPY SERVICES
	555-123-1234	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In-Home Care

Agency Name & address <i>if different</i>	TELEPHONE	MED ADMINISTRATION	NURSE DELEGATION	NAT'L BACKGROUND	ASSESSMENTS BY NURSE	DRUG TEST REQUIRED	24-HOUR CARE	ACCEPTS MEDICAID	MINIMUM HRS/DAY	LIMITED LICENSE	BASIC LICENSE	INTERMEDIATE LICENSE	COMPREHENSIVE LICENSE
	555-123-1234	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additionally check any boxes you feel appropriate below:

- I would like to have _____ FREE copies of the Guide to distribute to Caregivers, Boomers, Seniors and other Professionals
- I am interested in providing educational article content for the guide or website and would like to be contacted
- I am interested in learning more about advertising/sponsor opportunities and would like to be contacted