

disAbilityNavigator/SeniorNavigator Service Provider Survey

Community Code: _____

I. AGENCY PROFILE

There are 2 parts to this survey. For your first service, complete both the **Agency Profile** and the **Service Profile**. For each additional service or program you provide, fill in the Agency Name and complete a **Service Profile**.

Agency Name: _____

Physical Address: _____ City/Town _____

State: ____ Zip: _____ County _____

Mail Address (if different from physical address) _____

Contact: Main #: _____ Toll Free #: _____ Fax #: _____

TTY/TDD # _____ Other #: _____ Website: _____

Brief Description of Agency: _____

Business Type: Private Non Profit Private For Profit Faith Based Organization State Government
 Federal Government Local Government Grassroots Other: _____

II. SERVICE PROFILE

Service/Program Name: _____
(Examples: Dental Screening - SMILE, In-Home Physical Therapy, Outdoor Sports Program -ALLSKI)

Complete any information in this box that is different from the Agency Profile

Main Phone Number: (____) _____ - _____ Fax: (____) _____ - _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Web Site: _____

Description of Service or Program _____

What is your Service Area? (List all of the Cities and Counties that you serve):

Age Range Served: _____ to _____ (Put "0" in each space if no age limit)

Languages spoken: English French Spanish Korean Multi-Lingual Sign Other(s) _____

Accommodation: We can accommodate the following:

- Incontinence Wheelchair Dementia/Alzheimer's Frail Elders Behaviorally Impaired
Hearing Impaired Visually Impaired Caregivers/Personal Attendant Developmental Disability
Intellectual Disability Substance Abuse Problem Other: _____

Eligibility Criteria: _____

Where is the Service Provided? On Site Consumer's Home Telephone Web

Service Intake Procedures: _____

Intake Name: _____ Title: _____ Phone: _____ Email: _____

Transportation Is this service close to Public Transportation? Yes No N/A
▪ If yes, please describe: _____

Do you provide transportation to/from the service? Yes No N/A

Cost of Service (check all that apply)

- No one will be denied service for inability to pay.
Fee Range From \$_____ to \$_____ per _____
Fixed Fee \$_____ per _____
Suggested Donation \$_____ per _____ Sliding Scale (based on income or ability to pay)
Scholarship Available No Fee Call for More Information

Other Information About Cost? _____

Funding Sources Accepted

- Private Insurance Medicaid/Medicaid Waivers Medicare Veterans Administration
Private Pay Tricare Auxiliary Grants Other: _____

Hours of Operation: _____

Service/Facility Capacity: ___ # Beds ___ # Meals ___ # Rooms ___ Apts ___ Units ___ # Other _____

Procedure for Consumer to Report Problems: _____

LICENSE/ CERTIFICATION/ ACCREDITATION INFORMATION

Does this service, program or facility require licensure, certification or accreditation to do business in Virginia?

Yes No If Yes, complete information below:

Licensed By: _____ **Date** _____

Certified By: _____ **Date** _____

Accredited By: _____ **Date** _____

Is this service bonded? Yes No N/A

BUILDING AND PROGRAM ACCESSIBILITY

Creating and offering accessible and usable environments benefits everyone. This short set of questions will help older adults and people with disabilities better access your program or service.

Is there an accessible entrance to the building that has a ramp or no step or threshold over ¼"? Yes No N/A

Choose all listed traits that apply to the accessible entrance:

- Automatic Door Easy-to-grasp handle Lightweight Door Intercom for Assistance
 Minimum 32" wide opening No abrupt level changes (over ¼" from parking/drop-off area)
 Designated accessible parking close by Signage/Directions from non-accessible entrances N/A

Choose all listed traits that apply to areas of your facility used by the public:

- All public services available on ground floor Elevator(s) available for non-ground floor services
 Hallways free of obstruction and minimum 36" wide Restroom door minimum 32" wide opening
 Toilet seat 17 to 19" above floor Restroom stall(s) large enough for wheelchair turnaround (51")
 Grab bars provided in restroom stall(s) N/A

Would you like to receive some information and low or no-cost tips to make your facility and programs more accessible to people with disabilities? Yes No

FOR TRANSPORTATION PROVIDERS ONLY

We can accommodate riders with:

- Manual wheelchairs Powered wheelchairs Scooters Vision impairment
 Hearing impairment Guide animals Personal care attendant Escorts (with paid fare) N/A

Wheelchairs/scooters need to be dismantled for transport: Yes No N/A

To accommodate riders, we offer:

- Lift equipped vehicle(s) Ramp(s) Voice announcements Visual announcements
 One-on-one staff assistance Accessible stops Flip-up seats to accommodate wheelchairs
 Cell phone notification of service disruption Email notification Large print, up-to-date schedules
 Repeat announcements of changes in service Staff training on assisting people with mobility problems
 Elevators in multi-level station Wheelchair on the vehicle Walker storage/hooks or racks
 Wheelchair on lift for people with mobility problems N/A

Service is offered from: Curb-to-curb Door-to-door Door-through-door N/A

Other Comments of Feedback? _____

I understand that:

- the agency/service information I have provided will be included in the SeniorNavigator database and accessible to the public at www.seniornavigator.org , www.disAbilityNavigator.org (under development) or additional sites as they are developed. The information is original, complete and correct. It is not pornographic, obscene, defamatory or libelous.
- SeniorNavigator reserves the right to 1) edit information for brevity, clarity and content, 2) publish the information in a variety of media, subject to confidentiality issues, and 3) remove any submission, if they believe that information may create a liability.

I accept the Terms of Data Submission _____

Print Name

Signature

Date

Title

Email

Fax completed form to: 804 827-1281 For Questions, call: 804 827-1280 or 866-393-0957