

# Senior Care Facility Questionnaire



Name of Facility \_\_\_\_\_

Owner/Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Total # of Rooms \_\_\_\_\_

# of Shared Rooms and Rates \_\_\_\_\_

# of Private Rooms and Rates \_\_\_\_\_

Deposit Required? Y / N      Amount \$      Refundable? Y / N

Lowest Starting Budget \$ \_\_\_\_\_

Restrictions? (Bariatric/Dementia or Memory Care/High Acuity) \_\_\_\_\_

Services Provided and Included in Rent \_\_\_\_\_

What is Not Included in Rent? \_\_\_\_\_

Licensed? Y / N \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_