



ASSISTED LIVING SUPPLEMENT

Applicant: _____

Facility Name: _____

Address: _____

COMPLETE ONE SUPPLEMENT PER LOCATION

1. Who contracts with the facility for assisted living services? Check each ALTCS contractor that applies and the number of placements in the location at this time:

- Cochise Health Systems _____ # of residents
- Evercare Select _____ # of residents
- Maricopa LTC _____ # of residents
- Mercy Care Plan _____ # of residents
- Pima Health Systems _____ # of residents
- Pinal/Gila LTC _____ # of residents
- Yavapai County LTC _____ # of residents

2. Does the applicant have a current license with the Arizona Department of Health Services to operate an Assisted Living Facility? Yes No

3. What Assisted Living Facility Classification and level of care are listed on the license?

- | Classification | Level of Care |
|---|---|
| <input type="checkbox"/> Assisted Living Home | <input type="checkbox"/> Supervisory Care |
| <input type="checkbox"/> Assisted Living Center | <input type="checkbox"/> Personal Care |
| <input type="checkbox"/> Adult Foster Home | <input type="checkbox"/> Directed Care |

4. What is the maximum capacity listed on the license? _____

5. Please complete the following information on the current residents:

Location Capacity	Current # of Residents	# of Private Pay	# Need Directed Care	# Need Personal Care	# Need Supervisory	# Non-Ambulatory	# on Oxygen	# Requires Staff Assistance to Evacuate Building

6. Please complete the following staffing model for this facility:

Total # of Staff	# Awake Staff	#Sleep-over Staff	"Home" for staff?	Day Ratio of staff to residents	Evening Ratio of staff to residents	Night Ratio of staff to residents

7. Any in wheelchairs or use walkers? _____

Number of clients that have Alzheimer's _____

Number of clients that have any major medical condition? _____

8. Does Insured provide transportation for their clients? _____

9. Are all medications in a secure place? _____

Who gives meds? _____

10. Do medical staff visit the facility? _____

11. Complete details of all services provided to the clients that currently reside in the facility. _____

Applicant Signature

Date

Title