

Ohio Long-Term Care Consumer Guide Residential Care Facility Entry Page

This form has been provided to you as part of the application process to become an ODA—approved provider of Assisted Living Services. Ohio Department of Aging staff will enter the information provided on this form on the Ohio Long-Term Care Consumer Guide website to be shared with interested consumers as well as be available to the general public.

The first two pages are required for all facilities applying to become an ODA-approved provider of Assisted Living Services. The additional information requested may be completed at the facility's discretion and is intended to help the consumer make an informed choice regarding the selection of a facility

The facility may be contacted by Ohio Department of Aging staff to participate in future projects associated with the Long-Term Care Consumer Guide.

Name of the person completing this form: _____

Telephone number of person completing this form: () - , Ext:

Facility Name: _____ (the name by which the facility is commonly known in your community)

Facility Address:

Address 1: _____

City: _____

Zip Code: _____

Facility Phone Number: () - , Ext:

Facility Fax Number: () -

Facility Contact's E-mail Address, if available: _____

Facility Web site address, if available. URL: _____

The Consumer Guide will link to your site for consumers to learn more about your facility.

Ohio License ID Number: _____

General Comments: Using no more than 2000 characters, provide general comments describing your facility. Required information includes the facility setting (urban/rural/suburban), general demographics of the residents, ancillary services (ex: on-site beauty/barber shop, library, exercise room and the availability of any specialty units. Information about community integration programs, policies regarding pets/visitors/alcohol, culturally specific practices or the use of Person-Centered care is especially helpful. Attach a separate sheet, if desired.

Occupancy Information

Total Number of Resident Units available: _____

Number of Resident Units approved for the Assisted Living Waiver _____

*Approximate Base Rate for Private Pay _____

*may not include all available services