



**CAADS**

California Association for Adult Day Services

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**CAADS Web Site Listing Form - PROVIDERS**

Revised 1-10-2007

*Only licensed programs and ADCRC sites in membership with CAADS are eligible for a listing on CAADS Web Site.*

**Please complete a separate sheet for each licensed center.** For additional copies, please photocopy this blank form.

**Attach a photocopy of your license.**

NOTE: If you have previously completed our listing form and submitted a photocopy of your license, a copy of your current listing is attached. You may note any changes needed directly on the listing, or write "none," then sign, date and return it to CAADS.

COMPLETED BY: \_\_\_\_\_ Date: \_\_\_\_\_   
(Print Name and Title) Initial Here

**Return to CAADS:**

**921 11<sup>th</sup> Street, Suite 1100 ~ Sacramento, CA 95814**

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**FIND A CENTER (Only Members are posted on CAADS Web Site)**

Center Name/DBA: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Site Phone: (\_\_\_\_) \_\_\_\_\_ Site Fax: (\_\_\_\_) \_\_\_\_\_ County of Center: \_\_\_\_\_

**Site Mailing Address** (if different than above): \_\_\_\_\_

Mail City: \_\_\_\_\_ Mail State: \_\_\_\_\_ Mail Zip+4: \_\_\_\_\_

Parent Organization (A program of...): \_\_\_\_\_

Business Type (check one only):  For-Profit  Governmental  Non-Profit

Program Type:  ADHC (Licensed by DHS)  ADP (Licensed by DSS, CCL)  PACE  
 ADCRC (Alzheimer's Day Care Resource Center)  DD (Developmentally Disabled)

If ADHC, do you offer ADP Level of Care:  Yes  No

Year Center Licensed: By DHS: \_\_\_\_\_ By DSS, CCL: \_\_\_\_\_

Intake Phone: \_\_\_\_\_ Intake Email: \_\_\_\_\_ Site Email: \_\_\_\_\_

Website: \_\_\_\_\_ Center Open Since (Year): \_\_\_\_\_

**Who Are We?** (Type or write *clearly* a description of your program, emphasizing your target population/s and other information not captured elsewhere on this form. *CAADS reserves the right to edit descriptions exceeding word limit without notice.*) **LIMIT OF 100 WORDS.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ON-LINE RESOURCE DIRECTORY: Adult Day Services Center Listing Form – Page 2 of 3**

**Special Populations** (check all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Alzheimer's/Related Dementias | <input type="checkbox"/> HIV/AIDS          | <input type="checkbox"/> Physical Disabilities  |
| <input type="checkbox"/> Behaviorally Impaired         | <input type="checkbox"/> Intergenerational | <input type="checkbox"/> Substance Abuse        |
| <input type="checkbox"/> Developmental Disabilities    | <input type="checkbox"/> Mental Health     | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Gay / Lesbian                 | <input type="checkbox"/> Mono-Cultural     |   |

**Program is able to accommodate those needing assistance with** (check all that apply):

**Activities of Daily Living (ADL)**

- Bathing
- Eating
- Getting Up (Transferring)
- Toileting
- Walking

**Medical Devices**

- Catheter
- Colostomy
- Feeding Tube
- Oxygen Devices
- Wheelchair

**Other**

- Incontinence
- Injections
- Medicine Administration
- Medication Monitoring
- Non-Ambulatory
- Wandering

**ADHC centers are required to have licensed/credential staff to provide or arrange for the following:**

*A home visit and assessment are required prior to enrollment.*

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Activity Program      | <input checked="" type="checkbox"/> Occupational Therapy    | <input checked="" type="checkbox"/> Skilled Nursing               |
| <input checked="" type="checkbox"/> Dietary Services      | <input checked="" type="checkbox"/> Physical Therapy        | <input checked="" type="checkbox"/> Social Work / Social Services |
| <input checked="" type="checkbox"/> Meals                 | <input checked="" type="checkbox"/> Physician Services      | <input checked="" type="checkbox"/> Speech Therapy                |
| <input checked="" type="checkbox"/> Medication Management | <input checked="" type="checkbox"/> Psychology / Psychiatry | <input checked="" type="checkbox"/> Transportation                |

**ADP centers are required to have staff to provide or arrange for assistance with the following:**

- |  |  |   |   |  |
|--|--|---|---|--|
| <input checked="" type="checkbox"/> Activity Program | <input checked="" type="checkbox"/> Care & Supervision | <input checked="" type="checkbox"/> Meals | <input checked="" type="checkbox"/> Social Services | <input checked="" type="checkbox"/> Transportation |
|--|--|---|---|--|

**In addition to the required services above, our center offers** (check all that apply):

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Adult Education          | <input type="checkbox"/> Community Outings | <input type="checkbox"/> Nursing              | <input type="checkbox"/> Pet Therapy       |
| <input type="checkbox"/> Art Therapy              | <input type="checkbox"/> Gardening Therapy | <input type="checkbox"/> Physical Therapy     | <input type="checkbox"/> Speech Therapy    |
| <input type="checkbox"/> Care Management          | <input type="checkbox"/> Money Management  | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Secured Perimeter |
| <input type="checkbox"/> Caregiver Support Groups | <input type="checkbox"/> Music Therapy     | <input type="checkbox"/> Overnight Respite    | <input type="checkbox"/> Other: _____      |

**Who Do We Serve?**

Age Range:  18 or older (no upper limit) OR From \_\_\_\_\_ To \_\_\_\_\_ Average Client Age: \_\_\_\_\_

ADHC – Licensed by DHS		Adult Day Program – Licensed by DSS, CCL	
ADHC Licensed Capacity:		ADP Licensed Capacity:	
ADHC Average Daily Program Attendance:		ADP Average Daily Program Attendance:	
ADHC Daily Program Capacity (each program shift):		ADP Daily Program Capacity (each program shift):	

**Among our staff, we can speak** (check all that apply):

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Arabic              | <input type="checkbox"/> French          | <input type="checkbox"/> Korean          | <input type="checkbox"/> Spanish        |
| <input type="checkbox"/> Armenian            | <input type="checkbox"/> German          | <input type="checkbox"/> Laotian         | <input type="checkbox"/> Tagalog        |
| <input type="checkbox"/> Cambodian           | <input type="checkbox"/> Hebrew          | <input type="checkbox"/> Mien            | <input type="checkbox"/> Thai           |
| <input type="checkbox"/> Chinese – Cantonese | <input type="checkbox"/> Hindi           | <input type="checkbox"/> Polish          | <input type="checkbox"/> Turkish        |
| <input type="checkbox"/> Chinese - Mandarin  | <input type="checkbox"/> Hmong           | <input type="checkbox"/> Portuguese      | <input type="checkbox"/> Vietnamese     |
| <input type="checkbox"/> Chinese – Other     | <input type="checkbox"/> Ilocano         | <input type="checkbox"/> Russian         | <input type="checkbox"/> Please Inquire |
| <input type="checkbox"/> Chinese – Unknown   | <input type="checkbox"/> Indo-Eur./Other | <input type="checkbox"/> Samoan          |   |
| <input type="checkbox"/> English             | <input type="checkbox"/> Italian         | <input type="checkbox"/> Sign – American |   |
| <input type="checkbox"/> Farsi               | <input type="checkbox"/> Japanese        | <input type="checkbox"/> Sign – Other    |   |

**ON-LINE RESOURCE DIRECTORY: Adult Day Services Center Listing Form – Page 3 of 3**

**Other Eligibility Requirements:** \_\_\_\_\_

**Accepted Payment** (check all that apply):

	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
Private Insurance.....	<input type="checkbox"/>	<input type="checkbox"/>	Veterans Administration .....	<input type="checkbox"/>	<input type="checkbox"/>
Medi-Cal (Medicaid) .....	<input type="checkbox"/>	<input type="checkbox"/>	Private Pay.....	<input type="checkbox"/>	<input type="checkbox"/>

**What Is Our Availability?**

<b>ADHC Program Days</b>	<b>Hours of Operation</b>	<b>ADP Program Days</b>	<b>Hours of Operation</b>
<input type="checkbox"/> Monday	_____	<input type="checkbox"/> Monday	_____
<input type="checkbox"/> Tuesday	_____	<input type="checkbox"/> Tuesday	_____
<input type="checkbox"/> Wednesday	_____	<input type="checkbox"/> Wednesday	_____
<input type="checkbox"/> Thursday	_____	<input type="checkbox"/> Thursday	_____
<input type="checkbox"/> Friday	_____	<input type="checkbox"/> Friday	_____
<input type="checkbox"/> Saturday	_____	<input type="checkbox"/> Saturday	_____
<input type="checkbox"/> Sunday	_____	<input type="checkbox"/> Sunday	_____

**Accessing Services** (check only one):

(How soon someone making an inquiry about services and/or program space availability can expect to hear back)

24 Hours                       Next Day                       2-3 Days                       1 Week

**Describe your intake process and the time it takes** (LIMIT OF 30 WORDS):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INFORMATION TO ASSIST CAADS IN IDENTIFYING INDUSTRY TRENDS**

(Information will NOT be posted on CAADS web site.)

**Plans for Upcoming Year:** (check all that apply):

Program Expansion       Facility Expansion       New Facility / Move       Ownership Change

Other \_\_\_\_\_

**Services:** Other services provided by company in addition to licensed adult day services (check all that apply):

CORF                       RCFE                       SNF                       MSSP                       LINKAGES

HOME HEALTH       BOARD & CARE       REGIONAL CENTER VENDORIZED PROGRAM: \_\_\_\_\_

Other \_\_\_\_\_

***Thank you for completing this form!***

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