

Married Widowed

G. Formal Services Used (Within Last 90 Days)

	RCF	ALF I	ALF II	Total
Day Care:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hospice:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mental Health:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupational Therapy:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Therapy:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Speech Therapy:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Podiatry:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Did individual residents contract with a home health company in the last year?

If yes, how many?



V. COMMENTS AND/OR EXPLANATIONS

Please comment on any responses not completed or responses that require clarification.

Thank you for completing this annual report!

If there are any questions about your responses to this report, who should be contacted?

Name:

Title or Position:

Phone Number:

Email: