

Facility Profile

(Facility Name) is located at:

Address: _____ City _____ State _____ Zip _____

Telephone: _____

This facility is owned and operated by:

Building Manager: _____ Contact Number: _____

Office Hours: _____ Building Operation Hours: _____

The building was built in _____, is _____ stories high, with _____ units/rooms and a capacity for _____ residents/clientele.

This facility provides the following services:

____ residential ____ adult day-time activities ____ child care
____ personal care ____ nursing care ____ (other)
____ mental health services

Special Needs

of persons who regularly use a wheelchair _____
of persons who walk only with assistance _____
of persons on oxygen _____
of persons with dementia or Alzheimer's Disease _____
of persons with hearing impairment _____
of persons with sight impairment _____
of persons with medical needs _____
(other) _____

Geographic Description:

This Facility is (✓ if applicable):

____ located within a flood plain
____ located in a hurricane evacuation zone
____ located within the 50 mile Emergency Planning Zone of a Nuclear Power Facility
____ located in a geographic area prone to severe winter storms
____ located within a tornado-prone area
____ (other hazard) _____