



# CAADS

California Association for Adult Day Services

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## CAADS Web Site Listing Form for Licensed Providers

Revised 2014-12-26

*Only licensed adult day centers in membership with CAADS are eligible for a listing on CAADS Web Site.*

**TO UPDATE EXISTING LISTING:** Print listing from CAADS Web Site, mark changes, sign, date and **FAX TO: (866) 725-3123**. Listings appear alphabetically by center name, within each county, under the *Find a Center* tab at [www.caads.org](http://www.caads.org).

**TO SUBMIT NEW LISTING:** Complete this form and send to CAADS along with **photocopy of Center license**. For multiple centers, complete a separate form for each one – you may photocopy this form. **FAX TO: (866) 725-3123**

**QUESTIONS:** Contact Kathy Atkinson, Director of Membership & Communications: (916) 552-7400 or [Kathy@caads.org](mailto:Kathy@caads.org).

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

### Center

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

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

Site County: \_\_\_\_\_ Site Tel: (\_\_\_\_\_) \_\_\_\_\_

Site Email: \_\_\_\_\_ Website: \_\_\_\_\_

CENTER MAILING ADDRESS (if different than above):

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

### Licensee

Licensee: \_\_\_\_\_ Year Center Opened: \_\_\_\_\_

Licensee is:  For-Profit  Governmental  Non-Profit

Adult Day Services center state license is current and valid:  Yes  No

### Program/s

Program Type/s (check all that apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ADHC<br>Adult Day Health Care (Medical) | <input type="checkbox"/> ADP<br>Adult Day Program (Non medical)    | <input type="checkbox"/> ADCRC<br>Alzheimer's Day Care Resource Center         |
| <input type="checkbox"/> CBAS<br>Community Based Adult Services  | <input type="checkbox"/> FQHC<br>Federally Qualified Health Center | <input type="checkbox"/> PACE<br>Program of All-Inclusive Care for the Elderly |

Describe the Center's target population, philosophy of care and other distinguishing features. Limit 100 words, typed or neatly written.  
(CAADS reserves the right to edit descriptions exceeding word limit, without notice.)

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**Languages Spoken**

Languages spoken by Center staff (check all that apply):

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

**Accessing Services / Intake Process**

Intake Tel: (\_\_\_\_\_) \_\_\_\_\_ Intake Email: \_\_\_\_\_

Reply Time – how soon someone can expect to hear back after inquiring about program space availability and/or services (check one only):

- Next Business Day     2 Business Days     3 Business Days     1 Week

Describe your intake process – limit to 30 words: (CAADS reserves the right to edit descriptions exceeding word limit, without notice.)

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**Hours, Capacity and Attendance**

**ADHC / CBAS (Medical Model) Hours & Attendance**

<u>Program Days</u>	<u>Hours of Operation</u>
Monday	_____ to _____
Tuesday	_____ to _____
Wednesday	_____ to _____
Thursday	_____ to _____
Friday	_____ to _____
Saturday	_____ to _____
Sunday	_____ to _____

Average Daily Attendance: \_\_\_\_\_  
(per most recent MSSR filed with the state)

ADHC Licensed Capacity: \_\_\_\_\_  
(per CA Department of Public Health)

**ADP (Non-Medical Model) Hours & Attendance**

<u>Program Days</u>	<u>Hours of Operation</u>
Monday	_____ to _____
Tuesday	_____ to _____
Wednesday	_____ to _____
Thursday	_____ to _____
Friday	_____ to _____
Saturday	_____ to _____
Sunday	_____ to _____

Average Daily Attendance: \_\_\_\_\_

ADP Licensed Capacity: \_\_\_\_\_  
(per CA Department of Social Services)

**Payments Accepted**

Center accepts payment by (check all that apply):

- Medi-Cal Managed Care (CBAS) *Contract/s with:* \_\_\_\_\_
- Medi-Cal FFS/Regular Fee-for-Service     Long Term Care Insurance     Private Health Insurance     Private Pay
- Regional Center Funding     Veterans Administration     Other: \_\_\_\_\_

**Who We Serve**

Center serves individuals ranging in age (check one only):

- 18 years or older (no upper limit)       From age \_\_\_\_\_ to age \_\_\_\_\_      Average Client Age: \_\_\_\_\_

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

**Special Populations**

We serve the following specialized populations (check all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Alzheimer's / Related Dementia      | <input type="checkbox"/> Behavioral Health                       | <input type="checkbox"/> Cultural Focus: _____                                    |
| <input type="checkbox"/> Diabetes                            | <input type="checkbox"/> HIV/AIDS                                | <input type="checkbox"/> Intergenerational  |
| <input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender | <input type="checkbox"/> Persons with Developmental Disabilities | <input type="checkbox"/> Post-Stroke / Neurological                               |
| <input type="checkbox"/> Physical Disabilities               | <input type="checkbox"/> Substance Abuse                         | <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Other: _____                        |  |   |

**Activities of Daily Living**

We provide supervision and assistance with (check all that apply):

- Bathing       Eating       Toileting       Transferring (Getting Up)       Walking

**Medical Devices**

We provide supervision and assistance with (check all that apply):

- Catheter       Colostomy       Feeding Tube       Oxygen Devices       Wheelchair

**Other**

We provide supervision and assistance with (check all that apply):

- Behavioral Challenges       Incontinence Training       Injections       Medications Monitoring       Non-Ambulatory

**Additional Offerings**

*ADHC / CBAS and ADP centers have separate state licensing requirements*

ADHC: Must have licensed / credentialed staff to provide or arrange for the services marked [H] below.  
(A home visit and assessment are required prior to ADHC enrollment.)

ADP: Must provide or arrange for the services marked [P] below:

Additional Offerings (check all that apply):

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Activity Program [H P]        | <input type="checkbox"/> Adult Education             | <input type="checkbox"/> Art Therapy              | <input type="checkbox"/> Care Coordination [H] |
| <input type="checkbox"/> Care & Supervision [P]        | <input type="checkbox"/> Community Outings           | <input type="checkbox"/> Caregiver Support Groups | <input type="checkbox"/> CBHH Project Site     |
| <input type="checkbox"/> Dietary Services [H]          | <input type="checkbox"/> Gardening Therapy           | <input type="checkbox"/> Health Check-Ups         | <input type="checkbox"/> Meals [H P]           |
| <input type="checkbox"/> Medication Administration [H] | <input type="checkbox"/> Medication Management [H]   | <input type="checkbox"/> Money Management         | <input type="checkbox"/> Music Therapy         |
| <input type="checkbox"/> Occupational Therapy [H]      | <input type="checkbox"/> Overnight Respite           | <input type="checkbox"/> Pet Therapy              | <input type="checkbox"/> Physical Therapy [H]  |
| <input type="checkbox"/> Physician Services [H]        | <input type="checkbox"/> Psychology / Psychiatry [H] | <input type="checkbox"/> Secured Perimeter        | <input type="checkbox"/> Skilled Nursing [H]   |
| <input type="checkbox"/> Social Worker Services [H]    | <input type="checkbox"/> Speech Therapy [H]          | <input type="checkbox"/> Transportation [H P]     | <input type="checkbox"/> Vaccination Clinics   |
| <input type="checkbox"/> Other: _____                  |  |   |  |

**FUTURE PLANS**

**The following WILL NOT BE POSTED to the Web, nor disclosed without your permission.**

To assist CAADS in identifying industry trends, please indicate your future plans (check all that apply):

- |  |  |  |                                      |
|--|--|--|--------------------------------------|
| <input type="radio"/> Additional Facility:<br>__ Build New <i>OR</i> __ Buy Existing | <input type="radio"/> Expand Current Facility Size       | <input type="radio"/> Move Facility        | <input type="radio"/> Sell Facility  |
| <input type="radio"/> Other _____  | <input type="radio"/> Request Licensed Capacity Increase | <input type="radio"/> Change to Non-Profit | <input type="radio"/> Close Facility |

Services your organization provides, in addition to Adult Day Services (check all that apply):

- Board & Care     CORF       Home Health     Hospice       In-Home Care  
 MSSP       Nursing Facility/NF     RCFE       Regional Center Services       Other \_\_\_\_\_