



**AGING & DISABILITY
RESOURCE CENTERS
STATEWIDE
INTEGRATED DATABASE
APPLICATION**



Please clearly fill out all items. If not applicable, please mark N/A.

Agency's Legal Name:

**Agency's Common Name
(AKA):**

Physical Address :

Line 2:

City: State: Zip Code:

Is this location confidential? Yes No

Is this location close to public transportation? Yes No

Mailing Address (If Different):

City: State: Zip Code:

Is this location confidential? Yes No

Main/Toll Free Phone Number:

Fax:

TDD/TTY:

Other (Please include Type: Intake, Toll Free, Cell, etc.):

Website:

E-Mail:

Agency Type:

For Profit Non-Profit United Way Member Faith-Based

City Count State Federal Other

If Other please explain:



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CONTACT INFORMATION

Director's Name:

Title:

Phone Number:

Ext:

E-Mail:

Main Contact Name:

Title:

Phone Number:

Ext:

E-Mail:

Alternative Contact Name:

Title:

Phone Number:

Ext:

E-Mail:

Other (Please include Type: Intake, Toll Free, Cell, etc.):

IRS Status:

Tax ID:

License #:

(Attach copy of License)

Has your organization been in business at least one year?

Yes

No

Primary / Main Office

Satellite Office/Site

Month/Year Incorporated:

↳ Please list the accessibility features available at this location

Fully Accessible

Limited Access

No Access

Designated Parking

Full Wheelchair Access

Elevators



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Funded By:

- City Funding County Funding State Funding
 Federal Funding Fees United Way
 Fund Raising Donations Private Funding
 Other If other please explain:

AGENCY OVERVIEW

Brief Agency Description:

Days and Hours of Operation:

Service Area (City/County):

Spoken languages:

- English Spanish Creole Other(s)

If other Please list:

Fees / Payment Options:

- Private Pay/Fee for Service Private Insurance Medicare Medicaid

Other

If other please explain:

The information below is obtained solely to better match client needs with the appropriate service providers and will not affect your application to enlist in our database as a resource.

Serves:

- 18+ Specific Ages from to Women Only
 Men Only Alzheimer's/Dementia Other



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If other please explain:

Do you offer discounted pricing or a sliding fee for seniors/disabled adult?

Yes No

If Yes, please explain:

Would you be willing to offer any pro bono services on a short term basis?

Yes No

If Yes, please explain:

Is your agency Lesbian, Gay, Bisexual, and Transgender (LGBT) Friendly?

Yes No

Does your agency provide staff with sensitivity training?

Yes No

Programs and Services

Name of Service/Program (1):

Service Description:

Eligibility / Criteria:

Intake Procedures:

Name of Service/Program (2):

Service Description:



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Eligibility / Criteria:

Intake Procedures:

Name of Service/Program (3):

Service Description:

Eligibility / Criteria:

Intake Procedures:

Please attach all requested information for additional Programs and Services

OTHER SITES & LOCATIONS

Site (2) Name:

↪ Please list the accessibility features available at this location

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Fully Accessible | <input type="checkbox"/> Limited Access | <input type="checkbox"/> No Access |
| <input type="checkbox"/> Designated Parking | <input type="checkbox"/> Full Wheelchair Access | <input type="checkbox"/> Elevators |

Site Address :

Line 2:

City:

State:

Zip Code:



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Is this location confidential? Yes No

Is this location close to public transportation? Yes No

Site Phone Number: Fax:

TDD/TTY: Other:

Other (Please include Type: Intake, Toll Free, Cell, ect.):

Site or Service Contact Name: **Title:**

Phone Number: Ext: E-Mail:

Specify if this location has different Eligibility, Programs and Services than the main office:

Eligibility	<input type="text"/>
Program	<input type="text"/>
Service	<input type="text"/>

Site (3) Name:

↳ Please list the accessibility features available at this location

- Fully Accessible Limited Access No Access
- Designated Parking Full Wheelchair Access Elevators

Site Address :

Line 2:

City: State: Zip Code:

Is this location confidential? Yes No

Is this location close to public transportation? Yes No



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Site Phone Number:

Fax:

TDD/TTY:

Other:

Other (Please include Type: Intake, Toll Free, Cell, ect.):

Site or Service Contact Name:

Title:

Phone Number:

Ext:

E-Mail:

Specify if this location has different Eligibility, Programs and Services than the main office:

Eligibility

Program

Service

*****Please attach all requested information for additional Sites and Location*****

ACKNOWLEDGEMENT



I, attest that the information provided on behalf of our agency/organization is true and accurate. I also understand and agree that misrepresentation or omission of pertinent information regarding the agency and/or services provided will result in the deletion of the agency or organization from the database without notice. Furthermore, it is acknowledged and understood that participation in the statewide database does not constitute an endorsement of the agency by the Department of Elder Affairs or by the Aging & Disability Resource Centers in Florida.

Enter contact information for the person completing the survey

First Name

Last Name

Title

Email

All contact information is required.

***** Your e-mail address is verifiable as belonging and unique to you, your password to**



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access your e-mail is also unique and known only to you, thus meeting the requirements required to verify that this document captures and preserves your intent , consent, understanding of the above statement ***

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