

FACILITY DATA TELEPHONE SURVEY

CRITERIA	FACILITY 1	FACILITY 2
Name of Facility		
Contact Person		
Phone Number		
Number of Beds		
Medicare Certified		
Medicaid Certified		
Daily Rate		
Additional Charges:		
Pharmacy		
Laundry		
Incontinency		
Wheelchair		
Hairdresser		
Special Diet		
Other ()		
Waiting List		
Private Length of time		
Medicaid Length of time		
Security Deposit Amount		

NOTES: