

Nursing Facility - Assisted Living Facility Survey

Your Tribal Council is conducting a Feasibility Study to determine the need and demand for a Nursing Facility and/or Assisted Living Facility in the Community to serve the Prairie Band Potawatomi Nation elders and disabled.

By filling out this survey you are helping the Nation make an informed decision that will impact our elders and those with disabilities.



Name: _____ (optional)

1) Do you have a family member who resides in a nursing home?

Yes **No**

If you marked yes, what is the address of the nursing facility?

Facility Name: _____

City/State: _____

2) Do you believe this person would be interested in residing in a Tribally owned and operated nursing facility in PBPN?

Yes **No**

3) Do you have a family member who resides in an assisted living facility?

Yes **No**

If you marked yes, what is the address of the assisted living facility?

Facility Name: _____

City/State: _____

4) Are you providing home care services currently?

Yes **No**

5) If yes how many people are you providing services to? _____

6) Do you anticipate that the individual getting home care service would require their needs to be met in a nursing home or assisted living facility in the future?

Yes **No**

7) Do you believe this person would be interested in residing in a Tribally owned and operated nursing home or assisted living facility in PBPN?

Yes **No**

8) Are you filling out the survey for:

Yourself **Someone else**

9) If you are filling it out for someone else are they also going to fill out the survey:

Yes **No** **I am not sure**

10) Sex:

Male **Female**

11) Age:

Under 55 **55-64** **65-74** **75-84** **85+**

12) Income category of individual.

Less than \$15,000 **\$15,000-\$24,000** **\$25,000-\$34,000**
 \$35,000-\$44,000 **\$45,000-\$54,000** **\$55,000-\$64,000**
 \$65,000-\$74,000 **\$75,000+**

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13) Does this individual have a disability?

- Yes** **No**

14) Does this individual have a health issue?

- Yes** **No**

15) How important would it be for this person to have assistance with the following:

	highly important	somewhat important	not important
Getting Dressed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dialysis:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wound Treatment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory Care:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking/Mobility:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16) We anticipate having good wages and benefits. Do you know of tribal members that would be interested in employment at the Nation's facility?

- Yes** **No** **If Yes how many?** _____

17) The Nation is not able to pay for your care in a Long-term Care Facility. However, there are Federal and State programs that will assist tribal members with this cost. If your assets are over \$2,000.00 you would be required to spend down to \$2,000.00 in order to qualify. There is also a requirement that your monthly income not exceed \$747.00 or you would have to pay for a portion of the facility cost. Would you be willing to pay your share of cost to reside in the Nation's Long-term Care Facility? (If you go to a non-native facility you would also need to meet these requirements.)

- Yes** **No**

18) Would you be interested in respite care services? Respite care would allow the care giver a couple of weeks or a weekend off once in a while.

- Yes** **No**

19) Do you have any additional comments?

Please Return This Survey to the Tribal office with the enclosed envelope.