Inclusion/Exclusion Criteria

State of Florida
Aging and Disability Resource Centers
Integrated Statewide Information & Referral Database

Background information:

Florida's eleven Aging and Disability Resource Centers (ADRCs) have a long history as Elder Helplines serving persons aged 60 and above and those who care about them. The ADRCs now provide access to resources for adults with disabilities, elders, and their caregivers. The goal of the ADRCs is to help these consumers understand and navigate the complex web of services available through government funded programs, non-profit agencies, and for-profit businesses. Each ADRC also serves as the entry point for federally and state-funded services for elders and for Medicaid managed long-term care services for adults with a disability and elders.

Florida's ADRCs have a unique partnership, work in conjunction to serve their communities, and they share one state-wide resource database. The ADRCs maintain this database to help people find information, resources, and services that can provide assistance on a variety of issues, enabling seniors, grandparents raising grandchildren, persons with a disability, and caregivers to make informed decisions. To support this goal, Florida's ADRCs have set forth the following state-wide inclusion and exclusion guidelines for the Integrated State-wide Information and Referral Resource Database that they share.

I.   Minimum requirements:

These guidelines are uniformly applied so staff and the public are aware of the scope and limitations of the resource database.

The following are minimum requirements for inclusion by all ADRCs:

   a. Entity must have been conducting business for at least one (1) year.
   b. Entities, both private and public, must provide or coordinate health and human services for elders, adults with a disability, and their caregivers
   c. If required by the State of Florida or the federal government, the entity must maintain a license, certification, or registration
   d. Organizations located outside individual ADRC service areas will be considered for inclusion if they serve elders, adults with a disability, and their caregivers, or offer unique services that are not available in the service area.

II. **Examples of types of entities that may be included if they meet the minimum standards above.** (Note: Inclusion of a resource for a local service area is at the discretion of each individual ADRC)

   a. Government agencies.
   b. For-profit and not-for-profit businesses and organizations.
   c. Entities contracting with the Florida Department of Elder Affairs, an Area Agency on Aging/Aging and Disability Resource Center, Lead Agency, or the Florida Department of Children and Families to provide services.
   d. Medicare and/or Medicaid certified provider agencies or professional practitioners.
   e. Licensed adult day care centers and hospitals.
   f. Insurance companies authorized by the Department of Financial Services to transact business in Florida.
   g. Faith-based organizations, social clubs, professional organizations, volunteer organizations, advocacy groups, or support groups.
   h. Entities provide services, support, or information accessible via the Internet or by telephone.
   i. Age-restricted communities registered with the Florida Commission on Human Relations.
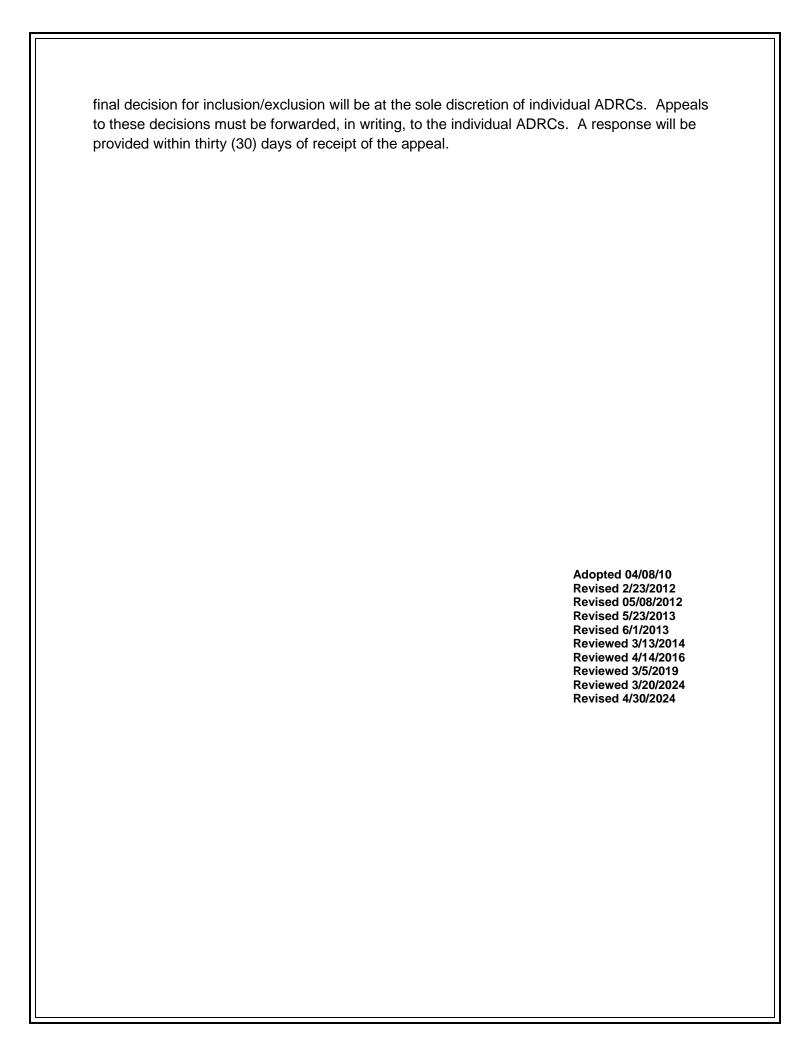   j. Websites that provide services or information relevant to seniors and/or persons with disabilities.

III. **The following criteria warrant exclusion/removal of otherwise eligible entities by all ADRCs:**

   a. Entities that do not obtain or maintain required governmental licensing, certification, or registration.
   b. Entities whose license, certification, or registration is suspended or revoked.
   c. Entities that refuse services based on age, color, race, religion, gender, nationality, disability, marital status, or any other basis prohibited by law.
   d. Entities that make material misrepresentation or omissions regarding services provided, licensing status, or any other pertinent matter.
   e. Entities who fail to respond to a request for updated information within the specified time.

IV. **Additional criteria for an individual ADRC**

   Additional resources and criteria may be specified here by individual ADRCs for their service area if the minimum statewide criteria are met.

Disclaimer: Inclusion in the statewide resource database does not constitute an endorsement of an organization, agency, or service by Florida's Aging and Disability Resource Centers (ADRCs). Exclusion does not constitute lack of endorsement. The information contained in the database was provided by the organizations and agencies. To ensure accuracy of resource information, Florida's ADRCs conduct annual updates of information based on feedback from the organizations and agencies listed in the resource database. Florida's ADRCs cannot guarantee the accuracy or completeness of the information. Florida's ADRCs reserve the right to edit information to meet format and space requirements. Only providers who meet the statewide inclusion/exclusion guidelines above will be included in the statewide database. The

final decision for inclusion/exclusion will be at the sole discretion of individual ADRCs. Appeals to these decisions must be forwarded, in writing, to the individual ADRCs. A response will be provided within thirty (30) days of receipt of the appeal.

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:
_____
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
Is this location close to public transportation? □ Yes □ No

Main/Toll Free Phone Number:
_____ Fax: _____
TDD/TTY: _____ Other: _____

Website:
_____
E-Mail:
_____

Agency Type: □ For Profit □ Non-Profit □ United Way Member □ Faith-Based

□ City □ County □State □ Federal □ Other

Please explain:
_____

CONTACT INFORMATION

Director Name:
_____Title:_____
Phone Number: _____Ext:_____ E-Mail:_____

Main Contact Name: _____Title:
_____
Phone Number: _____Ext:_____ E-Mail:
_____

Alternate 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

Month/Year Incorporated: _____

AGING & DISABILITY RESOURCE CENTERS
STATEWIDE INTEGRATED DATABASE APPLICATION
<u>**Please clearly fill out all items. If not applicable, please mark N/A.**</u>

☐ Primary / Main Office   ☐ OR Satellite Office/Site

Please list the accessibility features available at this location:
☐ Fully Accessible   ☐ Limited Access   ☐ No Access
☐ Designated Parking   ☐ Full Wheelchair Access   ☐ Elevators

Funded By: ☐ City Funding   ☐ County Funding   ☐State Funding   ☐ Federal Funding
☐ Fees   ☐ United Way   ☐ Fund Raising   ☐Donations   ☐ Private Funding
☐ Other Please explain:
_____

AGENCY OVERVIEW

Brief Agency Description:
_____
_____
_____
_____

Days and Hours of Operation:
_____

Service Area (City/County):
_____
_____
_____

Languages Spoken: ☐ English ☐ Spanish ☐ Creole ☐ Other(s)
_____

Fees / Payment Options: ☐ Private Pay/Fee for Service   ☐ Private Insurance
☐ Medicare   ☐ Medicaid   ☐ Other
_____

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 _____ to _____   ☐ Women Only   ☐ Men Only ☐Alzheimer's/Dementia   ☐ Other
_____

-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

☐ Other
_____

PROGRAMS AND SERVICES

Name of Service/Program (1):
_____

Service Description:
_____
_____
_____

Eligibility / Criteria:
_____
_____
_____

Intake Procedures
_____
_____

Name of Service/Program (2):
_____

Service Description:
_____
_____
_____
_____

Eligibility / Criteria:
_____
_____
_____

Intake Procedures
_____
_____

Please attach all requested information for any additional Programs / Services

OTHER SITES & LOCATIONS

Site (2) Name:

_____
___
☐ Primary / Main Office   ☐ OR Satellite Office/Site

Please list the accessibility features available at this location:
☐ Fully Accessible   ☐ Limited Access   ☐ No Access
☐ Designated Parking   ☐ Full Wheelchair Access ☐ Elevators

Site Address:

_____
City: _____ State: _____ Zip Code:
_____ Is this location confidential? □ Yes □ No
Is this location close to public transportation? □ Yes □ No

AGING & DISABILITY RESOURCE CENTERS
STATEWIDE INTEGRATED DATABASE APPLICATION
Please clearly fill out all items. If not applicable, please mark N/A.

Site Phone Number(s) – *Please indicate Phone Type* (Intake, Toll Free, Cell, etc.):
(1) _____ (2) _____ (3)
_____

Site or Service Contact:
_____

_

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

Site (3) Name:
_____
___
☐ Primary / Main Office   ☐ OR Satellite Office/Site

Please list the accessibility features available at this location:
☐ Fully Accessible   ☐ Limited Access   ☐ No Access
☐ Designated Parking   ☐ Full Wheelchair Access   ☐ Elevators

Site Address:
_____
City: _____ State: _____ Zip Code:
_____ Is this location confidential? ☐ Yes ☐ No
Is this location close to public transportation? ☐ Yes ☐ No

Site Phone Number(s) – *Please indicate Phone Type* (Intake, Toll Free, Cell, etc.):
(1) _____ (2) _____ (3)
_____
Site or Service Contact:
_____
Specify if this location has different Eligibility, Programs and Services than the main office:
_____
_____
_____
____*****Please attach all requested information for any additional Sites /
Locations*****

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.

Signature_____

Title _____ Date: _____

*** This form must be signed before information can be entered in Refer Database ***

Instructions: Please provide all information requested; incomplete applications will be returned and not processed. If a question does not apply to your organization, indicate by marking N/A. **A copy of your most current business or Agency for Health Care Administration license(s) must be attached.** Completed applications can be returned by email to parksa@adrcbroward.org or by mail at the below address:

> Aging and Disability Resource Center
> Attn: Resource Specialist
> 5300 Hiatus Rd
> Sunrise, FL 33351

If you have any questions about the application, please contact Amy Parks at (954) 745-9567.