



# Allen County Residential Medical Facility Survey

**Allen County Assessor - Stacey O'Day**

Rousseau Centre, 1 E Main Street Suite 415

Fort Wayne IN 46802

Ph 260-449-7501 Fax 260-449-3115

### Section A: Owner/Filer Information

Owner Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Section B: Property Information

Franchise Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Gross Sq Ft: \_\_\_\_\_

Parcel(s): \_\_\_\_\_

### Section C: Reporting Info

#### 1. Bed Count

For 2018: Total # of Beds: \_\_\_\_\_ Potential Patient Days: \_\_\_\_\_ Actual Patient Days: \_\_\_\_\_

For 2019: Total # of Beds: \_\_\_\_\_ Potential Patient Days: \_\_\_\_\_ Actual Patient Days: \_\_\_\_\_

For 2020: Total # of Beds: \_\_\_\_\_ Potential Patient Days: \_\_\_\_\_ Actual Patient Days: \_\_\_\_\_

#### 2. Facility Type

Skilled Nursing: \_\_\_\_\_ %      Memory Care: \_\_\_\_\_ %      Assisted Living: \_\_\_\_\_ %  
Independent Living: \_\_\_\_\_ %      Other: \_\_\_\_\_ %

#### 3. Overall Occupancy Rate (2020)

Medicare Part A: \_\_\_\_\_ %      Medicaid: \_\_\_\_\_ %      Private & Other: \_\_\_\_\_ %  
Managed Care: \_\_\_\_\_ %      Assisted Living: \_\_\_\_\_ %

#### 4. Amenities Offered: (Yes/No)

Dining Room: \_\_\_\_\_      Library: \_\_\_\_\_      Physical Therapy: \_\_\_\_\_  
Activity Room: \_\_\_\_\_      Other: \_\_\_\_\_

#### 5. Furnished Rooms:

Number Provided: \_\_\_\_\_

#### 6. Units unable to be occupied:

Number: \_\_\_\_\_

Reason: \_\_\_\_\_

**5. Please submit your last three years (2018, 2019, & 2020) Income & Expense information to complete this filing.**

All information including the accompanying schedules and statements have been examined by me and to the best of my knowledge and belief are true, correct, and complete.	
Contact Person:	_____
Management Firm (if applicable)	_____
Address:	_____
Phone:	_____
Signature:	Title: _____ Date: _____