



Program Fact Sheet

Please complete a separate Fact Sheet for each program.

Please send this form to the office of your choice

Boston Arbor Associates, 15 Court Square, Suite 1050, Boston, MA 02108

Worcester Arbor Associates, 51 Union Street, Worcester, MA 01608

Providence Arbor Associates, 1 Richmond Square, Suite 114K, Providence, RI 02906

1. Name of organization _____
2. Phone _____
- 2a. Organization Web-Site http// _____
- 2b. E-mail _____
3. Program Name _____
4. Program Phone _____
5. Program Address _____
City _____ State _____ Zip Code _____
6. Program Fax _____
7. Pager # _____
- 7a. E-mail Address _____
8. Type of Program Residential Vocational Respite Care Hospital Special Education
 Other (please describe) _____
- 8a. Is the program Locked Staff Secure Consumer Independent Other _____

9. Program Description _____

10. Type of Consumer(s) _____
11. Age Range _____
12. Functioning Level _____
13. # of Consumers _____
14. Staff/Consumer Ratio Days _____ Evenings _____ Overnights _____
- 14a. Shift Times – Day (1st shift) _____ Evenings (2nd shift) _____ Overnights (3rd shift) _____
15. Treatment Method/Program Philosophy/Protocols _____

16. Does your program use physical intervention for behavior modification? Yes No

16a. Will ARBOR Staff required to restrain? Yes No

17. If "Yes" to question 16a,

What type of physical intervention is required? TCI CPI NVSD PAC SOLVE

Other (please list) _____

18. Special Consumer Challenges (i.e. behavioral, medical) _____

19. Brief Job Description (please attach Job Description/Competency Requirements) _____

20. Essential Skills Required MAP (Med-Cert) CPR First Aid Hygiene Lifting

List additional skills required _____

21. List your authorized contact staff who will be requesting ARBOR's services

1. Name _____ Title _____

2. Name _____ Title _____

3. Name _____ Title _____

22. Complete the transportation directions in as much detail as possible by car and public transportation, if applicable. The directions you give are the directions we will give our staff to get to your program. Please give an approximation of miles, landmarks, colors of the building or house, major highways and bus numbers. Please use additional paper if necessary.

Directions by Car (ALSO, please include landmarks, building description and entrance procedures Ex Program is a white house w/black shutters next to a post-office. ARBOR Staff should ring doorbell and wait to be let inside by Program Staff.

Is parking available? Yes No Where? _____

Directions by MBTA (bus and/or subway) _____

23. Is an orientation manual on the site for our staff? Yes No Where? _____

24. What are procedures in an emergency situation? _____

25. Whodowecall? _____ Phone _____ Pager _____

26. Where are the emergency procedures located on site? _____

27. **Fact Sheet completed by**

Name _____

Title _____ Date ____/____/____