



Aging & Wellness Services Referral Application

If you would like us to have information about your agency or service, please complete the application below. Please be aware that completion of the form is not a guarantee of receiving referrals. Return the completed form to:

Jewish Family Service – Turk Family Center

ATTN: Aging & Wellness Services

8804 Balboa Ave., San Diego, CA 92123

You may also email this form to miriamt@jfssd.org

Date:
Agency name:
Person completing form:
Title of person completing form:
Contact number:
Email address:
Owner name:
Agency address:
Agency phone number:
Agency website:
Agency email address:



Are you involved in your surrounding communities? Yes No
 If yes, describe how you are involved:

Are you a member of the Better Business Bureau? Yes No
 If yes, how long and what is your rating?

Do you belong to any organizations (CAHSAH, ABHC)? Yes No
 If not, why not?

Organization		Inception date	
Organization		Inception date	

How long have you been in business in San Diego?

What are your business goals and objectives? How are these measured?

What are your fees and hourly minimums?

Can there be a discount for clients of Jewish Family Service? Yes No
 If yes, what would it be?

THIS PAGE: HOME CARE AGENCIES ONLY

Does your agency perform background checks, including drug testing and DMV records? Yes No

Do you carry general liability insurance and Worker's compensation insurance? Yes No

Type		Amount	
Type		Amount	

Are all the care takers covered by this policy? Yes No

Do your employees receive any type of training? Yes No
If yes, what type?

Do you have Jewish care givers? Yes No

Do you have Russian speaking care givers? Yes No

How many years of experience do your care givers have?

Do your employees receive any training regarding older adults? Yes No
If yes, what type?

Is a license available for your employees? Yes No

License number		Expiration	
License number		Expiration	

Do you have any eligibility requirements? Yes No
If yes, what are the requirements?



What is the turnaround time to receive services from first point of contact?

What is your definition of high quality care? How is this met?

In your opinion, why do you stand out above your competitors?

Have you worked with other social service agencies? Yes No
If so, which agencies?

Have you ever referred to Jewish Family Service's programs? Yes No

Are you interested in learning about additional opportunities to collaborate with Jewish Family Service (i.e., sponsoring events, newsletter advertising)? Yes No

Signature

I authorize the verification of the information provided on this form and assert its truth and accuracy. I also understand that in order to maintain the validity of this application, agencies are required to inform of any changes to the program or site within 30 days to ensure accurate and up to date information. I understand that Jewish Family Service has sole discretion to determine inclusion/exclusion based on the information provided. Furthermore, I agree to submit all forms of proof of licensure, insurances, and relevant certificates by regulating agencies. All Applications will be processed within 30 days.

SIGNATURE		DATE	
TITLE		PHONE	