

Date: _____

CLEARWAY FOUNDATION, INC.

QUESTIONNAIRE FOR CHRISTIAN SCIENCE NURSING FACILITIES

1. Please provide a brief history of when and how your facility was established.

2. Does your facility only accept Christian Scientists? If not, please explain your admittance requirements.

3. Will you please indicate which of the following services you provide and the percentage of your facility's space utilized by each service. (Refer to page 4 for a description of the services.)

Description of Service	Percentage %
a. Christian Science Nursing Care	_____
b. Christian Science Care	_____
c. Assisted Living / Sheltered Care	_____
d. Independent Living	_____
e. Rest and Study	_____
f. Other (Explain _____)	_____

4. What constitutes your governing body?

5. For each type of care that you provide (see question 3), please answer these questions:

A. Type of care:

a. How many patients can
you care for at any one time

_____.

b. What is your occupancy*
rate now? _____

Prior year? _____

c. What are your
staffing requirements?

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a. How many patients can
you care for at any one time

_____.

b. What is your occupancy*
rate now? _____

Prior year? _____

c. What are your
staffing requirements?

*If there was a major change, please explain on the back side of this page.

6. What are your most pressing needs at this time?

7. What are your long range goals?

8. Briefly describe what you believe must be done to meet your short term and long term goals.

9. How do you currently obtain funds to operate your facility?

10. How do you finance benevolence? What percentage of patient care fees are currently being met through benevolence?

11. Are you an approved charitable non-profit organization? (Tax deductible as per IRS and State codes?) Please attach a copy of your non-profit certification.

12. Please provide a current financial statement, plus financial statements for the last two full years.

Thank you for your time and thought
in preparing this questionnaire.
It will help Clearway Foundation more objectively
evaluate your request for financial assistance.

_____	_____
print name	title
_____	_____
signature	date

CLEARWAY FOUNDATION, INC.
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TYPES OF CARE PROVIDED BY CARE FACILITIES SERVING CHRISTIAN SCIENTISTS

Individual Care Facilities may not offer all of these types of care;
some may define the terms differently; definitions may also be used
for in-home care by a visiting nurse.

Christian Science Nursing: This term usually designates the most acute or intensive level of care. It usually means the patient is in need of skilled, intensive nursing care by experienced *Journal*-listed nurses. Care at this level is considered eligible for Medicare benefits.

Christian Science Care: This term designates a level of care that requires "light nursing", not of the same intensity as Christian Science Nursing. It does not require care by *Journal*-listed nurses, but usually gets oversight from one. Usually short term.

Assisted Living / Sheltered Care: These terms designate a level of care for those, often the elderly, who can't dress themselves, prepare meals, and / or need some assistance in performing the normal tasks of daily living. Patients may move between Assisted Living and Christian Science Care as the need requires.

Independent Living: This term designates a level of service for those who can perform the full range of normal daily activities, but prefer the loving care and atmosphere of a Christian Science Facility. Usually one or more meals are prepared by the facility.

Rest and Study: This term designates a level of service for people who are completely independent and have no nursing needs, and who use the facility much like a hotel (housekeeping, meals, etc.) with the bonus feature of access to study materials and supportive Christian Science atmosphere for spiritual renewal.

Note: These may not be the definitions of the types of care provided by care facilities serving Christian Scientists, but they should be a guide to the types of care offered. Your feedback would be appreciated.

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