

Date: \_\_\_\_\_

**CLEARWAY FOUNDATION, INC.**

**QUESTIONNAIRE FOR VISITING NURSE SERVICES**

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

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2. How is your organization legally established? How governed? Please provide copy of Internal Revenue Service letter granting 501(c)(3) status.

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3. Does your nursing service care for only practicing Christian Scientists? If not, please explain your policies in regards to accepting cases. Must the patient be under the care of a Christian Science Practitioner? If not, what are the circumstances in which you will accept the case?

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4. How many nurses do you have on staff? How many of your nurses are listed in the Christian Science Journal?

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5. What are the costs of your visiting nurse service?

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6. In general terms, how many hours per day does a nurse spend with an individual patient? Is the number of visits for individual care limited?

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7. Approximately how many phone calls are received per month requesting the use of your services?

\_\_\_\_\_ How many requesting information on how to take care of someone, obtain supplies, etc.? \_\_\_\_\_

8. For each nurse on your staff, approximately how many visits are made per month? \_\_\_\_\_.

What percentage of their time is spent providing information per month? \_\_\_\_\_. What is the average distance each nurse travels to provide patient care? \_\_\_\_\_. What is the greatest distance each nurse will travel to provide patient care? \_\_\_\_\_.

9. Please give a brief summary of the duties, responsibilities and care given to patients by nurses on staff.

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10. How do you fund benevolence? What percent of fees are met through benevolence?

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