

Date: _____

CLEARWAY FOUNDATION, INC.

QUESTIONNAIRE FOR VISITING NURSE SERVICES

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

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

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?

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

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

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?

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.

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

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

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

13. Is obtaining qualified nurses a problem? _____. If so, what steps are being taken to obtain qualified nurses?

14. Are there established care facilities for Christian Scientists in your area? _____. If so, please give name, address and telephone number.

15. Please provide financial statements for the last two years, Please included a cover letter providing the name(s) and telephone number(s) of person(s) completing the questionnaire. If available, please include a brochure covering your services.

Print name

Title

Signature

Date

CLEARWAY FOUNDATION, INC.

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