

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

**CLEARWAY FOUNDATION, INC.**

**QUESTIONNAIRE FOR CHRISTIAN SCIENCE NURSING FACILITIES**

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

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

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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?

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

A. Type of care:

B. Type of care:

C. Type of care:

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

b. What is your occupancy\*  
Right now? \_\_\_\_\_  
Prior year? \_\_\_\_\_

\_\_\_\_\_

b. What is your occupancy\*  
Right now? \_\_\_\_\_  
Prior year? \_\_\_\_\_

\_\_\_\_\_

b. What is your occupancy\*  
Right now? \_\_\_\_\_  
Prior year? \_\_\_\_\_

c. What are your staffing requirements?

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\*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.

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

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

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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.

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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.

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Print name

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Title

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Signature

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Date

**CLEARWAY FOUNDATION, INC.**

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