

The Guide 2011-2012

A Directory of Senior Programs and Services in Lane County

RESIDENTIAL CARE FACILITIES COMPARISON GUIDE UPDATE FORM

Please complete the form below legibly using blue or black ink and mail it back to The Bowlin-Johannes Group's mailing address or return it via fax **by November 15, 2010.**

Business Name _____

Phone _____

Address _____

Medicaid Contact circle one Yes No

Alzheimer's Endorsement circle one Yes No

Number of Beds _____

Basic Cost per Month subject to change _____

Private Room circle one Yes No

Semi-Private Room circle one Yes No

Private Bath circle one Yes No

Semi-Private Bath circle one Yes No

Medical Focus _____

Nursing Staff (RN and/or LPN, GNP, state availability of days/hours) _____

Respite Care circle one Yes No

Day Care circle one Yes No

Small Pets with Approval circle one Yes No

Designated Outside Smoking Space circle one Yes No



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