

Monrovia Providers Group Membership Questionnaire



Dear MPG member,

The MPG Outreach Committee is planning a major update of MPG's website. Please answer the following questions and send your response to Monrovia Community Services Commissioner Gloria Crudginton, gloria@crudg.com, and thanks for your timely response by 7/14/2010. Your answers will guide us in making MPG's website more user friendly as more seniors and caregivers are directed to MPG's website.

Your company name: _____

Company address: _____

Phone number: _____

Contact person: _____

E-mail address: _____

Business website address: _____

Type(s) of Business Licenses: _____

Business licenses(s) Number(s): _____

Is (are) your professional license(s) current? YES NO

Is your membership in the Monrovia Provider's Group current? YES NO

In approximately 50 words or less, in plain English using NO INDUSTRY JARGON, what does your company provide?

Which of these categories applies to your business? (As many as you want)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Accessibility Equipment | <input type="checkbox"/> Funeral Pre-Arrangements | <input type="checkbox"/> Legal - Elder Law | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Geriatric Care Management | <input type="checkbox"/> Legal - Mediation | <input type="checkbox"/> Physicians |
| <input type="checkbox"/> Alzheimer's/Dementia Care | <input type="checkbox"/> Hearing Aids/Audiology | <input type="checkbox"/> Legal - Medi-Cal Planning | <input type="checkbox"/> Placement Services |
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Home Accessibility | <input type="checkbox"/> Med. Equip. & Supplies | <input type="checkbox"/> Psychotherapy |
| <input type="checkbox"/> Brain Fitness | <input type="checkbox"/> Home Care (non-medical) | <input type="checkbox"/> Med. Providers - Mobile | <input type="checkbox"/> Pulmonary Therapies |
| <input type="checkbox"/> Cemetery Pre-Arrangements | <input type="checkbox"/> Home Repair/Handyman | <input type="checkbox"/> Money Matters | <input type="checkbox"/> Ramps/Lifts |
| <input type="checkbox"/> Chiropractors | <input type="checkbox"/> Hospice Care | <input type="checkbox"/> Move Management | <input type="checkbox"/> Real Estate - SRES |
| <input type="checkbox"/> Counselors | <input type="checkbox"/> House Calls | <input type="checkbox"/> Nursing Homes & Rehab | <input type="checkbox"/> Reverse Mortgage |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Independent Living | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Spiritual Care |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Ins. - Health & Life | <input type="checkbox"/> Paying for Care | <input type="checkbox"/> Stair chairs/Elevators |
| <input type="checkbox"/> Food/Nutrition | <input type="checkbox"/> Ins. - Long Term Care | <input type="checkbox"/> Pet Sitting & Care | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Foot Care - Podiatry | <input type="checkbox"/> Ins. - Medicare Advantage | <input type="checkbox"/> Pharmacy | |

Are there more categories pertaining to your business that you think should be on the above list?

Any other services you provide that you would like to mention?

Thank you for taking the time to respond to this questionnaire!