



# Inclusion/Exclusion Criteria

State of Florida

## Aging and Disability Resource Centers

### Integrated Statewide Information & Referral Database

#### **Background information:**

Florida's eleven Aging and Disability Resource Centers (ADRCs) have a long history as Elder Helplines serving persons age 60 and above and those who care about them. The ADRCs now provide access to resources for adults with disabilities, elders, and their caregivers. The goal of the ADRCs is to help these consumers understand and navigate the complex web of services available through government funded programs, non-profit agencies, and for-profit businesses. Each ADRC also serves as the entry point for federally and state-funded services for elders and for Medicaid managed long-term care services for adults with a disability and elders.

Florida's ADRCs have a unique partnership, work in conjunction to serve their communities, and they share one statewide resource database. The ADRCs maintain this database to help people find information, resources, and services that can provide assistance on a variety of issues, enabling seniors, grandparents raising grandchildren, persons with a disability, and caregivers to make informed decisions. To support this goal, Florida's ADRCs have set forth the following statewide inclusion and exclusion guidelines for the Integrated State-wide Information and Referral Resource Database that they share.

#### **I. Minimum requirements:**

These guidelines are uniformly applied so staff and the public are aware of the scope and limitations of the resource database.

The following are minimum requirements for inclusion by all ADRCs:

- a. Entity must have been conducting business for at least one (1) year.
- b. Entities, both private and public, must provide or coordinate health and human services for elders, adults with a disability, and their caregivers
- c. If required by the State of Florida or the federal government, the entity must maintain a license, certification, or registration.
- d. Organizations located outside individual ADRC service areas will be considered for inclusion if they serve elders, adults with a disability, and their caregivers, or offer unique services that are not available in the service area.

#### **II. Examples of types of entities that may be included if they meet the minimum standards above.** (Note: Inclusion of a resource for a local service area is at the discretion of each individual ADRC)

- a. Government agencies.

- b. For-profit and not-for-profit businesses and organizations.
- c. Entities contracting with the Florida Department of Elder Affairs, an Area Agency on Aging/Aging and Disability Resource Center, Lead Agency, or the Florida Department of Children and Families to provide services.
- d. Medicare and/or Medicaid certified provider agencies or professional practitioners.
- e. Licensed health care facilities and providers (e.g., hospitals, nursing homes, assisted living facilities, adult day care centers, home health agencies, etc.).
- f. Insurance companies authorized by the Department of Financial Services to transact business in Florida.
- g. Faith-based organizations, social clubs, professional organizations, volunteer organizations, advocacy groups, or support groups.
- h. Entities providing services, support, or information accessible via the Internet or by telephone.
- i. Age-restricted communities registered with the Florida Commission on Human Relations.
- j. Websites that provide services or information relevant to seniors and/or persons with disabilities.

**III. The following criteria warrant exclusion/removal of otherwise eligible entities by all ADRCs:**

- a. Entities that do not obtain or maintain required governmental licensing, certification, or registration.
- b. Entities whose license, certification, or registration is suspended or revoked.
- c. Entities that refuse services on the basis of age, color, race, religion, gender, nationality, disability, marital status, or any other basis prohibited by law.
- d. Entities that make material misrepresentation or omissions regarding services provided, licensing status, or any other pertinent matter.
- e. Entities who fail to respond to a request for updated information within the specified time.

**IV. Additional criteria for an individual ADRC**

Additional resources and criteria may be specified here by individual ADRCs for their service area as long as the minimum statewide criteria are met.

**Disclaimer:** Inclusion in the statewide resource database does not constitute an endorsement of an organization, agency, or service by Florida's Aging and Disability Resource Centers (ADRCs). Exclusion does not constitute lack of endorsement. The information contained in the database was provided by the organizations and agencies. To ensure accuracy of resource information, Florida's ADRCs conduct annual updates of information based on feedback from the organizations and agencies listed in the resource database. Florida's ADRCs cannot guarantee the accuracy or completeness of the information. Florida's ADRCs reserve the right to edit information to meet format and space requirements. Only providers who meet the

statewide inclusion/exclusion guidelines above will be included in the statewide database. Final decision for inclusion/exclusion will be at the sole discretion of individual ADRCs. Appeals to these decisions must be forwarded, in writing, to the individual ADRCs. A response will be provided within thirty (30) days of receipt of appeal.

**Adopted 04/08/10**  
**Revised 2/23/2012**  
**Revised 05/08/2012**  
**Revised 5/23/2013**  
**Revised 6/1/2013**  
**Reviewed 3/13/2014**  
**Reviewed 4/14/2016**  
**Reviewed 3/5/2019**

Please clearly fill out all items and sign on last page. If not applicable, please mark N/A.

After completion, please send By mail to: **Senior Resource Alliance/Area Agency on Aging of Central Florida/Aging and Disability Resource Center**

**By fax to: 407-206-8381 By email to: samantha.billings@sraflorida.org**

For questions, call 407-514-1800 or 1800-96ELDER

**YOUR CONTACT INFORMATION (Person completing this form.)**

Name:	Title:
Telephone:	Email:

**AGENCY INFORMATION**

Agency Legal Name: \_\_\_\_\_

Also known as: \_\_\_\_\_

Physical Address: Confidential? <input type="checkbox"/>	Mailing Address (if different): Confidential? <input type="checkbox"/>
Line 1:	Line1:
Line 2:	Line 2:
City, State, Zip:	City, State, Zip:

**PHONE & OTHER CONTACT INFORMATION**

<b>Main Contact Name:</b>	<b>Title:</b>	<b>Phone:</b>
<b>Email:</b> _____		
<b>Director Name:</b>	<b>Title:</b>	<b>Phone:</b>
<b>Email:</b> _____		
<b>Fax:</b>	<b>Main/Toll Free Number:</b> _____	
<b>Website:</b>	<b>TDD/TTY:</b> _____	

Agency Type (check one): For Profit Non-Profit United Way Member Faith-Based City  
County State Federal Other: \_\_\_\_\_  
 IRS Status: \_\_\_\_\_ Tax ID: \_\_\_\_\_ License #: \_\_\_\_\_ (Attach copy of license)

Funding Source: City County State Federal Fee for Service United Way  
Fund Raising Donations Private Other: \_\_\_\_\_

Has your organization been in business at least one year? Yes No **Month/Year Incorporated:** \_\_\_\_\_

Accessibility Features: Fully Accessible Limited Access Designated Parking  
Full Wheelchair Access Elevators No Access Close to public transportation?

Programs available at this location:  
 \_\_\_\_\_  
 \_\_\_\_\_

**AGENCY & SERVICES OVERVIEW**

**Briefly describe services available at this location** (attach additional sheets, if needed):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AGING & DISABILITY RESOURCE CENTERS STATEWIDE INTEGRATED DATABASE APPLICATION**

Office Hours:
Eligibility:
Intake Procedures:
Fees:
Payment Options Available: <input type="checkbox"/> Private Pay <input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other: _____
Languages Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Other: _____
<i>The information below is obtained solely to better match client needs with the appropriate service providers and will not affect your application to enlist in our database as a resource.</i>
Population served: <input type="checkbox"/> 18+ <input type="checkbox"/> Specific Ages _____ to _____ <input type="checkbox"/> Women Only <input type="checkbox"/> Men Only <input type="checkbox"/> Alzheimer's/Dementia <input type="checkbox"/> LGBTQ <input type="checkbox"/> Other _____
Do you offer discounted pricing or a sliding fee for seniors/disabled adults? <input type="checkbox"/> Yes <input type="checkbox"/> No   Explain:
Would you be willing to offer any pro bono services on a short term basis? <input type="checkbox"/> Yes <input type="checkbox"/> No   Explain:
Service Area (City & County):

**OTHER LOCATION(S) INFORMATION:**

DO NOT complete this section if you only have one location. Use additional sheets, if needed, for additional locations

<b>Physical Address:</b> Confidential? <input type="checkbox"/>	<b>Mailing Address:</b> Confidential? <input type="checkbox"/>
Line 1:	Line 1:
Line 2:	Line 2:
City, State, Zip:	City, State, Zip:
<b>Location Overview</b>	
Main Phone/Reception:	
Public Email:	
Website:	
Accessibility Features: <input type="checkbox"/> Fully Accessible <input type="checkbox"/> Limited Access <input type="checkbox"/> Designated Parking <input type="checkbox"/> Full Wheelchair Access <input type="checkbox"/> Elevators <input type="checkbox"/> No Access <input type="checkbox"/> Close to Public Transportation?	
Office Hours:	
Eligibility:	
Intake Procedures:	

AGING & DISABILITY RESOURCE CENTERS STATEWIDE INTEGRATED DATABASE APPLICATION

Fees:
Payment Options Available: <input type="checkbox"/> Private Pay <input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other: _____
Programs available at this location:
Service Area (City & County):
Services available at this location:

Any additional details or information about your agency?
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**ACKNOWLEDGMENT**

I, \_\_\_\_\_ attest that the information provided on behalf of our agency/organization is true and accurate. I also understand and agree that misrepresentation or omission of pertinent information regarding the agency and/or services provided will result in the deletion of the agency or organization from the database without notice. Furthermore, it is acknowledged and understood that participation in the statewide database does not constitute an endorsement of the agency by the Department of Elder Affairs or by the Aging & Disability Resource Centers in Florida.

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*This form must be signed before information can be entered in Refer Database\*\*\***