

Warm Hearts Network
Facility Questionnaire



Date:

Facility:

Address where visits will occur:

Facility Point of Contact Name:

POC Phone:

POC Email:

1. Request for on-going visits or one time?
2. What do you envision for visits to your facility (one-on-one; group, activities)?
3. Who will be visited? (Age group/ activity levels)
4. Where will visits occur (classroom, day room, inside/outside, other)?
5. What special considerations should a visiting team be aware of (noisy equipment, odors, food trays, medications, etc.)?
6. Where will the Visiting Team park (visitor parking, designated space, etc.)
7. Where may the visiting dog to relieve him/herself?

Thank you for your time in completing this questionnaire.
Warm Hearts will make every effort to find the perfect Team to visit your facility
Should you have any questions or concerns, please contact
Paula Willis pwcinnamon@comcast.