



National Post-Acute and Long-Term Care Study 2022 Adult Day Services Center Questionnaire

The Centers for Disease Control and Prevention conducts the National Post-Acute and Long-Term Care Study (NPALS). Please complete this questionnaire about the adult day services center at the location listed below.

- **Due to the COVID-19 pandemic, we understand services at this center may be temporarily or permanently suspended, reduced, or offered through alternative methods, and fewer people may be receiving services on a regular basis. Although some questions may be difficult to answer at this time, please complete the survey to the best of your ability.**
- If this adult day services center is associated with another adult day services center or is part of a facility or campus that offers multiple levels of care, please answer only for the adult day services portion operating at the location listed below.
- Please consult records and other staff as needed to answer questions.
- If you need assistance or have questions, go to <https://www.cdc.gov/nchs/npals/index.htm> or call 1-XXX-XXX-XXXX.
- **Thank you for taking the time to complete this questionnaire.**

CASE ID
DIRECTOR'S NAME OR "CURRENT DIRECTOR"
FACILITY NAME, LICENSE NUMBER
FACILITY PHYSICAL STREET ADDRESS
CITY, ST ZIP

We would like to keep your name, telephone number, work e-mail address, and job title for possible contact related to participation in current and future NPALS waves. Your contact information will be kept confidential and will not be shared with anyone outside this project team. PLEASE PRINT

Your name	First Name	<input type="text"/>	Last Name	<input type="text"/>
Your work telephone number, with	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ext. <input type="text"/>
Your work e-mail address	<input type="text"/>			
Your job title	<input type="text"/>			

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National Center for Health Statistics
 Division of Health Care Statistics



Public Health Service Act (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2018 (CIPSEA Pub. L. No. 115-435, 132 Stat. 5529 § 302). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 and 151 note) which protects Federal information systems from cybersecurity risks by screening their networks.

1. What is the type of ownership of this adult day services center? MARK ONLY ONE ANSWER

- Private—nonprofit
- Private—for profit
- Publicly traded company or limited liability company (LLC)
- Government—federal, state, county,

- Physical center is open—serving participants onsite, at place of
 - Physical center is temporarily closed—but serving participants at place of
 - Physical center is temporarily closed—not
 - Physical center is permanently closed—no longer serving
- } Skip to **question 36**

2. Is this adult day services center... MARK YES OR NO IN EACH ROW

	Y	N
a. licensed or certified by your State specifically to provide adult day services, or accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF)	<input type="radio"/>	<input type="radio"/>
b. authorized or otherwise set up to participate in Medicaid (Medicaid state plan, Medicaid waiver, or Medicaid managed care) or part of a Program of All-	<input type="radio"/>	<input type="radio"/>

→ If you answered "No" to both 2a and 2b, skip to **question 36**

3. What is the total number of participants currently enrolled at this adult day services center? Include all participants on this center's roster, no matter how frequently they attend, if they share an enrollment spot, or if the center has temporarily closed or suspended services due to COVID-19.

If none, enter "0."

Number of participants

→ If you answered "0," skip to **question 36**

4. Due to the challenges presented by COVID-19, many adult day services centers have altered how they serve their participants. Which of the following best describes the current operating status of this adult day services center? MARK ONLY ONE ANSWER

- Physical center is open—only serving participants onsite

5. Based on a typical week, what is the approximate average number of participants this adult day services center serves daily, either at this physical location, at the participant's residence, or virtually (on-line or by telephone)? If your center is temporarily closed due to COVID-19 and not serving participants at their residences or virtually, please report the average daily number you typically serve when you are open.

If none, enter "0."

Average daily attendance of

6. What is the maximum number of participants allowed at this adult day services center at this location? This may be called the allowable daily capacity and is usually determined by law or by fire code but may also be a program decision.

If none, enter "0."

Maximum number of participants allowed

7. Is this center owned by a person, group, or organization that owns or manages two or more adult day services centers? This may include a corporate chain.

- Yes
- No



8. Which one of the following best describes the participant needs that the services of this center are designed to meet? **MARK ONLY ONE ANSWER**

- ONLY social/recreational needs—NO health/medical needs
- PRIMARILY social/recreational needs and SOME health/medical needs
- EQUALLY social/recreational and health/medical needs
- PRIMARILY health/medical needs and SOME social/recreational needs
- ONLY health/medical needs— NO social/recreational needs

9. Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? Your entries should add up to 100%. Enter "0" for any sources that do not apply.

a. Medicaid (include revenue from Medicaid state plans, Medicaid waivers, Medicaid managed care, or California)	<input type="text"/> <input type="text"/> <input type="text"/> %
b. Medicare (include Medicare Advantage and Traditional or Original Medicare)	<input type="text"/> <input type="text"/> <input type="text"/> %
c. Older Americans Act/Title III	<input type="text"/> <input type="text"/> <input type="text"/> %
d. Veteran's Administration	<input type="text"/> <input type="text"/> <input type="text"/> %
e. Other federal, state or local government	<input type="text"/> <input type="text"/> <input type="text"/> %
f. Out-of-pocket payment by the participant or family	<input type="text"/> <input type="text"/> <input type="text"/> %
g. Private insurance	<input type="text"/> <input type="text"/> <input type="text"/> %
h. Other source	<input type="text"/> <input type="text"/> <input type="text"/> %
TOTAL	<input type="text"/> <input type="text"/> <input type="text"/> %

NOTE: Your entries should add up to 100%

10. An Electronic Health Record (EHR) is a computerized version of the participant's health and personal information used in the management of the participant's health care. Other than for accounting or billing purposes, does this adult day services center use Electronic Health Records?

Yes

No → Skip to **question 14**

11. What is the name of your Electronic Health Records system? MARK ALL THAT APPLY. IF OTHER IS CHECKED, PLEASE SPECIFY THE NAME.

- American HealthTech
- CADCARE (RTZ Systems)
- Eldermark
- MatrixCare
- PointClickCare
- Storricare
- WellSky (formerly ADS data systems)

Yardi

Don't know

12. Does this adult day services center's use Electronic Health Records for each of the following? MARK YES OR NO IN EACH ROW

	Ye	No
a. Record participant	<input type="radio"/>	<input type="radio"/>
b. Record clinical notes	<input type="radio"/>	<input type="radio"/>
c. Record participant medications and allergies	<input type="radio"/>	<input type="radio"/>
d. Record participant	<input type="radio"/>	<input type="radio"/>
e. Record individual service	<input type="radio"/>	<input type="radio"/>
f. View lab results	<input type="radio"/>	<input type="radio"/>
g. View imaging results	<input type="radio"/>	<input type="radio"/>
h. Order prescriptions	<input type="radio"/>	<input type="radio"/>

13. Does this adult day services center's computerized system support electronic health information exchange with each of the following providers? Do not include faxing. MARK YES OR NO IN EACH ROW

	Ye	No
a. Physician	<input type="radio"/>	<input type="radio"/>
b. Pharmacy	<input type="radio"/>	<input type="radio"/>
c. Hospital	<input type="radio"/>	<input type="radio"/>
d. Skilled nursing facility, nursing home, or inpatient rehabilitation facility	<input type="radio"/>	<input type="radio"/>
e. Other long term care	<input type="radio"/>	<input type="radio"/>

14. Is this a specialized center that serves only participants with particular diagnoses, conditions, or disabilities?

- Yes
- No → Skip to **question 16**

15. In which of the following diagnoses, conditions, or disabilities does this center specialize? MARK YES OR NO IN EACH ROW

	Yes	No
a. Alzheimer disease or other dementias	<input type="radio"/>	<input type="radio"/>
b. Intellectual and other developmental disabilities	<input type="radio"/>	<input type="radio"/>
c. Multiple sclerosis	<input type="radio"/>	<input type="radio"/>
d. Parkinson's disease	<input type="radio"/>	<input type="radio"/>
e. Severe mental illness	<input type="radio"/>	<input type="radio"/>
f. Traumatic brain injury	<input type="radio"/>	<input type="radio"/>
g. Other (please specify)	<input type="radio"/>	<input type="radio"/>
<input type="text"/>		

16. In the last 12 months, did this center use any of the following types of telehealth tools to assess, diagnose, monitor, or treat participants? MARK YES, NO, OR DON'T KNOW IN EACH ROW

	Yes	No	Don't Know
a. Telephone audio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Videoconference software with audio (e.g., Zoom, Webex, FaceTime)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. In the last 12 months, did this center have any of the following challenges in implementing or using telehealth? MARK YES, NO, DON'T KNOW, OR NOT APPLICABLE IN EACH ROW

	Yes	No	Don't Know	Not Applicable
a. Limited internet access and/or speed issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Tools not easy to use or did not meet your needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Not appropriate for serving your participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Limitations in access to technology (e.g., smartphone, computer, tablet, Internet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Participants' difficulty using technology/telehealth platform	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Staff difficulty using technology/telehealth platform	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Reimbursement or cost issues associated with devices or telehealth platform	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Limited staff available to provide telehealth services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Does this center have the following infection control policies and practices? MARK YES OR NO IN EACH ROW

	Yes	No
a. Have a written Emergency Operations Plan that is specific to or includes pandemic response	<input type="radio"/>	<input type="radio"/>
b. Have a designated staff member or consultant responsible for coordinating the infection control program	<input type="radio"/>	<input type="radio"/>
c. Offer annual influenza vaccination to participants	<input type="radio"/>	<input type="radio"/>

d. Offer annual influenza vaccination to all employees or contract staff	<input type="radio"/>	<input type="radio"/>
e. Offer COVID-19 vaccination to participants	<input type="radio"/>	<input type="radio"/>
f. Offer COVID-19 vaccination to all employees or contract staff	<input type="radio"/>	<input type="radio"/>

Services Offered

19. When does this adult day services center screen each participant with a standardized tool for each of the following? MARK ALL THAT APPLY IN EACH ROW

	Routinely at or after	Routinely when	Case by case	Does not screen
a. Cognitive impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
b. Fall risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>

20. Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (online or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW

This adult day services center...	Provides the service by paid center employees or Arranges for the service to be	Refers participants or family to outside service providers	Does not provide, arrange, or refer for this service
a. Hospice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
b. Palliative care services—treatment of the pain, discomfort, and symptoms of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
c. Social work services—provided by licensed social workers or persons with a bachelor's or master's degree in social work, and may include an array of services such as psychosocial assessment, individual or group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
d. Mental or behavioral health services—target participants' mental, emotional, psychological, or psychiatric well-being and may include diagnosing,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
e. Therapy services—physical, occupational, or speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
f. Pharmacy services—including filling of or delivery of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
g. Dietary and nutritional services—including meal pickup or delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
h. Skilled nursing services—must be performed by an RN, LPN or LVN and are medical in nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
i. Transportation services for medical or dental appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
j. Daily round trip transportation services to or from this center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>

k. Routine and emergency dental services by a licensed dentist

Participant Profile

When answering questions 21-26, include all participants on this center's roster, no matter how frequently they attend, if they are receiving services at their residence or virtually (on-line or by telephone), if they share an enrollment spot, or if the center has temporarily closed or suspended services due to COVID-19.

21. During the last 30 days, for how many of the participants currently enrolled at this adult day services center did Medicaid pay some or all of their services received at this center? Please include any participants that received funding from a Medicaid state plan, Medicaid waiver, Medicaid managed care, or California regional center. **If none, enter "0."**

Number of participants

22. Of the participants currently enrolled at this center, about how many have been diagnosed with dementia or Alzheimer's disease? If none, enter "0".

Number of participants

23. In the last 12 months, how many coronavirus disease (COVID-19) cases did this center have among participants? Enter "0" if none.

Number of participants

⇒ If you answered "0", skip to **question 25**

24. Of the COVID-19 cases in your center in the last 12 months, how many cases resulted in each of the following?

Enter "0" if none or select don't know if you do not know the number.

	Number of COVID-19	Don't Know
a.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>
b. Death	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>

25. Of the participants currently enrolled at this center, what is the age breakdown? Enter "0" for any categories with no participants.

	Number of Participants
a. Under 65 years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. 65-74 years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. 75-84 years	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. 85 years or older	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
TOTAL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

NOTE: Total should be the same as the number of participants provided in question 3.

26. Of the participants currently enrolled at this center, what is the racial-ethnic breakdown? Count each participant only once. If a non-Hispanic participant falls under more than one category, please include them in the "Two or more races" category. Enter "0" for any categories with no participants.	a. Hispanic or Latino, of any race	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	b. Two or more races, not Hispanic or Latino	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	c. American Indian or Alaska Native, not	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	d. Asian, not Hispanic or Latino	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	e. Black, not Hispanic or Latino	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	f. Native Hawaiian or Other Pacific Islander, not	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	g. White, not Hispanic or Latino	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	h. Some other category reported in this center's	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	i. Not reported (race and ethnicity unknown)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	TOTAL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

NOTE: Total should be the same as the number of participants provided in question 3.

27. An individual is considered an employee if the center is required to issue a Form W-2 federal tax form on their behalf. For each staff type below, indicate how many full-time employees and part-time employees this center currently has. Include employees who work at this physical location, at a participant's residence, or virtually (on-line or by telephone). Enter "0" for any categories with no employees.

	Number of Full-Time	Number of Part-Time
a. Registered nurses (RNs)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
d. Social workers—licensed social workers or persons with a bachelor's or master's degree in social work	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
e. Activities directors or activities staff	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

28. Contract or agency staff refer to individuals or organization staff under contract with and working at this center but are not directly employed by the center. Does this center have any nursing, aide, social work, or activities contract or agency staff? Include contract staff who work at this physical location, at a participant's residence, or virtually (on-line or by telephone).

- Yes
 No → Skip to **question 30**

29. For **each** staff type below, indicate how many **full-time contract or agency staff and part-time contract or agency staff** this center **currently** has. Do not include individuals directly employed by this center. **Enter "0" for any categories with no contract or agency staff.**

	Number of Full-Time Contract or Agency Staff	Number of Part-Time Contract or Agency Staff
a. Registered nurses (RNs)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
d. Social workers—licensed social workers or persons with a bachelor's or master's degree in	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
e. Activities directors or activities staff	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

30. In the **last 12 months**, how many **coronavirus disease (COVID-19) cases** did this center have among **employees or contract staff**? **Enter "0" if none.**

Number of COVID-19 cases

The next series of questions asks about aide employees, which includes certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides. Contract workers are **not** to be included in your answers.

→If you answered "0", skip to **question 32**

31. Of the **COVID-19 cases** in your center in the **last 12 months**, how many cases resulted in each of the following? **Enter "0" if none or select don't know if you do not know the number.**

	Number of COVID-19	Don't Know
a.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>
b. Death	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>

32. Does this center offer the following benefits to full-time aide employees? **MARK YES OR NO IN EACH ROW**

	Yes	No
a. Health insurance for the employee only	<input type="radio"/>	<input type="radio"/>
b. Health insurance that includes family coverage	<input type="radio"/>	<input type="radio"/>
c. Life insurance	<input type="radio"/>	<input type="radio"/>
d. A pension, a 401(k), or a 403(b)	<input type="radio"/>	<input type="radio"/>
e. Paid personal time off, vacation time, or sick leave	<input type="radio"/>	<input type="radio"/>
f. Reimburse/pay for initial training	<input type="radio"/>	<input type="radio"/>

33. How many hours of training does this center require aide employees to have for each of the following? **If none, enter "0".**

	Number of hours
a. Prior to providing care to participants	<input type="text"/> <input type="text"/> <input type="text"/>
b. On-going continuing education or annual in-service training	<input type="text"/> <input type="text"/> <input type="text"/>

34. How often does this center offer training to prepare aide employees for each of the following aspects of their jobs? MARK ONLY ONE RESPONSE IN EACH ROW

	Training is always offered	Training is offered occasionally or as needed	Training is offered rarely or never	Don't Know
a. Discussing participant care with participants' families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Dementia care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Working with participants that act out or are abusive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Preventing personal injuries at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. End of life issues (advance care planning and help families cope with grief)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Relating to participants of different cultures or ethnicities, or with different values or beliefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Information on COVID-19

35. In the last 12 months, how often did this center use each of the following practices or policies to prevent or manage COVID-19 infections, whether or not there were any presumptive positive or confirmed COVID-19 cases? MARK ONLY ONE RESPONSE IN EACH ROW

	Always	Some of the time or as	Rarely or never	Don't Know
a. Screened participants daily for fever or respiratory symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Limited of hours or temporary closure of this center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Experienced shortages of eye protection, gloves, face masks, or isolation gowns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Experienced shortages of N95 respirators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Experienced shortages of test kits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Imposed restrictions on family and relatives entering the building	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Imposed restrictions on visitors or volunteers entering the building	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Imposed restrictions on non-essential consultant personnel (e.g., barbers, delivery personnel)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. Please return your questionnaire in the enclosed return envelope or mail it to:

Thank you for participating
 NPALS
 RTI International
 ATTN: Data Capture

5265 Capital Boulevard
Raleigh, NC 27690