

*This Information Statement was created by the American Seniors Housing Association and the Assisted Living Federation of America for voluntary distribution by assisted living providers to prospective residents and their families. It is intended to serve as a general guide for making informed decisions about the care and services provided in different assisted living settings. It is not intended to replace other consumer activities related to selecting an assisted living residence, **nor is it intended to replace or modify any written residency agreement or contract.***



Assisted Living Consumer Information Statement

RESIDENCE INFORMATION

Name of Residence: _____

Administrator/Director: _____

Phone #: () _____

Address: _____

City, State, Zip: _____

Residence Size (# of units): _____

Operator/Management Company : _____

Date Completed: _____

PART ONE - THE RESIDENCY AGREEMENT

1) At what point during the pre-admission process is the residency agreement/contract provided to prospective residents and/or their families?

2) Can a prospective resident obtain the residency agreement or contract any time upon request?

Yes No

3) The following information is included in the residency agreement/contract (*check all that apply*):

Description of services included in the basic rate (*see Part Three for more information*)

Cost of the basic service package (*residences should also attach a fee schedule*)

Description/cost of services available beyond the basic service package (*see Part Three*)

Policy on medications

Briefly describe: _____

How and by whom resident needs are assessed and monitored

Briefly describe: _____

Circumstances under which costs may change and how residents are informed of such changes

Briefly describe: _____

Provisions for termination of the residency agreement/contract
(*See Part Two for additional information*)

Statement of Resident Rights and Responsibilities

Description of complaint or grievance procedure

Briefly describe: _____

PART TWO - MOVE OUT/DISCHARGE

1) The list below includes possible reasons that could necessitate move-out/discharge from this assisted living residence. In all cases of possible move-out, additional information and clarification should be obtained from the appropriate staff of the residence and the residency agreement/contract.

- You require a higher level of care than the residence is allowed to provide by law or regulation.
- You require 24-hour licensed nursing care on a chronic basis.
- You require more than minimal assistance to feed yourself.
- You are unable to self-manage incontinence.
- You require more than minimal assistance to transfer to/from your bed or wheelchair.
- Your continued residency endangers the safety, health or welfare of others.
- Your continued residency endangers your own safety, health or welfare.
- You fail to observe and abide by the residence's rules and regulations.
- You fail to meet your contractual obligations under the Residency Agreement.
- Other: _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____

2) Are residents/families involved in the move-out/discharge process?

- Yes No

3) Does the residence assist residents and/or their families during the move-out/discharge process?

- Yes No

PART THREE - SERVICES

Services Included in the Base Rate *(Please see residency agreement for all services)*

MEALS Breakfast Lunch Special Diets Dinner Snacks

HOUSEKEEPING Daily _____ Times per week

LAUNDRY SERVICES Personal (Loads/week _____) Linens

APARTMENT AMENITIES

- | | | |
|--|---|---|
| <input type="checkbox"/> Emergency Response System | <input type="checkbox"/> Fully Furnished Unit | <input type="checkbox"/> Window Treatments |
| <input type="checkbox"/> Bathroom (sink, shower/bathtub, toilet) | <input type="checkbox"/> Carpeting | <input type="checkbox"/> Basic Cable TV Service |
| <input type="checkbox"/> Bathroom (toilet and sink only) | <input type="checkbox"/> Cable TV hookup | <input type="checkbox"/> Microwave Oven |
| | <input type="checkbox"/> Mini-refrigerator | <input type="checkbox"/> Stove-top Burners |
| | <input type="checkbox"/> Lockable Door | <input type="checkbox"/> Local Phone Service |
| | <input type="checkbox"/> Gas/Electric/Water | <input type="checkbox"/> Other |

ADL ASSISTANCE (help with Bathing, Dressing, Toileting, Eating, and Transferring)

Explanation of ADL assistance: _____

TRANSPORTATION Scheduled Unscheduled

Car Van/Mini Bus w/lift Other: _____

SOCIAL/RECREATIONAL ACTIVITIES

STAFFING

Awake Staff on premises 24-hours per day

Onsite licensed nursing staff: _____ days _____ evenings _____ nights

Other Services _____

Services Available for an Extra Charge *(Please see residency agreement for all services)*

<input type="checkbox"/> Personal Laundry	\$ _____ / _____	Other Services	
<input type="checkbox"/> Incontinence Supplies	\$ _____ / _____	_____	\$ _____ / _____
<input type="checkbox"/> Toiletries	\$ _____ / _____	_____	\$ _____ / _____
<input type="checkbox"/> Beauty/Barber Shop	\$ _____ / _____	_____	\$ _____ / _____
<input type="checkbox"/> Wandering Management System	\$ _____ / _____	_____	\$ _____ / _____
<input type="checkbox"/> Room Service	\$ _____ / _____	_____	\$ _____ / _____
<input type="checkbox"/> Unscheduled Transportation	\$ _____ / _____	_____	\$ _____ / _____
<input type="checkbox"/> Shopping Assistance	\$ _____ / _____	_____	\$ _____ / _____
<input type="checkbox"/> Guest Meals	\$ _____ / _____	_____	\$ _____ / _____