ADDENDUM I

Assisted Living Service Contract

I, ________________________________, agree to pay the sum of $__________________,
(Resident, or Responsible Party)
per month for apartment ____________, which includes assessed Service Level points of
______, as of this________ day of ________________________________, 20______.

- Level I (0 – 20 points)
- Level II (21 – 40 points)
- Level III (41 – 60 points)
- Level IV (61 – 80 points)
- (Additional pts – AL - $50/pt.) (81 & up)
- (Additional pts – ALZ - $100/pt.) (81 & up)

We strive to understand and recognize the physical, emotional and spiritual needs of our
residents and respect their rights to a full and independent lifestyle. Each care plan is resident-
specific, and is developed to lend support and assistance, unique to each resident, to promote this
philosophy. With this in mind, residents are reassessed at least every 90 days, or more
frequently in the event of a significant change in condition, to assure their continuing and
sometimes changing needs are being met. Our goal is to support and promote residents’ self-
direction and participation in decisions that emphasize independence, choice, dignity, privacy,
individuality and a home-like environment. However, when needs or choices extend into the
basic comfort, dignity or safety of others, then those choices must, by necessity be limited.

Additional Services
When services are needed that are not currently or normally available through the facility, staff
will assist residents in making arrangements with outside health care providers. Because our
apartments are considered housing, residents can access Medicare Part B services. This low cost
method of receiving supplemental in-home medical care is a tremendous health benefit and
makes additional services affordable. Services that are typically available through outside health
care providers include physical, speech and occupational therapy, podiatry care, medical supplies
and equipment, nursing restoration programs and other related services. The resident’s physician
must order these services.

Resident______________________________ Date________________
Responsible Party ______________________________ Date________________
Community Representative ___________________________ Date________________