

ASSUMPTION VILLAGE

SENIOR ASSISTED AND INDEPENDENT LIVING



Our Village, Your Home.

9121 N BURR AVENUE, PORTLAND, OR 97203 (503) 283-5644 PHONE

Office: 503-283-5644

Cell: 503-415-0546

aadm@sageve.org

ASSUMPTION VILLAGE

SENIOR ASSISTED AND INDEPENDENT LIVING

Mission Statement

Our Village serves as a community grounded in the Gospel of Jesus Christ and the faith of the Catholic Church.

It is dedicated to the sanctity of all life from conception through its natural end.

Our Village serves people of all faiths, ages, and conditions demonstrating respect and caring in a professional and compassionate manner as a consequence of our faith.

“... what ever you did for the least of these... you have done for me....”



ASSUMPTION VILLAGE

Thank you for your interest in Assumption Village, a Catholic assisted and independent living facility open to persons of all faiths. Enclosed with this letter is a packet of information about the Village, including a Pre-Application form. This is the first step in your next important move.

Assumption Village serves the senior population by offering 30 independent and 77 assisted living apartments. The active life of the Village centers on the beautiful Assumption Chapel creating an environment respecting our residents' physical, social and spiritual well being.

The assisted living programs' range of services includes meals, housekeeping and laundry as well as such personal supportive services as medication management, grooming assistance and regular care monitoring. The levels of service increase as a residents' needs change. Each assisted living unit has a kitchenette with microwave oven, sink, small refrigerator and cupboards. These kitchenettes are available in both studios and one-bedroom units.

Senior independent apartments include both one and two bedroom units with full kitchens including range and refrigerator appliances. Seniors living in these units may participate in our meal program for an additional fee.

Rates vary based on a number of factors; apartment size, ability to pay and service needs. Assumption Village participates in the state Medicaid Program. Our pre-application process allows us to help determine what assistance may be available on a case-by-case basis.

Please read through the enclosed documentation including the descriptions of services, floor plans and rates and then complete the pre-application form found at the back of this packet.

*Since the Village includes low-income and affordable units, it is very important to complete the regular income section of the application. An evaluation of the applicant's income and assets is required before moving into the facility. This is a program requirement set by the board financing. We will process the applications on a first come basis. Please mail your application to: Assumption Village, 9121 N Burr Ave. Portland, OR 97203, Attn: **Shunta Gray***

We invite you to call 503-415-0546 to arrange a personal tour. We believe that after seeing Assumption Village, you will agree that this may be *your next best move*.

Sincerely,
Facility Administrator

ASSUMPTION VILLAGE

Assisted Living



Assisted Living Service Levels

The following services are available:

Basic Services:

- Security
- Appliances – Refrigerator & Microwave
- Utilities (Less Cable, Telephone, and Internet)
- Common & Recreational Areas (Inside & Out)
- Most Activities
- General Maintenance
- Individual Mail Boxes
- Emergency Call System
- Coordination of Transportation

“A” Service Level:

- Three Meals, Snacks and Limited Adjusted Diets
- 24-hour Caregiver availability
- Weekly housekeeping
- Health Monitoring
- Linen service (sheets and towels only)
- Medication Management
- Limited dressing assistance
- Assistance with scheduling medical appointments

Service Level A

“B” Service Level:

- Daily assistance with dressing and grooming
- Daily assistance with hygiene
- Bathing assistance – twice weekly
- Assistance with incontinence
- Daily bed making
- Occasional assistance with wheelchair
- Monitor meal attendance
- Assistance with personal laundry
- Social or emotional support

Service Level B

“C” Service Level:

- Regular assistance with mobility and toileting
- Frequent hygiene needs
- Management of incontinence
- Wheelchair or escort assistance to meals and/or activities
- Night assistance with toileting, reassurance, etc.

Service Level C

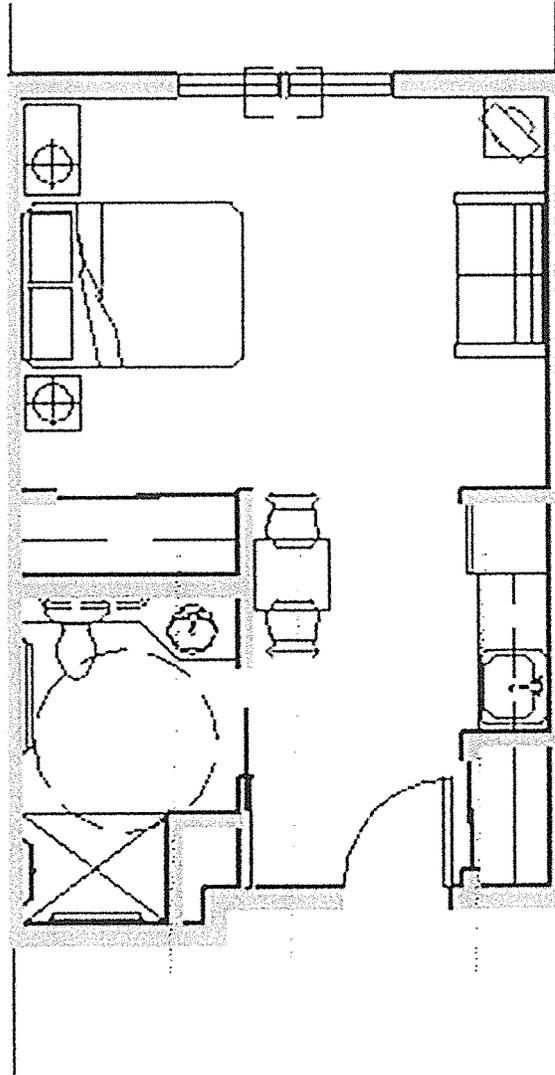
Services that exceed a given level are available for an additional charge of \$150 to \$300.
Tray service for non-health related requests will be provided for an additional fee.

Residents will pay only for agreed-upon service level needs

Features of Assisted Living at Assumption Village

- Three Nutritious Meals served daily, plus snacks
- Weekly Housekeeping
- Personal Laundry Service
- Medication Management/Health Monitoring
- Personal Assistance (3-tiered level of care)
- Private Studio and One Bedrooms Available
- Maintenance
- All Utilities (except Internet, telephone, cable TV)
- Scheduling of Transportation
- 24-Hour staffing
- Kitchenettes with Refrigerator, Freezer and Microwave
- Handicapped-Accessible Bathrooms and Walk-In Shower
- Individually-Controlled Thermostats for Heat and Air Conditioning
- Emergency Call System
- Social and Recreational Activity Programs
- Coffee Shop
- Private Mailboxes
- Facility Van for Community Outings
- On-Site Chapel
- Free Admission to all Roosevelt High School Sporting Events

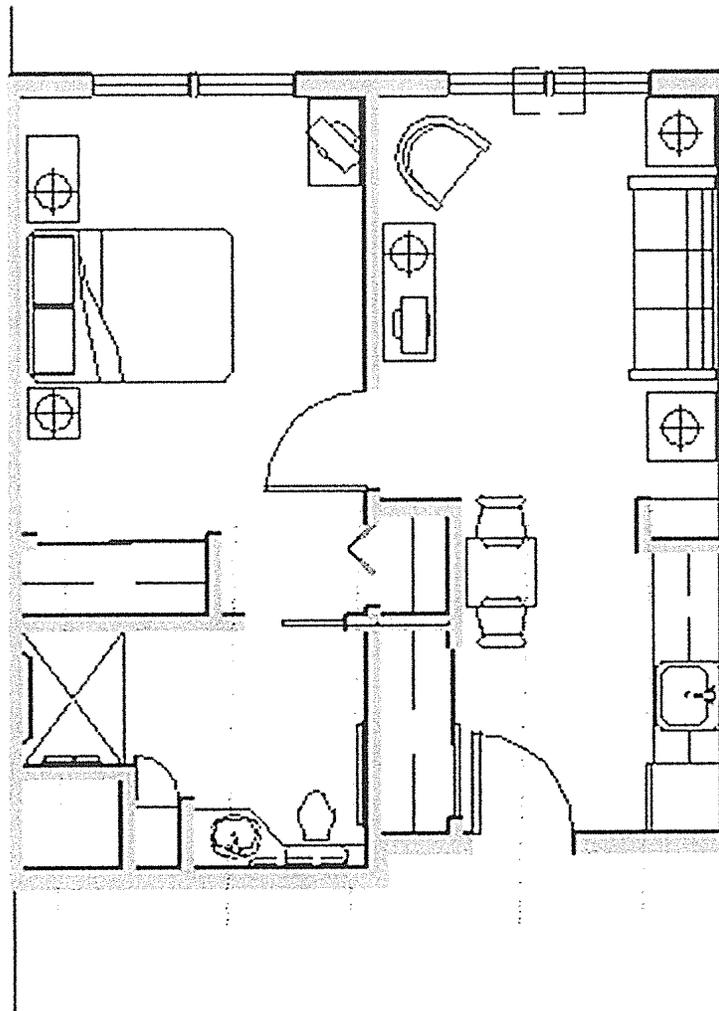
Assisted Living Studio



All of our Assisted Living apartments are **Private** apartments with private bathrooms.

Studios range from 318 sq. feet to 408 sq. feet

Assisted Living 1 Bedroom



For individuals who fall into the Low Income and Market Rate, we offer 1 Bedroom apartments. Individuals on Medicaid are not eligible for these apartments; however, these apartments are available to couples on Medicaid.

1 Bedrooms range from 463 sq. feet to 590 sq. feet


ASSUMPTION VILLAGE

Assisted Living Rates

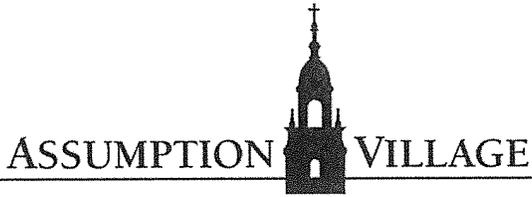
Medicaid Rates	Medicaid Case Managers will meet individually with qualified low income applicants to determine their ability to pay rent and services prior to move-in and then as necessary according to their care needs.
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		Rent	Level "A" \$1,863	Level "B" \$2,390	Level "C" \$2,955
		(Total Rent and Service Level combinations shown below)			
Moderate Income Rates	Studio	\$1,098	\$2,961	\$3,488	\$4,053
	One Bedroom	\$1,173	\$3,036	\$3,563	\$4,128

		Rent	Level "A" \$1,863	Level "B" \$2,390	Level "C" \$2,955
		(Total Rent and Service Level combinations shown below)			
Market Rates	Studio	\$1,250	\$3,113	\$3,640	\$4,205
	One Bedroom	\$1,348	\$3,211	\$3,738	\$4,303
Premium Rates	One Bedroom	\$1,420	\$3,283	\$3,810	\$4,375

- A spouse may also reside in a 1-bedroom apartment for an added \$600 per month (excluding meals).
- A refundable holding fee of \$300 is due with the completion of the pre-application to hold your choice of apartment. The \$300 will be applied towards total move in costs or refunded if application is not accepted.
- A non-refundable cleaning fee of \$300 and a non-refundable administrative fee of \$50 are due at lease signing. (Both fees are waived for Medicaid-eligible Residents.)
- Service levels are based on the needs presented at the initial evaluation. Service levels are subject to change.
- Rates will be determined by annual income. To qualify for moderate rates, income must be less than:

	<u>One Person</u>	<u>Two People</u>
▪ Moderate Income:	\$38,000	\$43,450
▪ Market Rates:	At or Above Moderate Income	
- Within three (3) business days of your notification of acceptance, you must sign a lease for a term of not less than one month from the date of Resident's possession.



Office Use Only: Date Rec'd _____
Received by: _____
Apt. Reserved: # _____
Deposit Rec'd: _____
Move-in Date: _____

PRE – APPLICATION

Name: _____

Date of Birth: _____ Phone: (____) _____

Medicare #: _____ Medicaid #: _____ Soc. Sec # _____

Address: _____

City: _____ State: _____ Zip: _____

Marital Status: [] Single; [] Married; [] Widowed; [] Other _____

Spouse: _____ Date of Birth: _____

Will both be living at Assumption Village? Explain: _____

Previous Residence: _____

Have you ever been given a Failure to Pay Rent notice? Yes No

Have you ever been evicted from a residence? Yes No

If Yes, please explain: _____

Have you ever been convicted of a felony? Yes No

If yes, please Explain: _____

I am interested in (check all appropriate):

- | | | |
|---|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Independent Living | <input type="checkbox"/> 1 Bedroom; | <input type="checkbox"/> 2 Bedroom |
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Studio; | <input type="checkbox"/> 1 Bedroom |

I would like to move in about _____ (date).

Financial Information:

Current average monthly income: \$ _____

Assets to draw on for monthly expenses: \$ _____

Are you anticipating a change in this information? [] Yes; [] No.
(If yes, please explain on back of this form.)

First Point of Contact Information: [] Call applicant directly. [] Please contact person listed below:

[] POA [] Guardian If not, please list: _____

Name: _____ Relationship: _____

Address: _____ City/State/ Zip _____

Phone: _____ Email: _____

This questionnaire gives us initial insight into your particular care needs and preferences. It is a pre-assessment tool which allows us to better determine the ability of Assumption Village to meet your needs and preferences, while considering the needs of other residents and the facility's overall service capabilities.

1. It is mandatory that to be considered for residency at Assumption Village, you must be vaccinated against Covid-19 (two vaccinations + Booster). Please provide a copy of your vaccination card with this pre-application.

2. Have you been in the hospital during the past 90 days? Yes No

3. If **yes** for what: _____

4. Have you had any falls in the past 90 days? Yes No

5. If **yes**, were you injured in this fall? Yes No Explain: _____

6. Do you have any difficulty chewing foods or swallowing liquids? Yes No

7. Do you require a special diet? Please explain: _____

8. Do you currently have any open wounds that require regular dressing changes? Yes No

9. Are you incontinent of bladder? Yes No Do you have a catheter? Yes No

10. Are you incontinent of bowel? Yes No Do you have a colostomy bag? Yes No

11. Are you a diabetic? Yes No

12. Do you check your blood sugars? Yes No

13. Do you take an insulin injection? Yes No

14. Do you have a history of mental illness? Yes No

15. Do you currently drink alcohol or use drugs recreationally? Yes No

16. Do you have difficulty sleeping at night? Yes No

17. Do you have difficulty filling up your time and/or are you often restless? Yes No

18. Do you have difficulty remembering information? Yes No

19. Do you take medication for your memory? Yes No

20. Have you had any recent problem with finding your way home? Yes No

21. What other health issues do you have? _____

22. Primary Care Physician: _____

Phone: _____ Fax (REQUIRED): _____

23. Do you have: Power of Attorney Conservator Rep Payee Guardian

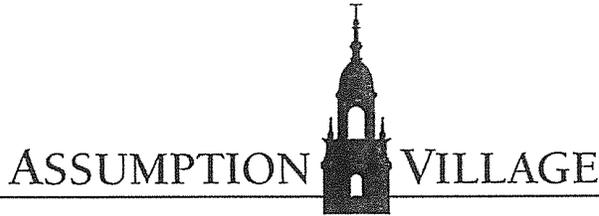
Name and Phone: _____

24. Do you have local friends and family? Yes No

Person Completing Form:

Signature

Date



Consent for Use and Disclosure of Personal Health Information

This form authorizes us to use and disclose your Protected Health Information (PHI) for the purposes of healthcare operations, treatment, and payment activities.

For a clear understanding of how we may use and disclose your PHI please contact the Residential Services Manager. You may reach him/her by telephone at 503-283-5644.

Identifying Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ E-mail: _____
Physician Name: _____ Phone: _____ Fax: _____
Social Security Number: _____

Resident's Consent

I, _____, give consent to your use of my PHI for the purpose of healthcare operations, treatment, and payment activities.

Signature: _____ Date: _____

If this consent is signed by a personal representative on behalf of the resident, complete the following:

Personal Representative Signature: _____ Date: _____

Relationship to Resident: _____

Resident's Revocation

By signing below, you revoke your above consent for us to use and disclose your PHI. However, by doing so, we reserve the right to discontinue treatment for you. This revocation also does not negate any of our prior actions while acting under your consent.

Signature: _____ Date: _____

If this consent revocation is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative Signature: _____ Date: _____

Relationship to Resident: _____