

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



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

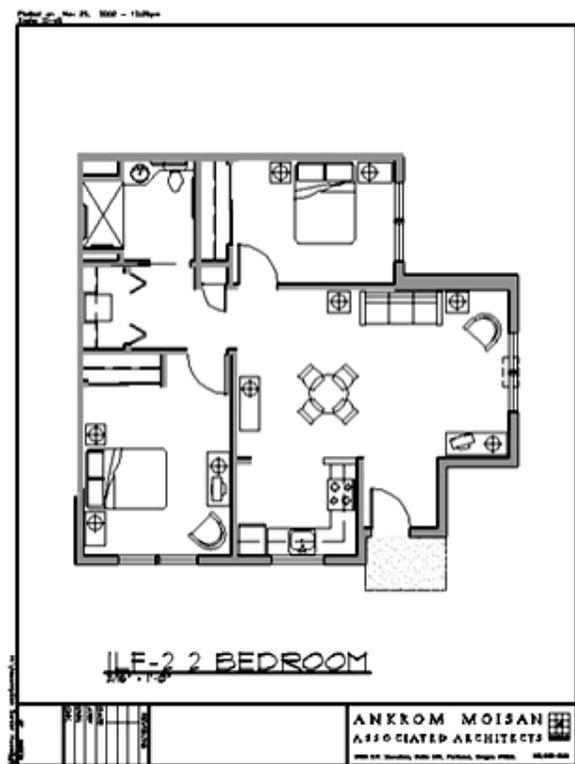
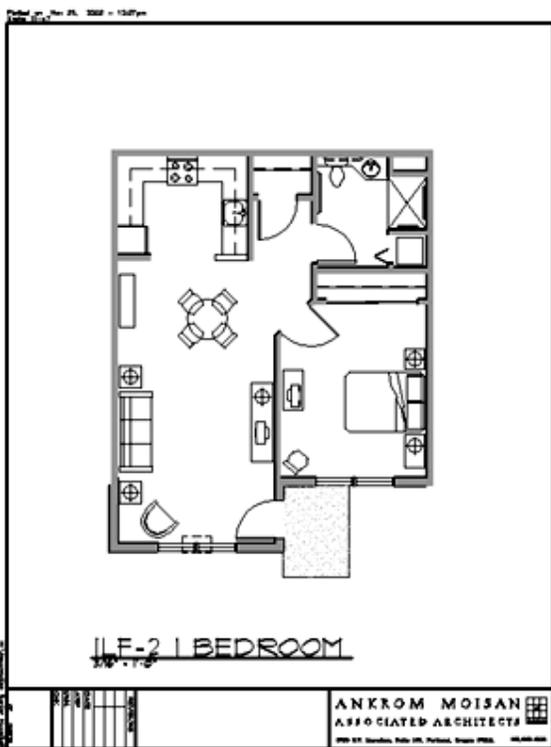
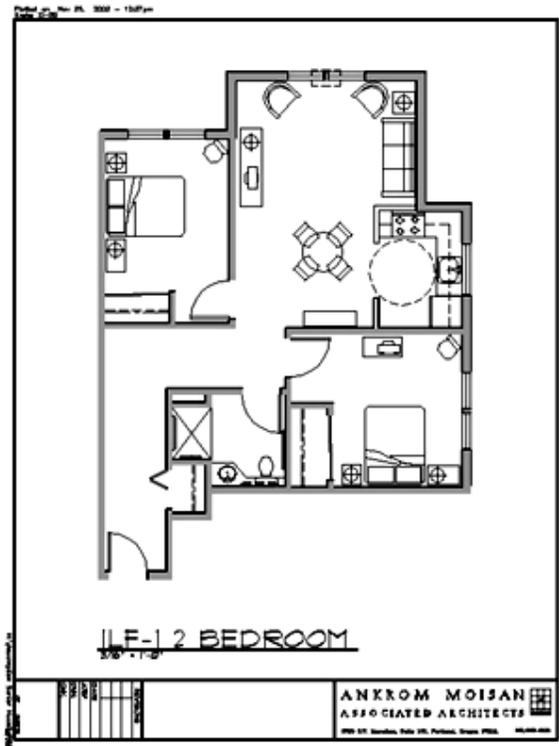
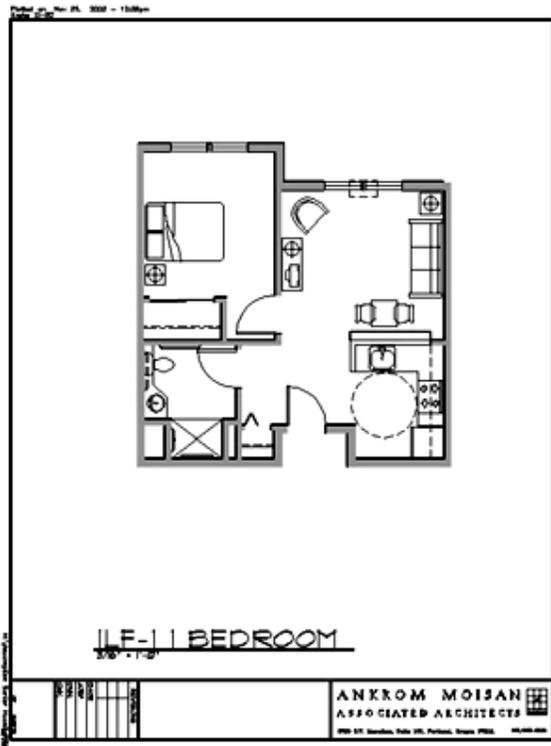


SENIOR ASSISTED AND INDEPENDENT LIVING

Independent Living



Independent Living Floor Plans for 1 Bedroom & 2 Bedroom Units




ASSUMPTION VILLAGE

Independent Apartment Rates

	<u>One Bedroom</u>	<u>Two Bedroom</u>
Low Income	\$697	\$836
Moderate Income	\$1,160	\$1,316
Market Rate	\$1,348	\$1,593
Premium Rate	\$1,420	\$1,641

- There is a \$40 monthly utility fee added to monthly invoices
- A meal program will be offered for additional fees.
- A non-refundable holding fee of \$300 is due prior to move-in to hold your choice of an apartment. The \$300 will be applied to total move-in costs.
- A non-refundable cleaning fee of \$300 plus \$50 administrative fee is due upon move-in.
- Rates will be determined by annual income. It must be less than:

	<u>One Person</u>	<u>Two People</u>
Low Income:	\$25,700	\$29,400
Moderate Inc:	\$41,120	\$47,040

Market Rates & Premium Rates: At or Above Moderate Income



ASSUMPTION VILLAGE

MEAL PLANS

PER MEAL

	<u>Guest Charges *</u>	<u>Resident Charges</u>
Breakfast (8 AM)	\$6.50	\$4.15
Dinner (Noon)	\$8.25	\$6.45
Supper (5 PM)	\$7.50	\$5.95

***Residents planning to have guests or who are joining us for a single meal: We ask you to please notify the front desk at least 3 hours in advance. If you are planning three or more guests, please give 24 hours notice.**

.....

Resident Monthly Meal Plans

(Paid in advance for one month. No credit given for missed meals.)

	<u>Per Month</u>	<u>Ave. Cost Per Meal</u>	<u>Savings **</u>
Breakfast Only (8 AM)	\$86.00	\$2.87	\$ 38.50
Dinner Only (12 Noon)	\$136.00	\$4.54	\$ 57.50
Supper Only (5 PM)	\$113.00	\$3.77	\$ 65.50
Breakfast & Dinner	\$221.00	\$3.69	\$ 97.00
Dinner & Supper	\$250.00	\$4.17	\$122.00
All three Meals	\$336.00	\$3.74	\$160.50

**** Savings figured on the cost of meals purchased individually at Resident prices.**



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 # _____

Social Worker Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Spouse: _____ Date of Birth: _____

Will both be living at Assumption? Explain: _____

Previous Residence: _____

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

Have you ever been evicted from a residence? p Yes p No

If Yes, please explain: _____

Have you ever been convicted of a felony? p Yes p No

If yes, please Explain: _____

I am interested in (check all appropriate):

[] Independent Living [] 1 Bedroom; [] 2 Bedroom
[] Assisted Living [] Studio; [] 1 Bedroom

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

Financial Information:

Current average monthly income: \$ _____

Assets to draw on for monthly expenses: \$ _____

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

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. Have you been in the hospital during the past 90 days? Yes No
2. If **yes** for what: _____

3. Have you had any falls in the past 90 days? Yes No
4. If **yes**, were you injured in this fall? Yes No Explain: _____

5. Do you have any difficulty chewing foods or swallowing liquids? Yes No
6. Do you require a special diet? Please explain: _____

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

8. Are you incontinent of bladder? Yes No Do you have a catheter? Yes No
9. Are you incontinent of bowel? Yes No Do you have a colostomy bag? Yes No

10. Are you a diabetic? Yes No
11. Do you check your blood sugars? Yes No
12. Do you take an insulin injection? Yes No

13. Do you have a history of mental illness? Yes No
14. Do you currently drink alcohol or use drugs recreationally? Yes No

15. Do you have difficulty sleeping at night? Yes No
16. Do you have difficulty filling up your time and/or are you often restless? Yes No

17. Do you have difficulty remembering information? Yes No
18. Do you take medication for your memory? Yes No
19. Have you had any recent problem with finding your way home? Yes No

20. What other health issues do you have? _____

21. Primary Care Physician: _____

Phone: _____ Fax: _____

22. Do you have: Power of Attorney Conservator Rep Payee Guardian
Name and Phone: _____

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

Person Completing Form:

Signature

Date



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

Wait List 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? Explain: _____

Previous Residence: _____

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

Have you ever been evicted from a residence? p Yes p No

If Yes, please explain: _____

Have you ever been convicted of a felony? p Yes p 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 above:

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

Name: _____ Relationship: _____

Address: _____ City/State/ Zip _____

Phone: _____ Email: _____