

St Anthony Village

Senior Living

Independent, Assisted, and Memory Care



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St. Anthony Village, a faith-based residential facility in Southeast Portland, provides care and community to the elderly. Believing that individuals have the right to age with dignity and to receive compassionate care.

St. Anthony Village offers skilled assistance in a warm, socially engaging environment.

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





Thank you for your interest in St. Anthony Village!

St. Anthony Village offers 86 Assisted Living apartments as well as two Memory Care cottages; each Memory cottage has 12 studio apartments. In addition, there are 17 Independent Living apartments which allow residents to transfer into Assisted Living should the need arise. All Village apartments are equipped with heating/air conditioning, an emergency call system, ample closet space, large bathrooms and an optional kitchen or kitchenette.

Enclosed in the attached packet you will find information regarding the various levels of care and community living available on our campus. Our program provides a full range of services that includes three nutritious meals a day, housekeeping, laundry, and personal supportive services including: medication management, personal care, social and spiritual interaction. Service plans are designed to meet the need of each individual's preference and situation; and may be modified as circumstances change.

Rates vary and are based on qualifying assets, income and established services. St. Anthony Village participates in the Low Income Housing and State Medicaid programs. Our pre-application process allows us to help determine what assistance may be required on a case-by-case basis.

Please read through the enclosed information, including the descriptions of available services and rates; then complete the application form found at the back of this packet. Since the Village includes low-income 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 State Housing Program Requirement.

We invite you to call us to arrange a tour of our facility and see why we have been home to over 800 seniors since 1999.

Sincerely,

Michael Maslowsky
President

E'lan Calise
Administrator

Assisted Living Summary of 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. Medicaid rates are fixed by the State of Oregon.

To apply for Medicaid please call Aging & Disability Services at 503-988-9450

Low Income Rates					
Service Levels >>>>>>		Level "A"	Level "B"	Level "C"	
		\$2,010	\$2,652	\$3,322	
Apartment Size	Base Rent	Total Rent + Services			
Studio	\$1,024	\$3,034	\$3,676	\$4,346	
One Bedroom	\$1,097	\$3,107	\$3,749	\$4,419	

Market Rates					
Service Levels >>>>>>		Level "A"	Level "B"	Level "C"	
		\$2,191	\$2,748	\$3,632	
Apartment Size	Base Rent	Total Rent + Services			
Studio	\$ 1,174	\$3,365	\$3,922	\$4,806	
One Bedroom	\$ 1,247	\$3,438	\$3,995	\$4,879	

Second Person Rate: (*Spouse Only*) An additional **\$600 per month** if sharing an apartment and the spouse is not receiving a service level.

Holding Deposit: In order to place a two-week hold on the apartment of your choice, we require a **\$300 holding deposit**. The deposit will be applied towards total move-in charges. If a prospective resident decides not to rent the apartment, the deposit will be forfeited.

(Waived for Medicaid applicants)

Security Deposit: Equal to one month's rent is due upon move-in.

(Waived for Medicaid applicants)

Service Levels: These are based on an individual's needs and are subject to change as an individual's condition warrants.

Assisted Living Service Levels

Basic Amenities:	<ul style="list-style-type: none">✓ Security and emergency call pendants✓ Appliances – refrigerator & microwave✓ Utilities (<i>does not include cable & telephone</i>)✓ Common & recreational areas (inside & out)✓ Activity programs✓ General maintenance✓ Individual mail boxes✓ Beauty salon is available (<i>Billed to resident</i>)
Level “A” Service	<ul style="list-style-type: none">✓ Three meals and snacks✓ Monitor meal attendance✓ 24-hour caregiver support✓ Weekly housekeeping and linen service✓ Health monitoring✓ Medication management✓ Minimal dressing assistance✓ Assistance with scheduling medical appointments✓ Coordination of transportation
Level “B” Service (<i>Includes Level “A” Services Plus:</i>)	<ul style="list-style-type: none">✓ Daily assistance with dressing✓ Daily assistance with personal hygiene and grooming✓ Bathing assistance – twice weekly (<i>additional for extra fee</i>)✓ Minimal assistance with incontinence✓ Daily bed making✓ Monitor meals and/or fluid intake✓ Provide personal laundry service✓ Social and/or emotional support
Level “C” Service (<i>Includes Level “A & B” Services Plus:</i>)	<ul style="list-style-type: none">✓ Complex diabetic care✓ Assistance with mobility – 1 caregiver max assist✓ Escort to meals and activities✓ Full bathing care – 1 caregiver max assist✓ Full assistance with personal hygiene and grooming✓ Management of incontinence and scheduled toileting✓ Two-hour safety checks✓ Supplementary medical management:<ul style="list-style-type: none">▪ Daily dressing changes▪ Diabetic care/Insulin management



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 St. Anthony 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 St. Anthony 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*