

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

Independent Living Apartments

The “17 Building”



Location

We are located adjacent to St. Anthony Catholic Church at 3719 SE 80th Ave with easy access to nearby stores in Eastport Plaza.

Office Hours

Our business office is open from 8 am to 5 pm Monday through Friday in the St. Anthony Village assisted living building at 3560 SE 79th Ave. On the weekends there is a front desk receptionist and the management team is on call for emergencies.

Building

St. Anthony Village “17 Building” is a fully secured building with key access. There is a free laundry facility on the first floor. Individual resident mailboxes are located on the first floor with outgoing service available. Elevator access is also available.

Pets

St. Anthony Village understands how important your four legged family members are, and therefore pets (cats and dogs) are welcome with an additional fee, and require registration at move in.

Beauty Salon

A licensed beautician is available in the salon at St. Anthony Village for both men and women. Our salon is open Monday from 9:00am to 5:00 pm and Tuesday-Friday from 9:00 am to 12:00pm.

Coffee Shop

Mother’s Coffee Shop is located inside the St. Anthony Village Assisted Living building and is a popular gathering place for all of our residents, where we serve coffee, tea and desserts for a small donation. Mother’s Coffee Shop is open Monday-Friday from 9:30 am to 11:30 am.

Vehicle Parking

There is plenty of free parking for residents and their guests.

WELLNESS AND ACTIVITIES

St. Anthony Village Assisted Living and St. Anthony Catholic Parish have a full range of activities that welcome our residents. An activities calendar is posted each month that outlines the time, place, and type of activity.

MEAL PLANS

All Independent Residents are welcome to join us for breakfast, lunch, or dinner in our dining room. The following options are available:

PER MEAL

Meal	Resident	Guests
Breakfast (8 am)	\$5.00	\$6.00
Lunch (Noon)	\$6.50	\$7.50
Dinner (5 pm)	\$7.00	\$9.00
Sunday Lunch	\$7.00	\$9.00

MEAL PUNCH CARDS

Punch cards are available for purchase at the St. Anthony Village Front Desk. 10 meals may be purchased in advance for \$50.00 (\$5.00 per meal). These punch cards never expire.

GUESTS

Guests are always welcome, and punch cards may also be used for your guest meals. Residents planning on having guests for meals need to notify the Front Desk at least 1 hour before mealtime.

RESIDENT MONTHLY MEAL PLANS

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

Breakfast Only (8 am)	\$ 90.00
Lunch Only (Noon)	\$120.00
Dinner Only (5 pm)	\$150.00
Breakfast and Lunch	\$180.00
Lunch and Dinner	\$240.00
All Three Meals	\$325.00

Independent Living Apartments

Summary of Rates

Apartment Size	Low Income	Market
One Bedroom	\$1,097	\$1,247
Two Bedroom	\$1,317	\$1,467

- ❖ Rent includes basic utilities of water, garbage and electricity; convenient laundry facilities.
- ❖ Cable TV access is available in all apartments. The resident is responsible for all cable setup services and billing.
- ❖ Telephone hook ups are available. The resident is responsible for all telephone setup services and billing.
- ❖ Residents are welcome to participate in Village Life. An activities calendar is posted near the mailboxes and laundry room.
- ❖ In order to hold the apartment of your choice, we require a \$300 deposit is prior to move-in. The holding deposit will be applied towards total move-in charges. If a prospective resident decides not to rent the apartment, the deposit will be forfeited.
- ❖ Upon move-in, a refundable security deposit that is equal to one month's rent is due.
- ❖ All rental rates will be determined by annual income ***before*** you move into your apartment. In order to qualify for low income rental rates, your annual income must be at or below:

Low-Income Annual Income Limits	
One Person	\$40,980
Two People	\$46,800



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*