

Charges/Fees

<u>Charges</u>	<u>Amount</u>
Monthly Rate (generally all inclusive) For housing and care needs	\$8,500.00 - \$10,500
Per Diem Rate (Total Monthly divided by 30)	\$ 278.68 - \$350.00
<hr/>	
Cleaning Fee	\$ 250.00
Admission Fee	\$ 100.00
Total initial Grace Lodge move in fees	\$ 350.00
<hr/>	
Hospice Per Diem Rate	\$ 400 per day (minimum 30 day charge)
Hospice admission fee (if moving in on hospice)	** \$2,500.00 (non-refundable)
** If moving in specifically for hospice care at end of life	
<hr/>	
Late Fee	\$ 75.00 per day after 5 th of the month
Vacation/Hospital Hold	\$ No Discount
Damage Deposit	\$ As Needed – negotiated through care plan
Nurse Delegation task charges	\$ Only if negotiated_____
Other	\$ _____
<hr/>	

Signature of Resident/Legal Representative

Date

Signature of Provider

Date

Grace Lodge--Adult Family Home (AFH), Confirmation of Payment for Room Reservation

Residents Name:_____ Date:_____

Room Reservation: Your payment of \$150.00 **per person** per day reserves your room from today onwards. You will continue to be charged the daily rate until you notify Grace Lodge in writing that you no longer want to reserve a room for yourself. If you change your mind about moving into Grace Lodge AFH, this room hold payment is not refundable.

Rent: Payment for our rent and services will begin on_____. Based on our initial interview of your needs, your rent and services will be determined by the assessment but will generally be a flat rate of \$ per month. This rate includes the required assistance with the specific needs of daily living (ADL's) plus the following:

1. **Room:** All rooms are private with attached private bath, (1-jack/jill), heated floors, call lights/bell. All rooms comply with City of Bellevue Building codes and evacuation standards.
2. **Utilities:** Cable, water, gas, electricity and wireless internet and garbage disposal provided.
3. **Phone Service:** A private phone line may be installed at the residents own cost. The house phone is available for all local and nationwide long distance, free of charge, may have own phone in room.
4. **Cable Television:** Each private room is equipped with basic cable and a flat screen television. Residents can choose to upgrade to premium cable service at their own expense.
5. **Meals:** All meals are provided and will generally be served at 8 AM, 12 PM, and 5PM. Between meal and after dinner snacks are always available. We respect as much as possible the resident's right to choose when/what to eat and dietary preferences will be observed.
6. **Housekeeping:** All housekeeping is provided weekly and more often as needed by Grace Lodge staff. Bedding, clothing and personal items will be laundered weekly or more often as needed.
7. **Amenities:** Individual cassette heat and Air Conditioning, Emergency Generator, Security system, Fire suppression sprinklers, Outdoor deck, wireless internet, Heated bathrooms, Security Grab bars, Call light/bells in bedrooms and baths. Flat screen TV's.

Assessment Process: The State of Washington requires that all prospective residents in an Adult Family Home be evaluated by a designated Registered Nurse for an assessment prior to move-in. The purpose of this assessment is to make sure that needs and expectations of the individual are met.

Paperwork: The paperwork required prior to moving in includes an up-to-date history and physical with a list of all physician ordered medications, treatments, and allergies noted, and a social history. It should also include a copy of pertinent legal forms indicating substituted decision maker such as: a Guardian, POA, DPOA, Representative Payee, and/or Family member. We will also review the rental agreement, and assessment/service agreement prepared by the Nurse-assessor. We will then ask for a check from you for:

1. Room hold check to hold room if room available and if not moving in immediately_____
 2. First Month's rent \$ _____
 3. File Set up Fee of \$100.00
 4. Cleaning fee of \$250.00 (to clean room for next resident)
 5. Hospice entrance fee if applicable: \$2,500.00 _____
- Total Due at move in: \$ _____

If you have questions, please contact Grace Lodge (425) 502-7673 (c) (425) 445-8628

Provider Signature

Date

Resident/Legal Rep. Signature

Date