

**APPENDIX A**  
**STANDARD DISCLOSURE SUMMARY**

**FACILITY:** ASSISTED LIVING at SUGAR HILL

**Base Rate:** \$ 4,860 to 6,270  Monthly  Weekly

**Deposit/Advance Payment** \$ 1,000

**Refundable**  **Non-refundable**  **Partially Refundable**

**SERVICES INCLUDED IN THE BASE RATE:**

**Meals:** Daily # of Meals: 3 Check (☐) all that apply:

Breakfast  Lunch  Special Diets  Dinner  Snacks

**Housekeeping:**

Times per Week: 1 Hours per Visit: \_\_\_\_\_  Other: \_\_\_\_\_

**Laundry Services:**

Personal \_\_\_\_\_ Loads/week (if limited)  Linens

**Personal Assistance:**

Toileting  Dressing  Grooming  Bathing

Eating  Mobility  Medication Administration

Monitoring or supervision of medications

Monitoring or supervision of residents who wander (describe):

Other: \_\_\_\_\_

**Personal Living Unit Amenities: Check (☐) all that apply. If amenities are located in common areas and shared with other residents put "S" in box.**

<input checked="" type="checkbox"/> Emergency Call System	<input checked="" type="checkbox"/> Fully Furnished Unit	<input type="checkbox"/> Stove/Oven
<input checked="" type="checkbox"/> Toilet and Sink	<input checked="" type="checkbox"/> Window Treatment	<input checked="" type="checkbox"/> Microwave Oven
<input checked="" type="checkbox"/> Shower/Bathtub	<input checked="" type="checkbox"/> Carpeting	<input type="checkbox"/> Stove-top Burner
<input type="checkbox"/> Basic Cable TV Service	<input checked="" type="checkbox"/> Cable TV hookup	<input checked="" type="checkbox"/> Telephone Hookup
<input type="checkbox"/> Refrigerator/Freezer	<input checked="" type="checkbox"/> Mini-refrigerator	<input type="checkbox"/> Local Phone Service
	<input checked="" type="checkbox"/> Lockable Door	<input type="checkbox"/> Pets Allowed
	<input checked="" type="checkbox"/> Gas/Electric/Water	<input type="checkbox"/> Off-site Storage

Other: AIR CONDITIONING

**APPENDIX A**  
**STANDARD DISCLOSURE SUMMARY**

**Staff Coverage:(Check (☑) all that apply)**

- |                                     |   |                         |                          |
|-------------------------------------|---|-------------------------|--------------------------|
| <input checked="" type="checkbox"/> | On-Duty Staff on Premises 24 hours per day  |                         |                          |
| <input checked="" type="checkbox"/> | Licensed Nurse  | Onsite Hours: _____     | On-Call Hours: _____     |
| <input type="checkbox"/>            | Personal Care Attendant   | Onsite Hours: _____     | On-Call Hours: _____     |
| <input checked="" type="checkbox"/> | Licensed Nursing Asst.-LNA  | Onsite Hours: <u>24</u> | On-Call Hours: _____     |
| <input checked="" type="checkbox"/> | Building Maintenance Staff  | Onsite Hours: _____     | On-Call Hours: <u>24</u> |
| <input checked="" type="checkbox"/> | Other: <u>REGISTERED NURSEADMINISTRATOR - 24 HOURS ON-CALL</u><br><u>-VARIABLE ON -SITE HOURS</u> |                         |                          |

**Transportation:**

- |                                     |   |   |                        |
|-------------------------------------|---|---|------------------------|
| <input type="checkbox"/>            | Daily                                     | <input type="checkbox"/>  | _____ Times per week   |
| <input type="checkbox"/>            | Scheduled Route Only                      | <input checked="" type="checkbox"/>   | Unscheduled/On Call    |
| <input checked="" type="checkbox"/> | Car                                       | <input checked="" type="checkbox"/>   | Van/Mini Bus with lift |
| <input type="checkbox"/>            | Available Destinations (if limited):      | Local Social & Cultural Events & Local<br>Medical Appointments : Staff<br>Availability Permitting |                        |
| <input type="checkbox"/>            | Geographic/mileage limitations (specify): | <u>12 MILES</u>   |                        |

**Recreation and Leisure (Indicate Activity and Schedule):** **SEE ATTACHED ACTIVITY CALENDAR**

**Other Services Included in Base Rate:**

**Services not Included in Base Rate, but available for an extra charge.**  
**(Please include cost and unit of service. You may attach a separate sheet if additional space is needed.)**

Guest Meals @ \$17.50 for Main Meal, Repairs to personal items @ \$20.00 per hour, Car-Port Lease @ \$50.00 per month, & Long Range Transportation @ \$20.00 per hour.

**APPENDIX A**  
**STANDARD DISCLOSURE SUMMARY**

---

**Regulatory Oversight (Please check (☐) if applicable):**

- Licensed/Certified Health Facility (RSA 151) Type: Supported Residential  
Care Facility \_\_\_\_\_
- Continuing Care Community Regulated by Dept. of Insurance (RSA 420-D)
- Other: \_\_\_\_\_

**This form is a summary. Please see "Residential Services Agreement" for a full description of the most current costs, services, rules, and policies.**

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_