

ASSURANCE/DISCLOSURE STATEMENT

This assurance and disclosure is extended by _____, an Assisted Living Facility, to _____, a new Resident of the facility and to _____, their Responsible Party.

_____ is licensed by the Department of Social Services, Commonwealth of Virginia, to provide assisted living services. Based on the Resident's Uniform Assessment Instrument (UAI) dated _____, this facility has the appropriate license and staff to meet the Resident's needs as outlined in the UAI.

_____ is staffed seven (7) days per week with trained Nursing Assistants, including some that are certified by the State (Certified Nursing Assistants) and other staff to include Cooks and Housekeepers. A qualified Administrator and other support staff are also generally in the facility between 9:00 a.m. and 4:00 p.m. weekdays, and at other times they are available by phone and can respond within a few minutes.

Services available to Residents include three meals per day plus a bedtime snack, as well as housekeeping and provision of clean linens. Assistance is also available with activities of daily living (bathing, toileting, grooming, dressing, feeding and taking medicines). A program of scheduled activities including board games, discussion groups, exercise and occasional trips is also provided.

Signed this _____ day of _____, 20____.

Administrator

Resident

Responsible Party

Responsible Party