

**CONTINUING CARE RETIREMENT COMMUNITY
DISCLOSURE STATEMENT**

Date Prepared: _____

Facility Name: _____

Address: _____

Zip Code: _____

Phone: _____

Provider Name: _____

Facility Operator: _____

Religious Affiliation: _____

Year Opened: _____

of Acres: _____

Miles to Shopping Center: _____

Miles to Hospital: _____

☐ Single Story☐ Multi-Story☐ Other: _____**Number of Units:**

| Residential Living | Number of Units | Health Care | Number of Units |
|---------------------------|------------------------|--------------------|------------------------|
| Apartments – Studio: | _____ | Assisted Living: | _____ |
| Apartments – 1 Bdrm: | _____ | Skilled Nursing: | _____ |
| Apartments – 2 Bdrm: | _____ | Special Care: | _____ |
| Cottages/Houses: | _____ | Description: | _____ |

RLU Occupancy (%) at Year End: _____

Type of Ownership: ☐ Not for Profit☐ For Profit**Accredited?** ☐ Yes By: _____☐ No**Form of Contact:**

(Check all that apply)

☐ Continuing Care☐ Life Care☐ Entrance Fee☐ Fee for Service☐ Assignment of Assets☐ Equity☐ Membership☐ Rental**Refund Provisions:**

(Check all that apply)

☐ Refundable☐ 90%☐ 50%☐ Repayable☐ 75%☐ Other: _____**Range of Entrance Fees:** \$ _____ - \$ _____**Long-Term Care Insurance Required?** ☐ Yes ☐ No**Health Care Benefits Included in Contract:** _____**Entry Requirements:** Min Age: _____ Prior Profession: _____ Other: _____**Resident Representative(s) to, and Resident Members on, the Board:**

(briefly describe provider's compliance and residents' roles): _____

All providers are required by Health and Safety Code section 1789.1 to provide this report to prospective residents before executing a deposit agreement or continuing care contract or receiving any payment. Many communities are part of multi-facility operations which may influence financial reporting. Consumers are encouraged to ask questions of the continuing care retirement community that they are considering and to seek advice from professional advisors.

Facility Services and Amenities

| Common Area Amenities | Available | Fee for Service | Services Available | Included in Fee | For Extra Charge |
|------------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|
| Beauty/Barber Shop | <input type="checkbox"/> | <input type="checkbox"/> | Housekeeping (___Times/ | <input type="checkbox"/> | <input type="checkbox"/> |
| Billiard Room | <input type="checkbox"/> | <input type="checkbox"/> | Month at \$_____each) | | |
| Bowling Green | <input type="checkbox"/> | <input type="checkbox"/> | Meals (___/Day) | <input type="checkbox"/> | <input type="checkbox"/> |
| Card Rooms | <input type="checkbox"/> | <input type="checkbox"/> | Special Diets Available | <input type="checkbox"/> | <input type="checkbox"/> |
| Chapel | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Coffee Shop | <input type="checkbox"/> | <input type="checkbox"/> | 24-Hour Emergency Response | <input type="checkbox"/> | <input type="checkbox"/> |
| Craft Rooms | <input type="checkbox"/> | <input type="checkbox"/> | Activities Program | <input type="checkbox"/> | <input type="checkbox"/> |
| Exercise Room | <input type="checkbox"/> | <input type="checkbox"/> | All Utilities Except Phone | <input type="checkbox"/> | <input type="checkbox"/> |
| Golf Course Access | <input type="checkbox"/> | <input type="checkbox"/> | Apartment Maintenance | <input type="checkbox"/> | <input type="checkbox"/> |
| Library | <input type="checkbox"/> | <input type="checkbox"/> | Cable TV | <input type="checkbox"/> | <input type="checkbox"/> |
| Putting Green | <input type="checkbox"/> | <input type="checkbox"/> | Linens Furnished | <input type="checkbox"/> | <input type="checkbox"/> |
| Shuffleboard | <input type="checkbox"/> | <input type="checkbox"/> | Linens Laundered | <input type="checkbox"/> | <input type="checkbox"/> |
| Spa | <input type="checkbox"/> | <input type="checkbox"/> | Medication Management | <input type="checkbox"/> | <input type="checkbox"/> |
| Swimming Pool – | <input type="checkbox"/> | <input type="checkbox"/> | Nursing/Wellness Clinic | <input type="checkbox"/> | <input type="checkbox"/> |
| Indoor | | | Personal Home Care | <input type="checkbox"/> | <input type="checkbox"/> |
| Swimming Pool – | <input type="checkbox"/> | <input type="checkbox"/> | Transportation – Personal | <input type="checkbox"/> | <input type="checkbox"/> |
| Outdoor | | | Transportation – Prearranged | <input type="checkbox"/> | <input type="checkbox"/> |
| Tennis Court | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Workshop | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Provider Name: _____

| Affiliated CCRCs | Location (city, state) | Phone (with area code) |
|-------------------------|-------------------------------|-------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| Multi-Level Retirement Communities | Location (city, state) | Phone (with area code) |
|---|-------------------------------|-------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| Free-Standing Skilled Nursing | Location (city, state) | Phone (with area code) |
|--------------------------------------|-------------------------------|-------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| Subsidized Senior Housing | Location (city, state) | Phone (with area code) |
|----------------------------------|-------------------------------|-------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

NOTE: Please indicate if the facility is a life care facility.

Provider Name: _____

Income and Expenses [Year]

Income from Ongoing Operations

Operating Income

(Excluding amortization of entrance fee income)

Less Operating Expenses

(Excluding depreciation, amortization, and interest)

Net Income From Operations

Less Interest Expense

Plus Contributions

Plus Non-Operating Income

(Expenses)

(Excluding extraordinary items)

Net Income (Loss) Before Entrance Fees, Depreciation And Amortization

Net Cash Flow From Entrance Fees

(Total Deposits Less Refunds)

Description of Secured Debt *(as of most recent fiscal year end)*

| Lender | Outstanding Balance | Interest Rate | Date of Origination | Date of Maturity | Amortization Period |
|---------------|----------------------------|----------------------|----------------------------|-------------------------|----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Financial Ratios *(see last page for ratio formulas)*

CCAC Medians 50th Percentile *(optional)*

Financial Ratios [Year]

Debt to Asset Ratio

Operating Ratio

Debt Service Coverage Ratio

Days Cash On Hand Ratio

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

Provider Name: _____

Historical Monthly Service Fees (*Average Fee and Change Percentage*)

| Residence/Service [Year] | % | % | % | % | % | % | % | % |
|---------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Studio | | | | | | | | |
| One Bedroom | | | | | | | | |
| Cottage/House | | | | | | | | |
| Assisted Living | | | | | | | | |
| Skilled Living | | | | | | | | |
| Special Care | | | | | | | | |

Comments from Provider:

Financial Ratio Formulas

Long-Term Debt to Total Assets Ratio

$$\frac{\text{Long Term Debt, less Current portion}}{\text{Total Assets}}$$

Operating Ratio

$$\frac{\text{Total Operating Expenses - Depreciation Expense - Amortization Expense}}{\text{Total Operating Revenues - Amortization of Deferred Revenue}}$$

Debt Service Coverage Ratio

$$\frac{\text{Total Excess of Revenues Over Expenses} + \text{Interest, Depreciation, and Amortization Expenses} + \text{Amortization of Deferred Revenue} + \text{Net Proceeds from Entrance Fees}}{\text{Annual Debt Service}}$$

Days Cash On Hand Ratio

$$\frac{\text{Unrestricted Current Cash \& Investments} + \text{Unrestricted Non-Current Cash and Investments}}{(\text{Operating Expenses - Depreciation - Amortization})/365}$$

NOTE: These formulas are also used by the Continuing Care Accreditation Commission. For each formula, that organization also publishes annual median figures for certain continuing care retirement communities.