



## COMPASSIONATE COVE LIVING FACILITY

### Resident Admission Agreement

This Resident Admission Agreement ("Agreement") is entered into on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by and between Compassionate Cove Living Facility ("Facility") and:

Resident Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Responsible Party/Legal Representative (if applicable): \_\_\_\_\_

Relationship to Resident: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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#### 1. Services Provided

The Facility agrees to provide the following services to the Resident:

- 24/7 non-medical supervision
- Three nutritious meals per day and two snacks
- Medication reminders
- Laundry services (weekly or as needed)
- Light housekeeping (weekly or as needed)
- Assistance with Activities of Daily Living (ADLs) such as bathing, grooming, dressing, and toileting
- Social and recreational activities
- Wi-Fi and utilities included

Additional services, if required, will be outlined in an addendum.

## 2. Level of Care

The Resident is admitted under the following care level (check all that apply):

☐ Ambulatory

☐ Bedridden (as permitted under licensing standards; no bedfast residents are allowed)

☐ Memory Care

Note: Compassionate Cove is an aging-in-place community; however, if a resident's condition changes such that appropriate care cannot be safely or legally provided at the facility, the resident may be required to relocate. No bedfast residents are permitted under any circumstance.

A care plan will be developed upon admission and reviewed regularly or as health needs change.

## 3. Room and Board Fees

Monthly Rate: \$\_\_\_\_\_ per month

Due Date: The date of move-in will determine the monthly rent due date. Rent will be due on the same day of each month unless otherwise agreed upon in writing.

- Monthly rates are based on the type and amount of care required. If the Resident's condition changes, the rate may increase with appropriate notice.
- There is no prorated rent. No refunds will be given for any reason, including early termination or absence.
- Move-In Fee: A non-refundable move-in fee of \$\_\_\_\_\_ is due with the first month's rent or to hold the bed prior to move-in.
- Late Fee Policy: A \$50 late fee will be applied for payments received after the 5th day following the rent due date, plus \$20 per day thereafter until the balance is paid in full.

By signing this agreement, the Resident and/or Responsible Party agrees to pay all fees on time, starting from the date of admission.

## 4. Admission Requirements

The following documents must be submitted prior to admission:

- Physician's Report (within the last 30 days)
- TB Test/Clearance (within the last 12 months)
- Identification (Resident & Responsible Party)
- Power of Attorney or Guardianship papers (if applicable)
- Emergency Contact and Medical History forms

## **5. Termination of Agreement**

This Agreement may be terminated:

- By either party with 30 days' written notice
- Immediately, for cause (e.g., non-payment, safety risk, medical needs beyond facility capabilities)
- Upon death of the Resident

Note: No refunds of rent or fees will be made under any circumstance. Any prepaid rent will not be refunded.

## **6. Resident Rights**

The Resident shall retain all civil and legal rights guaranteed under state and federal law, including but not limited to:

- Right to privacy
- Right to dignity and respect
- Right to voice complaints without retaliation
- Right to participate in care planning

A full list of Resident Rights is provided upon admission.

## **7. Responsible Party Agreement**

The undersigned Responsible Party agrees to:

- Ensure timely payment of all applicable fees.
- Assist in coordinating care and legal/medical decisions if the Resident is unable.
- Arrange and cover the cost of transportation to and from doctor's appointments, hospitals, and emergency rooms.
- Accept full financial and legal responsibility for all medical services, including physician fees, medications, special equipment, oxygen, and other health-related services or aids.
- Provide wash-and-wear clothing and replenish as needed.
- Supply all personal care items including incontinence supplies.
- Ensure all medications are prescribed by a licensed physician.
- Cover all medication-related costs.
- Authorize Compassionate Cove Living to order necessary medications from the resident's designated pharmacy, based on written physician orders.

## **8. Facility and Responsible Party Obligations**

Compassionate Cove's Responsibilities:

- Provide appropriate care for the Resident in accordance with their known condition and care plan.
- Properly safeguard all confidential records and only release them to authorized

persons or agencies as required by law.

- Maintain compliance with all applicable city, county, and state regulations.
- Operate as a permitted facility under the State of Texas regulations.

Under Texas state guidelines, residents may:

- Require staff assistance to evacuate the facility in an emergency.
- Require attendance during nighttime sleeping hours.
- Be incapable of following emergency directions.
- Require assistance with transferring to and from a wheelchair.

However, residents must not be permanently bedfast.

### **9. Acknowledgment and Signatures**

By signing below, all parties agree to the terms of this Admission Agreement and acknowledge receipt of a copy.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Representative: \_\_\_\_\_ Date: \_\_\_\_\_