



Turner Retirement Homes Resident Handbook and Application

Celebrating *90 Years of Ministry and Care

*June 2023

Providing a Caring Community for Christians in Retirement

 TRH is a smoke & alcohol-free facility 

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Section II Application

General Application/Medical Application/Resident Authorization/Agreements

**Application documents and Agreements are at the back of the booklet.
Return completed application paperwork to the Administration Office.
Please keep the front of the handbook for your reference.
Thank you!**



5405 Boise St. SE PO Box 970 Turner, OR 97392
Phone: 503-743-2490 Fax: 503-743-2803 www.trhomes.org

Dear Retiree:

Thank you for your interest in Turner Retirement Homes. We have adopted an admissions policy that opens our facility to people who are like-minded spiritually, who are supportive of our philosophy, objectives, and standards. Our purpose is to serve retirees who desire to live in a distinctly Christian environment.

Before applying for residency, please read the Resident Handbook provided in this introductory packet. The Handbook will introduce you to many of TRH's policies, procedures, and expectations of residents.

The first few pages of the Handbook explain our religious purpose, mission, and beliefs. Turner Retirement Homes believes and practices a literal interpretation of the Word of God. If you do not agree with our religious mission and beliefs, becoming a resident would not be advisable.

Biblical principles are integrated into everything we do at Turner Retirement Homes. Our staff are committed to the truths of God's Word to every aspect of life. If you are in agreement with the teachings of God's Word, we look forward to the possibility of you being a resident.

In Christ's Service,

Turner Retirement Homes



Statement of Faith

We believe in one God,¹ Who is Creator of all things.²

We believe in Jesus Christ, the only Son of God,³ the eternal Word,⁴ the one and only Savior;⁵
Who was conceived by the Holy Spirit,⁶ born of the Virgin Mary,⁷ both fully human and fully divine.
Who reconciled us with God through His death on the Cross;⁸
Who rose again bodily from the dead on the third day;⁹
Who ascended into Heaven;¹⁰
And Who will return in victory to rule forever.¹¹

We believe in the Holy Spirit;

Who convicts concerning sin, righteousness, and judgment;¹²
Who indwells every Christian;¹³
Who helps Christians in their weakness and intercedes for them in prayer;¹⁴
Who empowers the Christian toward a fruitful life.¹⁵

We believe the Gospel-the Good News of death, burial, and resurrection of Jesus¹⁶ on behalf of the whole creation;

That humans, created by God willfully sin against Him and consequently are in need of the redemption and salvation offered by God through Christ's death and resurrection;¹⁷

That salvation is initiated by God's grace and is appropriated by faith in the finished work of Jesus Christ.

That one comes into a new relationship with God by placing one's trust in Jesus, by repenting of their former life, by confessing Jesus as Savior and Lord, and by being immersed in water into the name of the Father, Son, and Holy Spirit;¹⁸

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1. Deuteronomy 6:4
 2. Genesis 1:1; Revelation 4:11
 3. John 1:14, 18
 4. John 1:1, Revelation 19:13
 5. Titus 2:13,14
 6. Matthew 1:20
 7. Matthew 1:23-25
 8. Romans 5:8-10
 9. Romans 1:4; 1 Corinthians 15:3, 4
 10. Acts 1:9-12
 11. 1 Corinthians 6:9
 12. John 16:8
 13. 1 Corinthians 6:19
 14. Romans 8:26-27
 15. Galatians 5:16, 17; 22-24; 2 Corinthians 3:17-18
 16. 1 Corinthians 15:1-4
 17. Romans 3:23
 18. Acts 2:38

That a new relationship with God through Jesus Christ produces a new life-style appropriate to that new relationship.

We believe the Bible to be God's written Word, the only true book of Scripture, which was inspired by God¹⁹ and authoritative for the faith and behavior of God's people.

Under the authority of the Bible, the following three statements are part of our Code of Conduct:

1. We understand Scripture to teach that God is the Creator and Sustainer of human life; that God created humankind in His image and that life is, therefore, sacred, from conception to death.²⁰
2. We also understand that God created each person male or female, that each of these distinct, complementary sexes reflect the "image of God" in humankind; that each person's biological gender is an intrinsic, immutable aspect of his or her nature of identity.²¹
3. We further understand Scripture to illustrate that God established marriage in the beginning as a lifelong, exclusive relationship between one man and one woman,²² and that He has reserved sexual intimacy as an expression of love and commitment between said man and woman.²³

The above Statement of Faith and Code of Conduct is in keeping with the mission of Turner Retirement Homes; to provide economical care and housing for retired servants of our Savior, with priority given to missionaries, pastors, and educators.²⁴

The Board of Trustees of Turner Retirement Homes is the final authority regarding the interpretation and application of this Statement of Faith and Conduct regarding Turner Retirement Homes.

19. 2 Timothy 3:16

20. Exodus 20:13

21. Genesis 1:27

22. Matthew 19: 4-6

23. Hebrews 13:4

24. Psalm 71:9





Office Hours/Staffing

Office Hours:

8:00 am – 4:30 pm Monday – Thursday
We close at 4:00 pm on Friday
Closed 12:30 pm – 1 pm daily for lunch
and Closed on Major Holidays

Telephone Numbers:

Office: 503-743-2490
Office Fax 503-743-2803
Kitchen: 503-743-4253

Mailing Address:

Turner Retirement Homes
P.O. Box 970
Turner, OR 97392

Office Address:

5405 Boise St. SE
Turner, OR 97392

Website: trhomes.org

Administration & Staff

Executive Administrator: Tim Long
RCF Administrator: Linda Shearer
Bookkeeper: Sarah Bevilacqua
Office Manager: Cindy Brammer
Activity Coordinator: Laurie Dyer
Plant Operations and Grounds Keeping
Nutrition Services

General Residency Policy

I. General Policies and Fees

- ◆ Turner Retirement Homes is a smoke-free community. No smoking is allowed.
- ◆ There is no alcohol allowed on the TRH grounds.
- ◆ Noise should be held to a minimum.
- ◆ Speed limits are 10 mph in all neighborhoods unless otherwise posted.
- ◆ We accept cash, personal checks, and money orders. We currently do not accept credit or debit cards for payments of any type.
- ◆ A one-time non-refundable application fee of \$150 is required when you turn in your application.
- ◆ A non-refundable move-in fee of \$750 is required upon moving into or transferring from one unit into another unit.
- ◆ One small pet is allowed for independent residents upon approval by administration with a one-time refundable \$750 pet fee. (Refundable after inspection when terminating residency).
- ◆ Applying for housing at TRH is a privilege. TRH was originally established for meeting the needs of retired pastors, missionaries, and their spouses, and that purpose remains. The Administrator has the authorization to manage all TRH housing and placement of those requesting housing. Usually, placement will be on a first come first-served basis.
- ◆ All prices and fees are subject to change and will be communicated 30 days in advance.

II. Monthly Fees (Reimbursement Day)

You will be invoiced prior to the first of each month and payment will be due on the third of each month. When the third falls on a weekend, payments will be received on the first business day following the weekend. We set aside time from 9 am to 10:30 am in the dining room where you can pay your monthly fee and have a donut and coffee. Fees can also be accepted at the main office during business hours, or you can place your payment in the mail slot located to the left of the office front door. Many residents have their payment mailed directly from their bank to the office.

Failure to make payment on time will require an explanation and repeated failure may lead to termination of residence at TRH.

III. House Additions, Changes, Building & Landscaping

Any changes to a unit or the landscaping thereof will need to have advance written authorization from Administration before work may begin. When a resident requests changes in writing and it is approved, the resident is responsible for all costs incurred. The placement of storage sheds on TRH property will need to be approved by Administration in writing before building. TRH has the right to reverse any unapproved changes to a unit or landscaping at the resident's cost. Labor for correcting unauthorized changes will incur a labor fee of \$40.00 per hour.

Storing of trailers, motorhomes, or boats, etc., on TRH property is prohibited unless you have prior written permission from Administration.

IV. Yard Maintenance

Yard maintenance for reimbursement (rental) units is the responsibility of the resident unless otherwise arranged. Call the Administration Office to enter a work request for yard maintenance. There is a \$40.00 per hour fee payable to TRH at the completion of work.

V. Overnight Guests

Guests may stay with the resident in their homes, but guests are requested to limit their stay to 10 days or less. Failure to comply with this request may result in the termination of residency. Long-term guests staying (more than 10 days) require prior approval from the Administrator at a cost of \$300.00 per month for the additional occupant.

We do have one RV spot available for a resident's family. If you would like to reserve the RV spot, please contact the Administration Office for availability and costs.

VI. Respect and Safety

Showing respect for other residents and property is a duty of all residents. Safety Inspections of all units will be conducted annually by TRH staff. Hoarding is a safety hazard and is not allowed. Failure to comply with safety standards by residents may result in termination of residency.

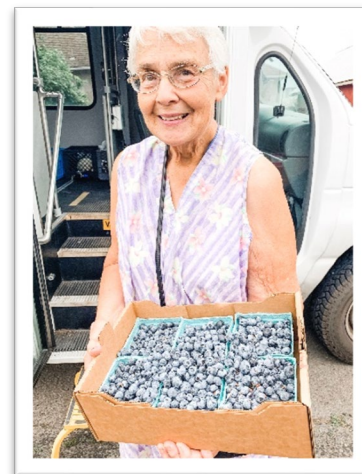
Resident Activities

TRH prints a monthly calendar for all residents that list the activities for the month. We encourage you to join in on those activities. From games to shopping trips there's something for everyone! If you need to sign-up for an event, that information will be shared along with any fees you may need.

TRH hosts special event mealtimes where all of TRH Residents are invited to join in. We have a Valentine's Breakfast, Summer BBQ, and Thanksgiving and Christmas holiday meals. Look for information printed in the monthly calendar. Independent Residents will need to RSVP by calling the kitchen or office to participate in these events.

Monthly/Bi-monthly

- ◆ Foot Clinic every other month. Check your calendar for dates and call the care station for scheduling.
- ◆ RIM (Residential Information Meeting) Every month (check the monthly calendar for the date.). Stay informed on what is going on in our TRH community. There is also a time for Q & A at the end of the meeting, so bring any questions and concerns you may have to discuss.





Guidelines for Vacating an Independent Unit

To clearly communicate our expectations when a unit is being vacated, we've implemented the following guidelines. Please direct any questions you may have to Administration.

- Cardboard boxes may be available outside the exterior kitchen basement door (northeast corner of the dining hall). You are free to take those boxes. However, these boxes are flattened daily. Please do not ask staff to gather boxes or packing material.
- Please make sure all food has been removed from the refrigerator/freezer and the refrigerator/freezer is cleaned inside. Please make sure all items are removed from the cupboards and drawers. (Bathroom & Kitchen) Wipe out all drawers and cupboards shelves.
- Remove all garbage and items to be discarded and dispose of it properly or take it with you.
- TRH is not responsible for any items left over 30 days. If items are still in the unit after 30 days, TRH will dispose of them and bill the resident for all costs incurred. Labor will be billed at \$25 per hour.
- Direct all requests for help to the Administration Office. Administration will determine if we can accommodate the request for help and enlist appropriate volunteers or employees to do the work. (Help with lifting and loading heavy items.) The TRH vehicles and/or staff are not available to assist with moving.
- Independent residents who pay utilities (water/sewer, gas, electricity) directly should contact the provider to have it switched back to TRH. If your water/sewer and electricity was billed on your monthly reimbursement invoice you do not need to do anything else.
- Return ALL keys, including mailbox keys and garage door openers to the Administration office.
- After the unit has been vacated it will be assessed for unusual wear and tear, the cost of any extensive repairs will be reviewed and added to the final bill. If leaving mid-month your reimbursement and water/sewer (if billed by TRH) will be pro-rated through the date the unit is vacated and any refunds will be mailed to you.
- Please leave a forwarding address with the Administration office should we need to contact you.

Guidelines for vacating a Life Lease Units

- Give a 30-day written notice to the Administration office of move out. The unit must be vacated, repaired, cleaned and keys/remotes returned to the Administration office at the end of 30 days.
- Make a final closing appointment with the Administrator to examine the structure(s)/grounds before the keys are turned in.
- Remove all food from the refrigerator and cupboards. Clean house, wipe off shelves, and wash out the refrigerator.
- In the event of death, the family has 30 days from the date of death to:
 - Remove all personal belongings
 - Make an appointment to allow the Administrator to examine the structure(s)/ground
 - Make necessary repairs to the structure(s)/ground in consultation with the Administrator
 - Clean all structure(s)/ground
 - Pay for utilities used during the 30-day period
 - Turn all keys and remotes into the Administration office
- If more than 30 days is needed to complete the above, then provide notice to the Administrator at least one week before the 30-day period ends.

Questions & Answers

Who do I call when I have a maintenance problem?

Call the Administration Office to create a work order. The order will be given to the maintenance crew for review and scheduling. **If it is an after-hours emergency, please contact the care station.**

Reminder: Leaseholders are responsible for their own maintenance and grounds upkeep.

Is there a place that may be reserved for family use and overnight guests?

Yes, Sickafoose is our activity building and may be used for family functions and activities. We also have the Gary Johnson gazebo where families can gather during nice weather. A donation of your choosing is appreciated when reserving Sickafoose or the gazebo. We have one RV Spot available for resident's families wishing to stay overnight. Please call the Administration office to reserve the spot and inquire about rates.

Do I need to notify the office if I am going to be out of town?

If you will be leaving for more than a week, you should notify the Administration Office. It is also a good idea to let your neighbors know when you are going to be away.

Does TRH have a library?

There is a library off the main dining room and at Eden Circle. Books are checked out on the honor system. There are also videos in the Sickafoose activity building that may be checked out. Please return in a reasonable time. We have residents who volunteer the upkeep of these materials.

Does TRH have a newsletter?

Yes, the Reporter, which is a newsletter that is mailed out to residents, friends, families, and churches who help support TRH. This is a biannual publication. We also publish Turn of Events, a monthly resident newsletter with an activity calendar.

Do I need to register my car with the office?

Yes, for security purposes. See form at the back of Resident Handbook.

Do I need to register my renter's insurance with the office?

Yes, for insurance purposes. See form at back of Resident Handbook.

Is storage available at TRH?

There are no individual storage units available at TRH.

Are you allowed to have alcoholic beverages or to smoke at TRH?

No alcohol is allowed on campus grounds. No smoking is allowed on campus grounds or in units.

Are there volunteer opportunities at TRH?

Yes, please call the Administration Office.

Resident Concierge Services:

The Administration Office can help with making copies and faxing. Please call the office to arrange a good time to do that. We also offer stamps for sale, and some smaller mailing services. We can also cash a personal check made to TRH for funds up to \$50.00 per month.

If you have any other questions, don't hesitate to call the Administration Office.



When submitting your completed Application:

☒ Make sure all the items below are completed

- ☐ Please make sure all sections are filled out completely.
- ☐ Make sure you sign and date all paperwork
- ☐ Application
- ☐ Include the application fee of \$150.00 made payable to TRH.
- ☐ Resident Authorization
- ☐ Signed Agreements from the back of the Resident Handbook



*Providing a Caring Community for
Christians in Retirement*

5405 Boise St. SE ~ PO Box 970, Turner, OR 97392 503-743-2490

Application Form

I present the following information to Turner Retirement Homes with the understanding that the facts contained herein will be held in strict confidence to be used only by the administrative and admissions personnel.

Today's Date: _____

Marital Status: ☐ Single ☐ Married

Name: _____ Phone: _____

Name of Spouse: _____ Phone: _____

Address: _____
City State Zip

Email: _____

Type of unit desired: (Check appropriate box or boxes)

Projected date of coming: _____

1. Independent Living: ☐ Apartment (one or two-bedroom)

☐ Gracious Living (one-bedroom apt.)

☐ Cottage (one or two-bedroom)

☐ Duplex (one or two-bedroom)

☐ Two-bedroom house

How did you learn about our facilities? _____

Do you have friends or relatives living at Turner Retirement Homes?

☐ Yes

☐ No

Name/Location: _____ Relationship: _____

Name/Location: _____ Relationship: _____

Personal Information

Date of Birth: Month _____ Day: _____ Year: _____ Current Age: _____

Place of Birth: City _____ County: _____ State: _____

Spouse's Date of Birth: Month _____ Day: _____ Year: _____ Current Age: _____

Spouse's Place of Birth: City: _____ County: _____ State: _____

Wedding Anniversary: Month _____ Day _____ Year _____

Member of what church? _____ How long? _____

Minister's name: _____ Date of immersion: self _____ spouse _____

Will you have an automobile on the premises? ☐ Yes

☐ No

If yes, then fill out the following:

Automobile:	Make	Model	Year	License No.	State	Owner
-------------	------	-------	------	-------------	-------	-------

Automobile:	Make	Model	Year	License No.	State	Owner
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Emergency Contact Information

Your nearest living relatives/responsible parties (in order of emergency notice)

1. Name: _____ Address: _____ zip code

Relationship: _____ Phone: _____ E-mail: _____

2. Name: _____ Address: _____ zip code

Relationship: _____ Phone: _____ E-mail: _____

3 Name: _____ Address: _____ zip code

Relationship: _____ Phone: _____ E-mail: _____

References: Please provide us with three

1. Name: _____ City/State _____ Phone # _____

2. Name: _____ City/State _____ Phone # _____

3. Name: _____ City/State _____ Phone # _____

Medical and Insurance Information

Hospitalization Medical Insurance:

Company: _____ Policy # _____

Group: _____ Monthly Premium \$ _____

Nursing Home Insurance:

Company: _____ Policy # _____

Group: _____ Monthly Premium \$ _____

Responsible Party

If you should become unable to care for your affairs, who should be contacted to act on your behalf and to manage your estate?

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Guardianship: ☐ Yes ☐ No Power of Attorney: ☐ Yes ☐ No Durable POA for health care: ☐ Yes ☐ No

Do you have a Living Will? ☐ Yes ☐ No If yes, is family aware? ☐ Yes ☐ No

Please Read and Sign before Sending in this Application

I/We present this information to Turner Retirement Homes and give TRH permission to contact my references and understand that this application is only the preliminary step in the resident selection process and in no way guarantees me occupancy. I also acknowledge that TRH is a Non-Smoking and Non-Alcohol community and will agree to abide by TRH rules and policies as indicated in the Resident Handbook.

Signature of Applicant Date _____

Signature of Applicant Date _____

The following must be included with application:

☐ \$150 non-refundable Application Fee Date Paid _____ Check # _____

☐ Copy of Advanced Directive

☐ Copy of Durable Power of Attorney

Independent Residents Only: One small pet is allowed with refundable pet deposit of \$750.00.

For Office Use Only

Recommendation: ☐ Approved ☐ Pending

Signature: _____ Date: _____

Admissions Chair

Final Instructions

(This is not required but encouraged)

Final instruction for: _____

If I should pass away while I am a resident member of Turner Retirement Homes, please observe the following instructions and notify the following:

Name

Address

Phone

Relationship

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mortuary name: _____

Address: _____ Phone: _____

Is service prepaid? ☐ Yes ☐ No If yes, please explain: _____

Cemetery name: _____

Address: _____

Is space purchased? ☐ Yes ☐ No If yes, please give description and location _____

Miscellaneous wishes or special instructions: (minister, pallbearers, singer, scripture, military honors, etc.)

Signature: _____ Date: _____



Resident Authorizations

I, _____ & _____ (spouse)
authorize the staff of Turner Retirement Homes to do the following: (mark yes or no).

Primary <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that photos and videos are sometimes taken to record activities and special events and that these pictures may be used within this community or in news stories about the community. You have my permission to include my picture.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Staff may enter my apartment in my absence in order to deliver services, check on my well-being, to do maintenance & routine safety checks, or to perform other tasks at my request. Additional instructions:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide other residents in the facility with discreet, general information about my well-being if they inquire, without revealing extensive details of my condition. Additional instructions:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Receive, hold, and deliver as appropriate supplies, equipment, medication, mail, or other items which I order and request to have delivered. Additional instructions:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Send my monthly bill to the person designated the Responsible Party on my Resident Application or to the person who has agreed to act as my Power of Attorney. Additional instructions:
Other Comments: _____ _____ Resident Signature: _____ Date: _____ Resident Signature: _____ Date: _____ <p>Changes in authorization will be made upon the resident's request by filling out a new form and attaching it to this form when completed. An opportunity to review these authorizations shall be made at the resident's request.</p>		

Staff Signature: _____ Date: _____

C:\Users\Owner\Documents\Application packet\Resident Authorization.docx

Revised 9/10/2022

This form needs to be signed and returned to the Administrative Office.



5405 Boise St. SE PO Box 970 Turner, OR 97392
Phone: 503-743-2490 Fax: 503-743-2803 www.trhomes.org

Agreement

RENTAL INSURANCE POLICY INFO

Signature of Resident Date _____

Printed Name of Resident Date _____

Signature of Spouse, if applicable Date _____

Printed Name of Spouse, if applicable Date _____

Policy Numbers: _____

**This form needs to be signed and returned to the
Administrative Office.**



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Agreement

CAR REGISTRATION INFO

Signature of Resident Date _____

Printed Name of Resident Date _____

Signature of Spouse, if applicable Date _____

Printed Name of Spouse, if applicable Date _____

Type of Vehicle _____
Year Make Model License Number

Type of Vehicle _____
Year Make Model License Number

**This form needs to be signed and returned to the
Administrative Office.**