



# Turner Retirement Homes Resident Handbook and Application

85 + Years of Ministry and Care

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](http://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 applies 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,<sup>1</sup> Who is Creator of all things.<sup>2</sup>

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

We believe in the Holy Spirit;

Who convicts concerning sin, righteousness, and judgment;<sup>12</sup>  
Who indwells every Christian;<sup>13</sup>

Who helps Christians in their weakness and intercedes for them in prayer;<sup>14</sup>

Who empowers the Christian toward a fruitful life.<sup>15</sup>

We believe the Gospel-the Good News of death, burial, and resurrection of Jesus<sup>16</sup> 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;<sup>17</sup>

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;<sup>18</sup>

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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 God<sup>19</sup> 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.<sup>20</sup>
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.<sup>21</sup>
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,<sup>22</sup> and that He has reserved sexual intimacy as an expression of love and commitment between said man and woman.<sup>23</sup>

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.<sup>24</sup>

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.

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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  
Care Station: 503-743-2826  
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](http://trhomes.org)

### **Administration Office**

Administrator: Bruce Reed  
Bookkeeper: Sarah Bevilacqua  
Office Manager: Cindy Brammer  
Activity Coordinator: Laurie Dyer

### **Resident Care Department**

Nurse Consultant: Jean Laurenovics  
Res. Care Coordinator: Misty Struble  
Medication Aides  
Caregivers

### **Plant Operations**

Plant Operations Supervisor  
General Maintenance Workers  
Housekeepers  
Night Security

### **Food Service Department**

Dietary Services Supervisor: Debra Oakes  
Cooks  
Cook's Helpers

There are approximately 38 full-time and part-time staff.





## Scheduled Activities

**Daily** (Sickafoose, the Activity Center, is open daily at 8:00 am for games, crafts, exercise, TV, etc.)

### Daily Mealtimes

7:15 am – 8:30 am    Breakfast  
Noon – 12:30 pm    Dinner  
5:00 pm – 5:30 pm    Supper

### Sunday

10:00 am            TCC Bus picks up residents for TCC Worship service

### Monday

10:00 am            Games in Sickafoose

### Tuesday

3:00 pm             Stretch & Breathe in Sickafoose

### Wednesday

3:00 pm             BINGO! In Sickafoose

### Thursday

2:00 pm             Craft Club in Sickafoose

### Friday

9:15 am             Bus into town for shopping (Destination varies by week.)

### Saturday

\*Due to Covid-19 most of the current activities have been suspended. This activities list will be updated when activities have resumed. Check your calendar for updates also. Thank you!

## **Scheduled Activities (cont.)**

A computer lab is available daily to all residents wishing to use it. You will find the computer lab off the dining room in the library.

We also have various special monthly activities and trips scheduled depending on the season. Please see your calendar for what is available for that month.

## **Monthly/Bi-monthly**

- ◆ Reimbursement day: Scheduled day to pay your rent on or near the 3<sup>rd</sup> of the month. You may mail your check or bring it to the office.
- ◆ Birthday/Anniversary Party: Once a month in the Dining Hall. (Check your calendar for the date)
- ◆ Joy Rides: This is a special time for the residents of the RCF to get out for a drive and stop for a special treat along the way. Please make sure to sign up if you would like to go.
- ◆ Beauty Salon for RCF residents: Most Wednesdays. Call the care station for scheduling.
- ◆ Foot Clinic every other month. Check your calendar for dates and call the care station for scheduling.
- ◆ RIM (Residential Information Meeting) Every month. 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.

## **Special Events**

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

## 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 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. Electronic donations are available on our website.
- ◆ 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. Fees are accepted at the main office during business hours or place your payment in the mail slot to the left of the front door. Many residents have their payment mailed directly from their bank.

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

## III. Food Services

Meal tickets may be purchased for independent living residents and guests. They are available at the Administration Office. Special prices are available when multiple tickets are purchased. Deposit meal tickets in the wooden box located by the beverage counter. Call the kitchen to let them know to expect extra people at least two hours ahead. 503-743-4253

<u>Meals</u>	<u>Cost</u>	<u>Time</u>
Breakfast	\$4.50	7:15 am to 8:30 am
Dinner	\$7.50	Noon to 12:30 pm
Supper	\$6.50	5:00 pm to 5:30 pm

## 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 \$30.00 per hour fee payable to TRH at completion of work.

## V. 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.

## VI. Overnight Guests (Pending Covid-19 Restrictions)

Guests may stay with the resident, except in the Residential Care Facility. 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 (more than 10 days) require prior approval from the Administrator at a cost of \$250.00 per month for the additional occupant.

For the convenience to resident's families, there are three guest rooms available upstairs in Judith Turner Hall. The rooms include a bed, dresser, and a closet. A bathroom is shared by all three rooms. Linens are located in the hallway closet. All rooms are reserved through the Administration Office at 503-743-2490.

- ◆ Doors are locked after 8:00 pm. If you arrive after that time you will need to go to the care station, located behind the dining hall. There will be someone there to let you in.
- ◆ Please notify the kitchen staff at least an hour before if you will be eating in the dining room.
- ◆ Meal tickets can be purchased in the Administration Office, or you may pay as you pick up your menu. Put your ticket or money in the box provided at the end of the beverage counter.
- ◆ No perishable garbage is to be left in the rooms. (Please do not leave used diapers)
- ◆ A donation of \$40 is recommended per each night of stay. It includes a free breakfast meal. Additional meals may be purchased. We ask, when possible, you settle your account during business hours. During the weekend you may use the envelope found in your room and place your check for the full amount in it. You can then drop the envelope in the mail slot to the left of the office front door. (**\*NOTE: We do not accept credit or debit cards.**)

## VII. **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.

## **Gracious Living**

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The Gracious Living option offers our independent residents a convenient way to receive additional services while still living independently. You make one reimbursement payment that includes the following services:

### **I. Utilities**

Electricity, natural gas, water & sewer will be included with your reimbursement payment making it easier for you by only having to make one payment per month for rent and all utility services. Residents are responsible for their phone, cable, satellite, and internet services.

### **II. Meals**

TRH will provide a daily meal. You can choose either breakfast, dinner, or supper. We have plans for five-weekday meals (Monday – Friday) or full-week meals (Sunday – Saturday). Meals not used cannot be carried over or accumulated for any period of time. If they are not used, they may not be deducted from the monthly cost. They also cannot be used for guests or family members. At this time TRH cannot provide for special diets.

If you would like to know more about Gracious Living, including costs, please talk to the administrator about that option as the cost will vary depending on unit size and occupancy.



## Information about Residential Care

Turner Retirement Homes Residential Care living is honored to serve you as a resident. Our desire is to exalt Jesus while caring for His people. The following information is provided for the purpose of establishing a contract and admission agreement between yourself and TRH.

### Residential Care Facility Services

Turner Retirement Homes (TRH) is licensed as a Residential Care Facility (RCF). TRH may extend care to any resident who becomes dependent in one or more activities of daily living and who has increased medical needs.

#### **Basic features for RCF include:**

- Studio-like apartment with a central fellowship room shared by up to eight residents. A storage cabinet for food with the use of a microwave and refrigerator in the central room.
- All utilities (except telephone/internet)
- Basic cable TV
- Three meals per day
- Monthly vitals (weight, blood pressure, and pulse)
- Medication management
- Weekly laundry
- Weekly housekeeping
- Security and in-room call system
- 24-hour availability assisted care
- Staff arranges medical appointments

#### **I. Pre-move-in**

- A. Approved applicants will pay all required deposits and fees.
- B. All prospective residents will have an evaluation by the Resident Care Coordinator or the Resident Health Coordinator to assure that he/she does not have impairments which exceed the RCF license level.
- C. Prospective residents who are approved by the evaluation process will obtain from their physician, prior to moving in, the following:
  - List of diagnoses
  - Order for current medications and treatments (Physicians Orders)
  - The ability or inability to self-administer the medications
  - Completed and signed POLST form
  - List of allergies
  - Brief medical history

## II. Upon Admission

- A. Each resident will receive within 24 hours of move-in and again annually instruction of general safety procedures, evacuation methods and routes, fire drill responsibilities, including points of exit and designated meeting places outside of buildings to utilize in the event of a fire. The resident's ability to exit in the event of an emergency will be assessed by the Resident Care Coordinator and noted in the Service Plan.
- B. Each resident is encouraged to bring personal items and basic furniture to enhance the comfort of their new home.

## III. Health Care Services

- A. The RCF residents' care is overseen by an RN Consultant and Caregivers who may assist with basic activities of daily living and medication administration. All provided care is under RN supervision and delegation.
- B. All care needs are recorded and designed by the Resident Care Coordinator and interested family as appropriate, by means of a Resident Evaluation. An initial Service Plan is developed prior to moving in and may be revised within 30 days if necessary. The Service Plan will be updated quarterly and changed as the needs of the resident change.
- C. Each resident must have a physician through whom all changes in medications and treatments will be approved. A health record chart will be maintained for each resident which will include information related to medications, physician visits, tests, and so on.

## IV. Other Services

- A. Rates **do not** include medications or special treatments which need to be purchased. RCF residents may utilize Sublimity Pharmacy which will monitor, dispense, and deliver medications, or choose to use another pharmacy. The rates **do not** include telephone/internet charges.

The rates do include:

- Weekly housekeeping and laundry.
  - Three meals a day.
  - All utilities (except telephone/internet).
  - Cable TV basic channels. (If you want prime channels, you are responsible for payment.)
  - 24-hour availability assistance. Includes scheduling of doctor appointments.
  - Health monitoring and medication management.
  - Security and In-room call service.
- B. Hospital and emergency transport: When transported by ambulance to a hospital, the family will be notified as soon as possible. Caregivers do not accompany residents to emergency rooms. Local EMS personnel are very attentive and caring. Return transport from the hospital is the responsibility of the resident and family. Taxis and medical transport services are available and can be arranged by hospital staff. If TRH transport personnel are available, transport may be arranged at a cost. After 5:00 pm the care station can suggest other options for transport home.

- C. If a resident leaves the RCF for medical reasons and indicates he/she is not returning, he/she will not be charged for more than 15 days after the resident has left the facility.
- D. A resident or their responsible party may choose to hold the resident's room for as long as they choose at a vacancy rate per month in the event the resident is absent – i.e. hospitalized, in a different care facility, on an extended vacation. The reduced rate reflects the food costs not incurred. Resident's absence in excess of 14 days, for medical reasons, will be credited for food cost not incurred during that period on their next invoice. Residents receiving financial assistance are not eligible for this reduction.
- E. In the event the resident becomes ill and contagious a food tray will be delivered to a resident's room at no cost. Requesting a food tray to be delivered to your room if you are well and able to eat in the dining room will cost \$3.00 per tray delivery. You can request a food tray to go and come and pick it up yourself and take it back to your room to eat for no charge.
- F. In the event of any general increases, additions or modifications of rates that are not due to a change in individual resident service needs, the resident shall be provided with written notice of such changes 30 days prior to the change. In the event of rate changes due to service charges, a notification will be made via the Care Conference and signing of Service Plan by the resident.
- G. In the event a resident vacates a room and personal possessions are left behind there will be a storage fee of \$150.00 for the first 30 days. After 30 days the possessions are considered abandoned and will be disposed of. Labor charges for TRH staff to clear a room of possessions that remain are \$40.00 per hour to pack, move, and store the possessions.
- H. TRH shall refund any unused portions of any eligible reimbursement fee within 30 days of the resident moving out.
- I. A resident can be moved or transferred with a 30-day written notice to the resident, resident's legal representative or any person designated by the resident, guardian or conservator stating reasons for the move or transfer. The resident may only be moved for reasons, such as, medical instability and/or TRH inability to provide a safe level of nursing care as outlined OAR 411-054-0080. A resident transferred out of the RCF has the right to readmission outlined also in OAR 411-054-0080.
- J. A resident can be transported to a doctor's appointment if it is arranged through the Care Coordinator and is within the Salem/Aumsville/Stayton area for a fee. We are unable to transport out of these areas. Another option is an independent Medical Transport company.





## Move-Out Information

### Guidelines for vacating a unit

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To clearly communicate our expectations when an Independent or RCF unit is being vacated, we have implemented the following guidelines. Please direct any questions you may have to the Administration.

#### For all units please:

1. Remove all items and garbage to be discarded and take them with you.
2. Cardboard boxes are available outside the exterior kitchen basement door on occasion. However, these boxes are flattened daily. Please do not ask staff to gather boxes or packing materials.
3. TRH staff is not available to assist with packing or moving.
4. After the vacant unit has been assessed for unusual wear and tear, the cost of any extensive repairs will be added to the final bill.
5. TRH is not responsible for any items remaining after the move out date. If items are still in the unit, TRH will dispose of them and bill the resident for all costs incurred. Labor will be billed at \$40 per hour.
6. Return all assigned keys to the house, mailbox, and the garage remotes to the Administration Office.

#### Independent Units also:

- Give a 30 days written notice to the Administration Office of intent to move out. Unit must be vacated, cleaned and keys/remotes returned to Administration office by 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.
- Independent residents who pay utilities (water/sewer, gas, electricity) directly contact the provider to have it switched back to TRH.
- Housing and water/sewer (if billed by TRH) will be pro-rated through the move out date. Any refund will be mailed to the address you specify.

## **Life Lease Units also:**

- Give a 30 days written notice to Administration office of move out. Unit must be vacated, repaired, cleaned and keys/remotes returned to 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 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.



## Resident's Bill of Rights

- (a) To be treated with dignity and respect;
- (b) To be given an informed choice and opportunity to select or refuse service and to accept responsibility for the consequences;
- (c) To participate in the development of their initial service plan and any revisions or updates at the time those changes are made;
- (d) To receive information about the method for evaluating their service needs and assessing costs for the services provided;
- (e) To exercise individual rights that do not infringe upon the rights or safety of others;
- (f) To be free from neglect, financial exploitation, verbal, mental, physical, or sexual abuse;
- (g) To receive services in a manner that protects privacy and dignity;
- (h) To have prompt access to review all of their records and to purchase photocopies. Photocopied records must be promptly provided, but in no case require more than two business days (excluding Saturday, Sunday and Holidays);
- (i) To have medical and other records kept confidential except as otherwise provided by law;
- (j) To associate and communicate privately with any person of choice, to send and receive personal mail unopened, and to have reasonable access to the private use of a telephone;
- (k) To be free from physical restraints and inappropriate use of psychoactive medications;
- (l) To manage personal financial affairs unless legally restricted;
- (m) To have access to and participate in social activities;
- (n) To be encouraged and assisted to exercise rights as a citizen;
- (o) To be free of any written contract or agreement language with the facility that purports to waive their rights or the facility's liability for negligence;
- (p) To voice grievances and suggest changes in policies and services to either staff or outside representatives without fear of retaliation;
- (q) To be free of retaliation after they have exercised their rights provided by law or rule;
- (r) To have a safe and home-like environment;
- (s) To be free of discrimination in regard to race, color, national origin, gender, sexual orientation or religion;
- (t) To have proper notification if requested to move out of the facility, and to be required to move out only for reasons stated in OAR 411-054-0080 (Involuntary Move-Out Criteria) and have the opportunity for an administrative hearing, if applicable.

### **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. TRH also has Guest Rooms for overnight stays above the dining room on the main campus. Rooms all share one bathroom on the second floor. Rooms cost a modest \$40 per night and include breakfast or supper in the dining room. Please contact the administration office at 503-743-2490 for reservations. A donation of your choosing is appreciated when reserving Sickafoose or the gazebo.

### **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. These go out quarterly. 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.



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## *APPLICATION*

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**When submitting your completed Application:**

**FOR ALL RESIDENTS:**

- Please make sure all sections are filled out completely.
- Make sure you sign and date all paperwork
- Include the application fee of \$150.00 made payable to TRH.

**INDEPENDENT RESIDENT:**

- Application
- Resident Authorization
- Signed Agreements from the back of the Resident Handbook
- Medical Application (Optional)
- Copy of Advanced Directive
- Copy of Durable Power of Attorney

**RCF RESIDENT:**

- Application
- Resident Authorization
- Signed Agreements from the back of the Resident Handbook
- Medical Application
- Copy of Advanced Directive
- Copy of Durable Power of Attorney
- POLST Form





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: \_\_\_\_\_ Email: \_\_\_\_\_  
City State Zip

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

2. Licensed Residential Care:  Octaplex (studio-like apartment) 3. Life Lease:

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: \_\_\_\_\_

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

---

## Who to Contact in Case of an Emergency

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

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
zip code

Relationship: \_\_\_\_\_ Phone:(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
zip code

Relationship: \_\_\_\_\_ Phone:(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
zip code

Relationship: \_\_\_\_\_ Phone:(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

## 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 facility 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 sent in along 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

This is a three (3) part form. Section 1 is for All residents; Section 2 has additional questions for RCF residents. All residents should complete section 3.

I, \_\_\_\_\_ (printed name) **authorize the staff of Turner Retirement Homes to do the following:** (mark yes or no below).

### Section I – All Residents

<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, on social media, or in news stories about the community. You have my permission to include my picture.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Staff may enter my apartment in my absence in order to deliver services, check on 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	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	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	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:

Independent residents can skip down to Section 3 at the bottom of the second page. Continue to Section 2 if you are a resident in the Residential Care Facility.

### Section 2 – Residential Care Facility Residents Only

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Invite my family/primary contact to participate in my service planning meetings. Additional instructions:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discuss my service needs or preferences and Service Plan issues with my family or significant others known to the staff at Turner Retirement Homes. List any specific restrictions or additional instructions:

**Section 2 – RCF Only Continued**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discuss my needs and services with my doctor and other appropriate health care providers. Additional instructions:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Accept the signature of the following on my behalf on agreements, amendments to agreements of my Service Plan if I am unable to sign. This is someone I trust to understand my wishes and to act based on those wishes. Identify any other persons and any additional instructions:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Dining Room Apt Office	If staff are administering my medications, please deliver these to me in the following way/s: <b>(mark all that apply)</b>  In the Dining Room with meals In my apartment At the Care Station where I will come to pick them up. Additional instructions:

**Section 3 – All Residents**

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

\_\_\_\_\_

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

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

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 least annually.

Resident, please return this form with the Application Forms to the Office after you sign & date.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Providing a Caring Community for  
Christians in Retirement

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

## Medical Application

To be filled out by the applicant and signed by the physician

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Do you have an Medical Advance Directive?  Yes  No (please include copy with this form)

Do you have any allergies to medication?  Yes  No If yes, please list \_\_\_\_\_

\_\_\_\_\_  
**Please list the names and addresses of your physicians:**

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Other Physicians

Physician: \_\_\_\_\_

Physician: \_\_\_\_\_

Specialty: \_\_\_\_\_

Specialty: \_\_\_\_\_

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

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

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

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

### Complete and discuss with your physician

**Diagnosis:**  
**taken:**

**List medication:**

**How often is med.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I verify that this is a current list of medications

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

# Authorization to Release Medical Information

I authorize medical information to be released to Turner Retirement Homes, Inc.

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

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Statement to be filled out by Physician

This is a two-page document. Physician fills out page 2 and signs at the bottom of both pages (1 & 2) after reviewing. Applicant needs to have a physical within the last three (3) months: Include current diagnosis, medications and disease.

Current medical status:     excellent                       good                       fair                       poor

### Immunizations:

**Allergies:** (please list)

Pnumovax:                      Date: \_\_\_\_\_

Influenza:                      Date: \_\_\_\_\_

Tetanus:                      Date: \_\_\_\_\_

### Tuberculosis Clearance

(Chest X-Ray-Tine not accepted by State of Oregon)

Date: \_\_\_\_\_ PPD: \_\_\_\_\_ Results: \_\_\_\_\_

Current diagnoses and medications: (please verify list on page 1 with patient)

Any restrictions of diet activities:     No                       Yes (if yes, explain) \_\_\_\_\_

Is the patient able to perform all ADL's?     No                       Yes (if no, explain)

I have examined \_\_\_\_\_ and found no evidence to support need for  
(name of applicant/patient)  
nursing home care at this time.

Date: \_\_\_\_\_ Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature

Address: \_\_\_\_\_  
Street    City    State    Zip



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

## Agreement

I/We have read the Resident Handbook. I/We understand the statements, rules, and policies and agree to abide by the rules set by Turner Retirement Homes.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Resident

Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Resident

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Spouse, if applicable

Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Spouse, if applicable

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



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## RENTAL INSURANCE POLCIY INFO

Policy Numbers: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

\_\_\_\_\_  
Signature of Resident Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Resident Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Spouse, if applicable Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Spouse, if applicable Date \_\_\_\_\_

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





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## CAR REGISTRATION INFO

Type of Vehicle \_\_\_\_\_  
Year Make Model License Number

Type of Vehicle \_\_\_\_\_  
Year Make Model License Number

\_\_\_\_\_  
Signature of Resident Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Resident Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Spouse, if applicable Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Spouse, if applicable Date \_\_\_\_\_

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