



Opening Doors for Seniors in Transition.

Phone: 480-215-0138 | Visit Our Website: CareInChoosing.com

Your Full Name: * _____

Your Phone Number: * _____

Your Email: * _____

First Name of Senior Adult 1 * _____

Last Name of Senior Adult 1 * _____

Your relationship with Senior Adult 1 * _____

First Name of Senior Adult 2 _____

Last Name of Senior Adult 2 _____

Your relationship with Senior Adult 2 _____

Services Provided by Care In Choosing:

Care in Choosing helps individuals and families identify senior housing, independent and assisted living, and other senior living solutions based on each client's unique circumstances. We assess clients' individual needs, evaluate options to meet those needs, and coordinate and accompany clients on tours of suitable providers.

The services we provide you (our "client") are:

1. Meet at the location of your choice with you and/or your representatives.
2. Collect all information that will assist in finding the best living accommodations available to the client including, but not limited to:
 - Level of care
 - Financial affordability
 - Social stimulation
 - Preferred geographic location
 - Quality and frequency of meals
 - Accommodations for pets
3. We will check with appropriate agencies (such as the AZ Department of Health Services) for any pending or outstanding violations affecting possible providers.
4. From a list of prescreened housing provider/care locations, we will identify the best options for the client.
5. Care in Choosing will schedule a tour of the best options (generally 2 to 3 facilities) for the client and/or client representative or we can provide you the options and contacts to for you to schedule.
6. Care in Choosing will accompany the client and/or the client representative on the tour so that we can provide guidance and assistance in the selection process if desired by the client.

Care in Choosing Fees:

We serve in a dual agency relationship with responsibilities of offering information and options to our clients or their legal representatives, while receiving funding from the housing or care provider for making referrals. Care in Choosing will receive a fee for our services. Care in Choosing will receive a fee that is a calculation of the rent and care charged by the community for 30 days. This fee is paid by the provider. Care in Choosing will refund a prorated portion of the fee to the provider in the event the client is transferred to another housing provider for more appropriate care, is hospitalized, or passes away within the first 30 days of admission. This fee is based on an agreement that our agency and the housing community or care provider have agreed upon. The fee ranges from 20%-100% of one month's rent, depending on type of referral. 20% is monthly fee charged for respite and hospice stays up to five months, 100% of one month's rent and care charges with assisted living residential home, and 50% of the first month's rent and care charges for independent and assisted living facilities. Our contracts with the providers mandate that no part of the fee can be passed on to the resident, and that residents referred by Care in Choosing will be charged based on the provider's standard published rates. You as our client are entitled, without cause, to discontinue using Care in Choosing, or use another agency of your choice at any time. Since we do not collect a fee from you, there is of course no penalty or cancellation fee to discontinue services with Care in Choosing. This disclosure document is required by state law.

I confirm receipt of the Disclosure Statement & Information Release Form of Care in Choosing, LLC contained in this document. Also, I verify that I am either the older adult seeking assistance, or I am a family member or related to the older adult OR, I hold legal documents such as Power of Attorney or Guardianship to help the older adult(s).

By checking this box and completing this form you are confirming receipt of the above "Disclosure and Acknowledgement". Additionally, you are confirming that Care in Choosing as well as representatives and associates of the agency are given permission to discuss your potential interest in them; or that the agency has permission to communicate with potential providers on your behalf. *

I Agree Signature: _____