

- (b) The amount and purpose of an advance payment or deposit payment and the refund policy for such payment. (Specify)

- (c) The policy with respect to increases in charges and the length of time for advance notice of intent to increase charges. (Specify)

- (d) The ownership of any personal property, real estate, money or financial investments that is to be transferred to the Facility upon admission of the Resident or at some future date. (Specify what is being transferred to the Facility and the date of transfer)

- (e) The refund policy to apply when transfer of ownership, closing of facility, or Resident transfer or discharge occurs. (Specify)

3. The Facility agrees to provide a monthly statement or itemized receipt of the Resident's account.

The Facility agrees that the monthly statement or itemized receipt will contain an itemized list of any charges made and any payments received during the previous 30 days or the previous calendar month and will show the balance due or any credits for overpayment on the Resident's account.

4. The Facility agrees that if the Resident delegates the management of personal funds to the Facility, the following apply:
- (a) Documentation of this delegation, signed and dated by the Resident and the administrator, shall be maintained in the Resident's record.

 - (b) The Resident's funds shall be held separately from any other moneys of the Facility. The Resident's funds shall not be borrowed, used as assets of the Facility, or used for purposes of personal interest by the licensee/operator, administrator, or Facility staff.

- (c) If the Facility's accumulated Residents' funds are maintained in a single interest-bearing account, the Resident shall receive interest proportionate to his average monthly account balance. The Facility may deduct a reasonable cost for administration of the account. (Specify cost)
 - (d) If any personal funds are held by the Facility for safekeeping on behalf of the Resident, a written accounting of money received and disbursed, showing a current balance, shall be maintained. The Resident's funds and the accounting of the funds shall be made available to the Resident or the legal representative or both upon request.
- 5. The Resident agrees to abide by the requirements/rules regarding the Resident's conduct and other restrictions or special conditions. (Specify requirements/rules, other restrictions, special conditions)
- 6. The Resident agrees that the following actions, circumstances, or conditions would result or might result in his discharge from the facility:
 - (a) _____
 - (b) _____
 - (c) _____
 - (d) _____
 - (e) _____
- 7. The Resident acknowledges that:
 - (a) He or his legal representative or responsible individual has reviewed a copy of § 63.2-1808 of the Code of Virginia, Rights and Responsibilities of Residents of Assisted Living Facilities, and the provisions of this statute have been explained to him.
 - (b) He or his legal representative or responsible individual has reviewed and had explained to him the Facility's policies and procedures for implementing § 63.2-1808 of the Code of Virginia, including the grievance policy and transfer/discharge policy.
 - (c) He has been informed of the bed hold policy in case of temporary transfer or movement from the Facility, if the Facility has such a policy.
 - (d) He or his legal representative has been informed of the policy regarding the amount of advance notice required if he desires to move from the Facility.
 - (e) He has been informed of the policy regarding administration and storage of medications and dietary supplements.

- (f) He has been informed of the policy regarding weapons on the premises of the Facility.
- (g) He has been informed of the rules and restrictions regarding smoking on Facility premises.
- (h) He has been informed that interested residents may establish and maintain a resident council, the purpose of a resident council, that the facility is responsible for providing assistance with the formation and maintenance of the council, and whether or not such a council currently exists in the Facility.
- (i) He has received written assurance that the Facility has the appropriate license to meet his care needs at the time of his admission.

In witness whereof the parties have caused this agreement to be executed by their official signatures thereunder duly authorized.

Licensee or Administrator: _____ Date: _____

Resident: _____ Date: _____

Legal Representative: _____ Date: _____

Name, Address and Telephone Number of Regional Licensing Office:

A signed copy is to be provided to the Resident and as appropriate, his legal representative, and is to be retained in the Resident's record.