

Information and Instructions for Completing the Disclosure Statement  
Required by the Virginia Department of Social Services

The Disclosure Statement is required by the *Standards and Regulations for Licensed Assisted Living Facilities (22 VAC 40-71)*, effective December 28, 2005. Please refer to 22 VAC 40-71-55 in the standards and regulations to be sure that you are aware of all the requirements relating to the Disclosure Statement. The statement discloses information about the facility and must be on a form developed by the Virginia Department of Social Services.

The Disclosure Statement form (032-05-849/1) developed by the Virginia Department of Social Services starts on the page after these instructions. Please use the form on the Department's website, rather than the hard copy you received, as the spacing on the form on the website can be adjusted to accommodate the amount of information provided under each item. The form must be saved on your computer or on a disk, as you cannot save on the website material that you entered.

The following instructions are to be followed when completing the Disclosure Statement form:

- Everything on the Disclosure Form must be included as is, including the numbering of items, with the required information completed by the facility.
- No additional topics or items may be added to the form, other than letterhead type information on the top (before the title), such as facility address, phone number, fax number, website, or logo.
- Information must be presented in a manner that is easily read. The form must be typewritten with the font no smaller than Arial 12.
- Information must be fully and accurately disclosed in plain language.
- Information must be kept current.

When determining the number of forms to reproduce, please keep in mind that the form may change once the emergency regulations, effective December 28, 2005, are replaced.

Please contact your Licensing Inspector if you have any questions about the Disclosure Statement form.



7. Name of the management company that operates the facility, if other than the licensee:

8. Licensed capacity of the facility:

9. Description of the characteristics of the resident population, such as general information on gender, age, medical conditions, mental status, special populations, and social or other relevant descriptors:

10. Description of accommodations, services, and care that the facility offers and related fees. Specify the base fee and indicate that which is included in the base fee. Specify any fees for additional accommodations, services, and care not included in the base fee. If there are different base fees for different levels, gradations or types of care, indicate the base fees for each level separately and specify the accommodations, care and services included under each level.

Base Fee:

Accommodations, services and care included in the base fee:

Additional accommodations, services, and care not included in the base fee and fee for each:

11. Policy regarding increase in charges and length of time for advance notice of intent to increase charges:

12. Amount of advance or deposit payment:

13. Refund policy for advance or deposit payment:

14. Criteria for admission to the facility and any restrictions on admission:

15. Criteria for transfer to a different living area within the same facility, including transfer to another level, gradation, or type of care within the same facility or complex:

16. Criteria for discharge from the facility, including the actions, circumstances, or conditions that would result or might result in discharge of the resident:

17. Requirements or rules regarding resident conduct and other restrictions and special conditions:

18. Activities provided for residents.

Categories of activities:

Frequency of activities (average number of total activities per week):

Average number of different types of activities per week:

Range of activities: Note whether all activities are available to all residents or what, if any, limitations are placed on participation in specified activities. Note whether participation in certain activities is geared to a particular group of residents.

## 19. Staff on each shift.

First shift (specify time frame from and to):

General number of staff:

Of these, number of direct care staff:

Functions of staff:

Qualifications of staff:

Second shift (specify time frame from and to):

General number of staff:

Of these, number of direct care staff:

Functions of staff:

Qualifications of staff:

Third shift (specify time frame from and to):

General number of staff:

Of these, number of direct care staff:

Functions of staff:

Qualifications of staff:

20. List any essential services to residents that are provided by contractors, such as staffing services, pharmacy services, health care services, and food services, among others:

If essential services to residents are provided by contractors, names of contractors are provided upon request.

21. Additional information about the facility may be obtained from the Virginia Department of Social Services' website, which is <http://www.dss.virginia.gov>. The information on the website includes type of license, special services, and compliance history after July 1, 2003.