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## ATTACHMENT C:

### MEAL PLAN ADDENDUM

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**Resident:** \_\_\_\_\_ **Apt #:** \_\_\_\_\_

**Provider:** \_\_\_\_\_ **Eff. Date:** \_\_\_\_\_

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The Community offers daily meal service and snacks to all Residents. Per Minnesota law, Provider is not permitted to include meals in its base rental or service rates. As a result, the Community has developed the following meal plan options. These are available for purchase by Resident at Resident's option.

**Meal Plan Option:**

- Residents can choose to participate in the following Community monthly meal plan, as applicable:

➤ Three Meals per day plus snack	Fee per Month \$210
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**Other Information Regarding Meals:**

- Purchased meal plans will be billed in the normal course of Provider's monthly billing cycle and payment for meal plans is due in advance, all as described in Section 6 of Resident's Assisted Living Contract.
  - In the event Resident requests meal delivery to Resident's Apartment, Resident may incur additional charges for this service. See Attachment B to the Assisted Living Contract for pricing.
  - If Resident participates in a monthly meal plan but does not use all of Resident's allotted meals, except as described below, Resident will not receive a credit and will not be permitted to roll the unused meals into the next month.
  - Meals purchased as part of a monthly meal plan cannot be transferred to another resident.
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**Meal Plan Participation Selection (please check one):**

- I would like to participate in the following Community monthly meal plan. I understand this includes the stated number of meals per day at the monthly rate listed above.
- Residents chooses to participate in 3 meals a day meal plan
- I do not want to participate in the Community's monthly meal plan. I understand that I will not receive any meals through Provider.
- Resident chooses to opt out of the Community's monthly meal plan (Breakfast, Lunch, & Dinner) and will receive a \$100 credit.

By choosing not to participate in the Community's monthly meal plan, I agree to indemnify and hold harmless Provider, its employees, officers, managers, owners and agents from and against any and all claims, actions, damages, and liability and expense arising from or out of my decision not to receive meals from the Community.

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In signing below, the Resident listed above acknowledges that Resident has been provided with information regarding the monthly meal plan options at the Community, has made the selection listed above voluntarily and has received a copy of this *Meal Plan Addendum*. Resident agrees to adhere to the terms of the same.

**IN WITNESS WHEREOF**, the parties hereto have executed this Agreement.

**PROVIDER:**

BY: \_\_\_\_\_

ITS: \_\_\_\_\_

DATE: \_\_\_\_\_

**RESIDENT:**

\_\_\_\_\_

DATE: \_\_\_\_\_

**IN WITNESS WHEREOF**, the parties hereto have executed this Agreement.

**LEGAL REPRESENTATIVE:**

\_\_\_\_\_

DATE: \_\_\_\_\_

**RESPONSIBLE PARTY:**

\_\_\_\_\_

DATE: \_\_\_\_\_