



**Lake Ridge
License # 404265**

**ASSISTED LIVING CONTRACT:
SUMMARY & CONTACT INFORMATION**

Resident(s): _____

Contract Start Date: _____

Apartment #: _____

Living Option: _____

Contract Term: _____

Senior Linkage Line Verification #: _____

Security Deposit: \$_____

Rent*: \$_____

Service Package*: \$_____

Meal Plan: \$_____

2nd Occ. Fee: \$_____

Other _____: \$_____

Other _____: \$_____

Monthly Charges: \$_____

One-Time Charges: \$_____

**Rent & service fees may be subject to change as determined by terms of participation in certain public assistance programs.*

RESIDENT REPRESENTATIVES, AGE & MOTOR VEHICLE INFORMATION

Name and address of Resident's Legal Representative:

A legal representative is someone who has legal authority to act on behalf of a resident. Examples of types of legal representatives include a guardian, conservator, attorney-in-fact under power of attorney and health care agent.

Resident has a legal representative whose name is _____.

The legal representative's address and telephone number are _____

Resident does not have a legal representative.

Name and address of Resident's Designated Representative:

A Designated Representative is someone who may not have legal authority to act on behalf of a resident but who has been identified by a resident as having authority to receive information and notices about the resident specifically related to the resident's health condition. Although having a Designated Representative can be helpful to both Resident and the Facility, Resident is not obligated to identify such a person.

- The person Resident has identified as his or her Designated Representative is _____
The Designated Representative's address and telephone number are _____

 Resident declined to identify a Designated Representative. _____ Resident's Initials

Name and address of Resident's Responsible Party for Billing:

A Responsible Party is someone who receives billing statements, makes payments against a resident's account and serves as a contact person for the facility specifically related to billing issues. Although having a Responsible Party can be helpful to both Resident and the Facility, Resident is not obligated to identify such a person.

- The person acting as Resident's Responsible Party for billing purposes is _____
The Responsible Party's address and telephone number are _____

 Resident does not have a Responsible Party.

Certification of Age:

Lake Ridge is an equal opportunity provider of housing for persons age 55 and over. Except with respect to age, as allowed by law, Lake Ridge does not discriminate based on any status protected by law in the rental or advertising of its housing units. By signing this Assisted Living Contract, you certify that one of the Residents listed above is at least 55 years of age on the first day of residency at Lake Ridge.

Motor Vehicle Information:

If Resident will be maintaining a motor vehicle on the premises, the following information about the vehicle is required:
Year: _____ Color: _____ Make: _____ Model: _____ Plate #: _____
State: _____ Proof of Insurance Provided? _____ Yes _____ No

FACILITY CONTACT INFORMATION

Building Information & Licensure:

Lake Ridge is licensed by the Minnesota Department of Health as an assisted living facility. Lake Ridge **is not** licensed as an assisted living facility with dementia care. Lake Ridge's physical and mailing address is 310 Lake Blvd South Buffalo, MN 55313. Lake Ridge's telephone number is 763-404-4604.

Name and Address of License Holder:

Lake Ridge Care Center of Buffalo, Inc., a Minnesota non-profit organization, holds the assisted living facility license for Lake Ridge. Lake Ridge Care Center of Buffalo, Inc. is the landlord of the housing operations at Lake Ridge. It is also the provider of assisted living services at Lake Ridge. Lake Ridge Care Center of Buffalo, Inc.'s physical and mailing address is 310 Lake Blvd South Buffalo, MN 55313. Lake Ridge's telephone number is 763-404-4604.

Authorized Person to Accept Service of Process on Behalf of License Holder:

Sharon Wilson, Chief Clinical & Compliance Officer of Cassia, is authorized to accept personal service of legal papers on behalf of the License Holder. Her physical and mailing address is 7171 Ohms Lane, Edina, MN 55439. Her telephone number is 952-855-5140.

Kasey Laney, Director of Housing of Lake Ridge is authorized by the License Holder to accept all other notices that do not constitute service of legal papers. Her physical and mailing address is 310 Lake Blvd South Buffalo, MN 55313. Her telephone number is 763-404-4648.

Choice of Providers:

You are free to make arrangements for services with the providers of your choice, regardless of whether or not Lake Ridge has an arrangement with them. You are responsible for negotiating for those services and for payment. We encourage you to seek services from appropriately licensed agencies and individuals. Outside service providers are required to comply with Lake Ridge's visitor procedures.

Name of Facility Representative for Resident Concerns:

Kasey Laney, Director of Housing of Lake Ridge, is the contact person designated by Lake Ridge Care Center of Buffalo, Inc. to address and resolve resident complaints and concerns. She may be reached by telephone at 763-404-4648 or by email at Kasey.Laney@Cassialife.org. Kasey Laney may also be reached by mail at the building address listed above.

CONSUMER RESOURCES & CONTACT INFORMATION

The agencies listed below are available to assist residents enforce their rights and resolve complaints they may have regarding their housing or assisted living services. Use of the services offered by these agencies is free of charge, regardless of income level.

- Office of Ombudsman for Long-Term Care
Minnesota Board on Aging
P.O. Box 64971
St. Paul, MN 55164-0971
Phone: (651) 431-2555 or (800) 657-3591
TDD/TTY – 711
Email: MBA.OOLTC@state.mn.us

- Office of Ombudsman for Mental Health and Developmental Disabilities
121 Seventh Place East, Suite #420
St. Paul, MN 55101-2117
Phone: (651) 757-1800 or (800) 657-3506 (toll free)
TTY/TDD – 711
Email: ombudsman.mhdd@state.mn.us

The agencies listed below are available to receive and process residents' complaints. There is no charge for contacting these agencies.

- Office of Health Facility Complaints
Minnesota Department of Health
P.O. Box 64970
St. Paul, MN 55164-0970
Phone: (651) 201-4200 or (800) 369-7994 (toll free)
Email: health.ohfc-complaints@state.mn.us

- Minnesota Adult Abuse Reporting Center (MAARC)
Phone: (844) 880-1574 (toll free)

The agencies listed below provide long-term care consultation services and are available to assist residents in evaluating their housing and service needs. These agencies are also able to assist in identifying available community resource options. Use of the services offered by these agencies is free of charge, regardless of income level.

- Wright County Human Services
1004 Commercial Drive
Buffalo, MN 55313
Phone: 763-684-8435 or 763-682-7445

- Senior LinkAge Line
Phone: (800) 333-2433 (toll free)

Information about a resident's rights and responsibilities as a tenant under Minnesota law may be found in *Providers and Tenants' Rights and Responsibilities*, a publication of the Minnesota Attorney General's Office. Residents may obtain a copy of this publication (1) online at www.ag.state.mn.us, (2) by calling 1-800-657-3787 or (3) by writing to the Attorney General's Office at:

- Attorney General's Consumer Protection
1400 Bremer Tower
445 Minnesota Street
St. Paul, Minnesota 55101