

**Continuing Care Retirement Community
Disclosure Statement
General Information**

FACILITY NAME: _____
 ADDRESS: _____ ZIP CODE: _____ PHONE: _____
 PROVIDER NAME: _____ FACILITY OPERATOR: _____
 RELATED FACILITIES: _____ RELIGIOUS AFFILIATION: _____
 YEAR OPENED: _____ NO. OF ACRES: _____ MULTI-STORY: _____ SINGLE STORY: _____ BOTH: _____
 MILES TO SHOPPING CTR: _____ MILES TO HOSPITAL: _____

NUMBER OF UNITS:

	INDEPENDENT LIVING	HEALTH CARE
APARTMENTS - STUDIO	_____	ASSISTED LIVING _____
APARTMENTS – 1 BDRM	_____	SKILLED NURSING _____
APARTMENTS – 2 BDRM	_____	SPECIAL CARE _____
COTTAGES/HOUSES	_____	DESCRIBE SPECIAL CARE: _____
% OCCUPANCY AT YEAR END	_____	

TYPE OF OWNERSHIP: NOT FOR PROFIT _____ FOR PROFIT _____ ACCREDITED: Y N BY: _____

FORM OF CONTRACT: LIFE CARE _____ CONTINUING CARE _____ FEE FOR SERVICE _____
 ASSIGN ASSETS _____ EQUITY _____ ENTRY FEE _____ RENTAL _____

REFUND PROVISIONS (Check all that apply): 90% _____ 75% _____ 50% _____ PRORATED TO 0% _____ OTHER: _____

RANGE OF ENTRANCE FEES: \$ _____ TO \$ _____ **LONG-TERM CARE INSURANCE REQUIRED?** Y N

HEALTH CARE BENEFITS INCLUDED IN CONTRACT: _____

ENTRY REQUIREMENTS: MIN. AGE: _____ PRIOR PROFESSION: _____ OTHER: _____

FACILITY SERVICES AND AMENITIES

COMMON AREA AMENITIES	AVAILABLE	FEE FOR SERVICE	SERVICES AVAILABLE	INCLUDED IN FEE	FOR EXTRA CHARGE
BEAUTY/BARBER SHOP			HOUSEKEEPING TIMES/MONTH	_____	_____
BILLIARD ROOM			NUMBER OF MEALS/DAY	_____	_____
BOWLING GREEN			SPECIAL DIETS AVAILABLE	_____	_____
CARD ROOMS					
CHAPEL			24-HOUR EMERGENCY RESPONSE		
COFFEE SHOP			ACTIVITIES PROGRAM		
CRAFT ROOMS			ALL UTILITIES EXCEPT PHONE		
EXERCISE ROOM			APARTMENT MAINTENANCE		
GOLF COURSE ACCESS			CABLE TV		
LIBRARY			LINENS FURNISHED		
PUTTING GREEN			LINENS LAUNDERED		
SHUFFLEBOARD			MEDICATION MANAGEMENT		
SPA			NURSING/WELLNESS CLINIC		
SWIMMING POOL-INDOOR			PERSONAL NURSING/HOME CARE		
SWIMMING POOL-OUTDOOR			TRANSPORTATION-PERSONAL		
TENNIS COURT			TRANSPORTATION-PREARRANGED		
WORKSHOP			OTHER _____		
OTHER _____					

All providers are required by Health and Safety Code section 1789.1 to provide this report to prospective residents before executing a deposit agreement or continuing care contract, or receiving any payment. Many communities are part of multi-facility operations which may influence financial reporting. Consumers are encouraged to ask questions of the continuing care retirement community that they are considering and to seek advice from professional advisors.

PROVIDER NAME: _____

CCRCs

LOCATION (City, State)

PHONE (with area code)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MULTI-LEVEL RETIREMENT COMMUNITIES

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FREE-STANDING SKILLED NURSING

_____	_____	_____
_____	_____	_____

SUBSIDIZED SENIOR HOUSING

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*** PLEASE INDICATE IF THE FACILITY IS LIFE CARE.**

PROVIDER NAME: _____

	2009	2010	2011	2012
INCOME FROM ONGOING OPERATIONS				
OPERATING INCOME (excluding amortization of entrance fee income)	_____	_____	_____	_____
LESS OPERATING EXPENSES (excluding depreciation, amortization, & interest)	_____	_____	_____	_____
NET INCOME FROM OPERATIONS	_____	_____	_____	_____
LESS INTEREST EXPENSE	_____	_____	_____	_____
PLUS CONTRIBUTIONS	_____	_____	_____	_____
PLUS NON-OPERATING INCOME (EXPENSES) (excluding extraordinary items)	_____	_____	_____	_____
NET INCOME (LOSS) BEFORE ENTRANCE FEES, DEPRECIATION AND AMORTIZATION	=====	=====	=====	=====
NET CASH FLOW FROM ENTRANCE FEES (Total Deposits Less Refunds)	=====	=====	=====	=====

DESCRIPTION OF SECURED DEBT AS OF MOST RECENT FISCAL YEAR END

LENDER	OUTSTANDING BALANCE	INTEREST RATE	DATE OF ORIGINATION	DATE OF MATURITY	AMORTIZATION PERIOD
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

FINANCIAL RATIOS (see next page for ratio formulas)

	2009 CCAC Medians 50 th Percentile <i>(optional)</i>	2010	2011	2012
DEBT TO ASSET RATIO	_____	_____	_____	_____
OPERATING RATIO	_____	_____	_____	_____
DEBT SERVICE COVERAGE RATIO	_____	_____	_____	_____
DAYS CASH-ON-HAND RATIO	_____	_____	_____	_____

**HISTORICAL MONTHLY SERVICE FEES
AVERAGE FEE AND PERCENT CHANGE**

	2009	%	2010	%	2011	%	2012
STUDIO	_____	_____	_____	_____	_____	_____	_____
ONE BEDROOM	_____	_____	_____	_____	_____	_____	_____
TWO BEDROOM	_____	_____	_____	_____	_____	_____	_____
COTTAGE/HOUSE	_____	_____	_____	_____	_____	_____	_____
ASSISTED LIVING	_____	_____	_____	_____	_____	_____	_____
SKILLED NURSING	_____	_____	_____	_____	_____	_____	_____
SPECIAL CARE	_____	_____	_____	_____	_____	_____	_____

COMMENTS FROM PROVIDER: _____

FINANCIAL RATIO FORMULAS

LONG-TERM DEBT TO TOTAL ASSETS RATIO

$$\frac{\text{Long-Term Debt, less Current Portion}}{\text{Total Assets}}$$

OPERATING RATIO

$$\frac{\text{Total Operating Expenses} \\ \text{-- Depreciation Expense} \\ \text{-- Amortization Expense}}{\text{Total Operating Revenues} \\ \text{-- Amortization of Deferred Revenue}}$$

DEBT SERVICE COVERAGE RATIO

$$\frac{\text{Total Excess of Revenues over Expenses} \\ \text{+ Interest, Depreciation,} \\ \text{and Amortization Expenses} \\ \text{-- Amortization of Deferred Revenue} \\ \text{+ Net Proceeds from Entrance Fees}}{\text{Annual Debt Service}}$$

DAYS CASH ON HAND RATIO

$$\frac{\text{Unrestricted Current Cash} \\ \text{And Investments} \\ \text{+ Unrestricted Non-Current Cash} \\ \text{and Investments}}{(\text{Operating Expenses} - \text{Depreciation} \\ - \text{Amortization})/365}$$

Note: These formulas are also used by the Continuing Care Accreditation Commission. For each formula, that organization also publishes annual median figures for certain continuing care retirement communities.