Continuing Care Retirement Community
Disclosure Statement
General Information

Date Prepared: _____

FACILITY NAME: _____
ADDRESS: _____ ZIP CODE: _____ PHONE: _____
PROVIDER NAME: _____ FACILITY OPERATOR: _____
RELATED FACILITIES: _____ RELIGIOUS AFFILIATION: _____
YEAR OPENED: ____ # OF ACRES: __ ❑ SINGLE STORY ❑ MULTI-STORY ❑ OTHER: _____ MILES TO SHOPPING CTR: ____ MILES TO HOSPITAL: ____

NUMBER OF UNITS:

RESIDENTIAL LIVING
APARTMENTS – STUDIO: _____
APARTMENTS – 1 BDRM: _____
APARTMENTS – 2 BDRM: _____
COTTAGES/HOUSES: _____
RLU OCCUPANCY (%) AT YEAR END:

HEALTH CARE
ASSISTED LIVING: _____
SKILLED NURSING: _____
SPECIAL CARE: _____
DESCRIBE SPECIAL CARE: _____

TYPE OF OWNERSHIP: ❑ NOT-FOR-PROFIT ❑ FOR- PROFIT ACCREDITED?: ❑ YES ❑ NO BY: _____

FORM OF CONTRACT: (Check all that apply)
❑ CONTINUING CARE ❑ LIFE CARE ❑ ENTRANCE FEE ❑ FEE FOR SERVICE
❑ ASSIGNMENT OF ASSETS ❑ EQUITY ❑ MEMBERSHIP ❑ RENTAL

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

RANGE OF ENTRANCE FEES: $_____ TO $_____ **LONG-TERM CARE INSURANCE REQUIRED?** ❑ YES ❑ NO

HEALTH CARE BENEFITS INCLUDED IN CONTRACT: _____

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

RESIDENT REPRESENTATIVE TO THE BOARD (briefly describe their involvement**):** _____

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	☐	☐	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 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

NOTE: PLEASE INDICATE IF THE FACILITY IS A LIFE CARE FACILITY.

PROVIDER NAME: _____

	2010	2011	2012	2013
INCOME FROM ONGOING OPERATIONS				
OPERATING INCOME (excluding amortization of entrance fee income)				
LESS OPERATING EXPENSES (excluding depreciation, amortization, and 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)

	2012 CCAC Medians 50th Percentile *(optional)*	2011	2012	2013
DEBT TO ASSET RATIO				
OPERATING RATIO				
DEBT SERVICE COVERAGE RATIO				
DAYS CASH-ON-HAND RATIO				

HISTORICAL MONTHLY SERVICE FEES
(AVERAGE FEE AND PERCENT CHANGE)

	2010	%	2011	%	2012	%	2013
STUDIO							
ONE BEDROOM							
TWO BEDROOM							
COTTAGE/HOUSE							
ASSISTED LIVING							
SKILLED NURSING							
SPECIAL CARE							

COMMENTS FROM PROVIDER: _____

PROVIDER NAME: _____

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

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

DAYS CASH ON HAND RATIO

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

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.