

House of the Good Shepherd

Admission Agreement Addendum—Independent Living

Resident Name _____

1. _____, as resident representative, agrees to pay, from the resources of the resident representative, the monthly Independent Living fees that are over and above the amount of the resident's income and current assets, for as long as the resident qualifies to reside in the independent living area of the House of the Good Shepherd.

2. The above-named resident representative agrees to apply for Medicaid benefits, VA Aid and Attendance, and any other benefits the resident may be qualified for if/when the resident needs to move to assisted living, due to need for health care services or supervision that cannot be provided in the independent living area. The House of the Good Shepherd reserves the right to make the final determination of the necessity of a move from independent to assisted living. The resident must be both medically and financially eligible for Medicaid assisted living benefits, as determined by any State, County or Managed Care Organization involved in Medicaid payment prior to moving to assisted living.

3. The resident and/or resident representative understands and agrees that the resident shall be moved to an apartment in the Comprehensive Personal Care Home unit that is designated for Medicaid recipients, once the resident has been qualified both financially and medically for Medicaid assisted living.

Resident Representative Signature: _____

Resident Representative Name: _____ Date: _____

HOTGS Witness: _____ Date: _____