



## Assisted Living vs. Independent Living

Marlow Manor recognizes most folks want to live in their own homes for as long as possible.

There are many local agencies providing services for independent living.

At some point in time independent living is less appealing for any number of reasons: [These are concerns given by real people with real situations.]

- ✓ You do not want a stranger staying in your home, using your kitchen, or writing your checks.
- ✓ Family and friends can be very helpful for a while, but not forever.
- ✓ Isolation is a real concern.
- ✓ Interviewing prospective employees becomes a full-time job. The cost and “hassle factor” of juggling caregivers can be “too much.” Perhaps your loved one is unable to supervise the employee.
- ✓ The scheduled caregiver has a sick child, the car has broken down, “can’t make it today” or just fails to show up.
- ✓ You have a beautiful home and are living within 100 square feet or less.
- ✓ Pop is frustrated because he can no longer mow the lawn, safely tinker in his garage, or remove medicine bottle caps. Mom wears herself out trying to “keep house” or is no longer safe in her kitchen.
- ✓ Upstairs or downstairs have become inaccessible. Home modification is available but can become very expensive.
- ✓ You have hired a caregiver to stay during the night, but your loved one wanders out while the caregiver sleeps.

There may be a time and a point at which living in your home is no longer safe. Assisted living facilities fulfill essential and other services when the need is indicated. Live your life in safety and comfort, with the knowledge of having trained care staff present 24 hours per day, 7 days per week whenever assistance is needed.

For more information, or to arrange a tour of our facility, please call 338-8708.



Marlow Manor Assisted Living Facility is a beautiful 40,000 square foot facility with 48 individual apartments with different sizes and configurations to meet your individual needs. Our New Frontiers floor features a safe, secure, environment for those experiencing Alzheimer's, dementia, or other special needs.

Each apartment consists of a large, handicap accessible bathroom with shower, a kitchenette with a sink, microwave and apartment size refrigerator.

Basic monthly rent includes the following:

- Private apartment and bathroom
- 24-hour emergency response system
- 24-hour on-site staff supervision and assistance
- Regular monitoring for general health and well-being
- Assistance monitoring medication
- Personal supportive services determined by level of care needed
- Snacks and three delicious meals each day served restaurant style
- Reminders for meals and appointments
- Weekly housekeeping service, with bed and bath linen service
- DISH TV and all utilities (not telephone or internet)
- Individually controlled heating in every apartment
- Personal laundry facilities
- Parking area with block heater plug-ins
- Private key mailbox
- On-site beauty/barber shop/manicurist
- Recreational, educational, and hobby programs

As you need more help beyond what is included in the monthly rent, additional supportive services may be added. You pay only for the level of service you need. Our goal is to keep you living independently as long as you can and wish to.

Personal Support Services Include:

- Assistance with personal laundry
- Medication assistance
- Specific health needs supervision
- Assistance with bathing
- Assistance with getting up and ready for the day and/or getting ready for bed in the evening
- Scheduled meal tray service for short periods of time
- Facilitating health care
- Accommodation for special needs

Other individualized services may be scheduled as needed. When you choose Marlow Manor, prior to you moving in we will complete a personal assessment to identify the actual services that best support your needs. The monthly fee is based on actual services chosen and determined by the personal assessment. Your support services can be provided in the privacy of your own apartment. All services are delivered by our trained, caring staff that respect your choices, privacy and personal dignity.

Additional fees include:

- Alzheimer's/Dementia care apartment on our secured 2<sup>nd</sup> floor
- Live-in spouse
- Level of care beyond the basic rate
- Additional personal services that may be contracted

**Call (907) 338-8708 for a personal tour and additional information.**

**[www.marlowmanor.com](http://www.marlowmanor.com)**

**Fax: (907) 338-8627**

**Locally owned and operated with pride, since 1999.**

# Assisted Living – Another Point of View

Printed by permission of current MM residents



“Assisted Living does not mean you give up your freedom, your independence, or your privacy.”



What you do give up is, among other things:

- ✓ Cooking for One
- ✓ Eating meals alone
- ✓ Taking out the trash
- ✓ Worry about medications
- ✓ Cleaning the bathroom
- ✓ Mopping the floors
- ✓ Doing the laundry
- ✓ Weeding and watering the lawn
- ✓ Vacuuming the carpets
- ✓ Isolation



What you gain is, among other things:

- ✓ Companionship
- ✓ Good company at mealtimes
- ✓ Not having to cook and eat alone
- ✓ Meeting new friends
- ✓ Friends and family visits at any time
- ✓ Privacy when you want it
- ✓ Never being “alone”
- ✓ Assistance whenever needed, 24 hours, 7 days per week



“The benefits of residency at Marlow Manor are so many, and it is such a wonderful feeling to have time to yourself. No demands are made upon you. An assisted living home is comparable to a close-knit community where everyone is more concerned with the well-being of their friends and neighbors than with themselves. This leaves no time for negativity! We should all think positively, love our neighbors, live it up, and enjoy.”



Marlow Manor's mission stresses dignity, choice, and individuality

**Floor dimensions DO NOT INCLUDE:  
closet, cabinets, or shower space.**

**Typical Studio**

Living Area 14' x 10'9"

Kitchen 5'6" x 9' 10"

Bath 5'8" x 6'

**Typical Alcove Unit E**

Living and Kitchen Area 22'10" x 13'

Bath 5'10" x 6'

**Typical Alcove Unit F**

Living Area 8'x 13'

Bedroom Area 12'7" x 10'

Kitchen 10' x 5'8"

Bath 6' x 5'10"

**Typical One Bedroom Unit**

Living Area 8'7" x 13'7"

Bedroom 9'8" x 10'8"

Kitchen 9'5" x 12'9"

Bath 5'8" x 6'

**Typical One Bedroom Conversion Unit**

Bedroom One 8'8" x 14'

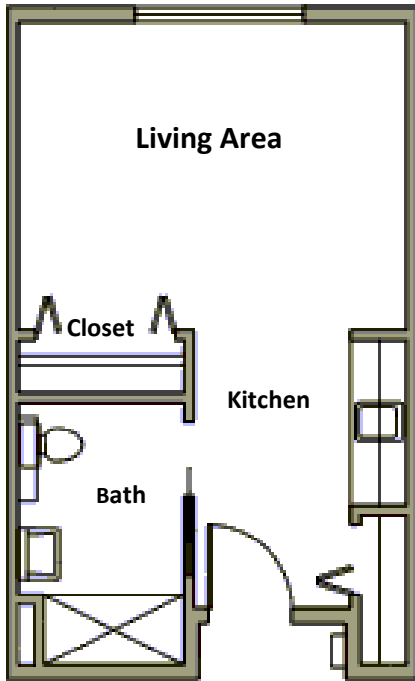
Bedroom Two 10' x 11'

Kitchen 9'5" x 12'9"

Bath 5'10" to 6'

**Typical Studio**

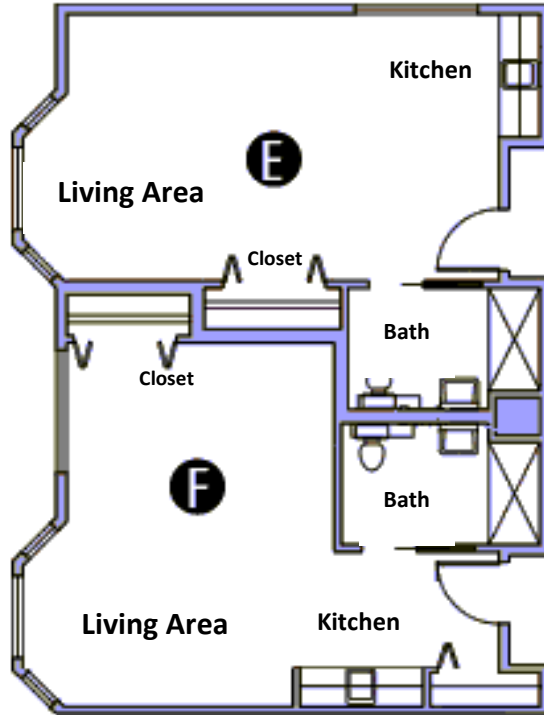
300 Square Feet



**Typical Alcove Units E & F**

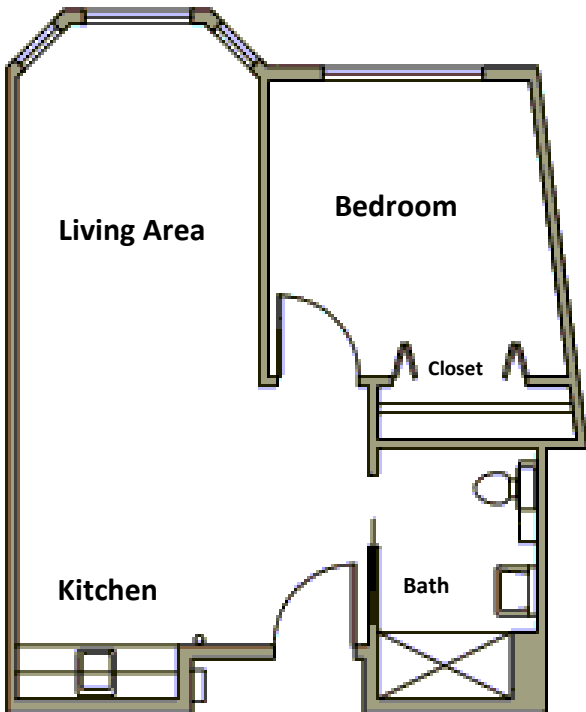
Unit E – 370 Square Feet

Unit F – 385 Square Feet



**Typical 1 Bedroom Unit**

450 Square Feet

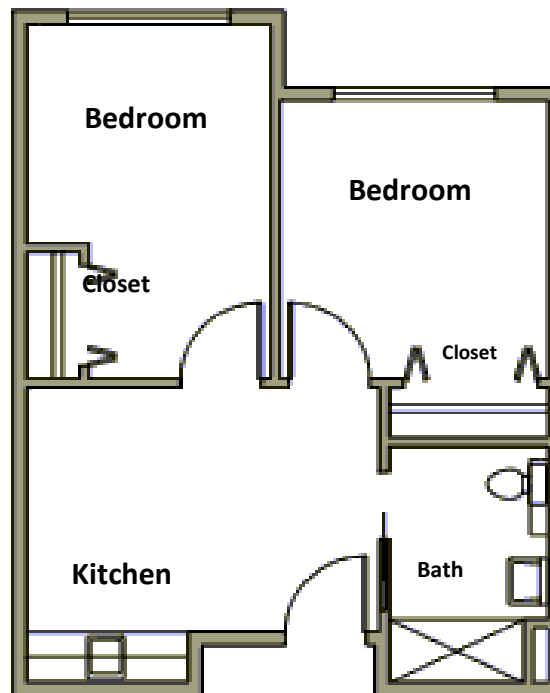


**Typical 1 Bedroom Conversion Unit**

(2 Occupants)

455 Square Feet

Not available



**MARLOW MANOR ASSISTED LIVING FACILITY  
APPLICATION FOR RESIDENCY**

2030 Muldoon Road  
Anchorage, AK 99504  
(907) 338-8708 FAX: (907) 338-8627

**PLEASE PRINT OR TYPE - ALL INFORMATION WILL BE KEPT CONFIDENTIAL**

1) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
Soc. Sec. No.: \_\_\_\_\_ Marital Status: \_\_\_\_\_

2) Previous Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Dates you lived at this address: From: \_\_\_\_\_ To: \_\_\_\_\_

3) If married, name of spouse: \_\_\_\_\_ Age: \_\_\_\_\_  
Spouse's Soc. Sec. No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4) Name of present landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address of landlord: \_\_\_\_\_ Zip: \_\_\_\_\_

*(If No. 4 applicable, a Reference Checklist must be completed)*

5) Relative Or Personal Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

6) Physician or Health Care Representative: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

7) Personal References (*Not relatives or next-of-kin*): Please list two.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_

8) Housing Preference (*Check one*):

- Studio     Alcove     1 Bedroom     Dementia

9) How did you hear about Marlow Manor ALF: \_\_\_\_\_

10) Service Interests Or Needs (*Check any and/or all*):

- |   |  |
|---|--|
| <input type="checkbox"/> Meals                  | <input type="checkbox"/> Mobility Assistance                                 |
| <input type="checkbox"/> Housekeeping           | <input type="checkbox"/> Barrier Free Units                                  |
| <input type="checkbox"/> Assisted bathing       | <input type="checkbox"/> Personal Laundry                                    |
| <input type="checkbox"/> Medications Management | <input type="checkbox"/> Dementia Management                                 |
| <input type="checkbox"/> Medications Assistance | <input type="checkbox"/> Personal Care ( <i>Bathing, Dressing, Hygiene</i> ) |

This is an application form only and completion is necessary for consideration of occupancy. An application fee of \$100.00 will be due when your Pre-Screen Questionnaire is completed; this fee will be applied to the first costs of your living unit or will be refunded should your application be refused or occupancy be denied.

I CERTIFY THAT ALL OF THE INFORMATION I HAVE GIVEN ON THIS APPLICATION IS CORRECT AND COMPLETE AND HEREBY AUTHORIZE YOU TO MAKE ANY INQUIRIES YOU FEEL NECESSARY TO EVALUATE MY TENANCY AND CREDIT STANDING. THIS WILL CONSIST OF ANY AND/OR ALL OF THE FOLLOWING:

- 1) Prior Tenant History 2) Public Records 3) Verification of Information 4) Credit History

SIGNATURE(S):

Applicant or Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant or Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Guarantor: \_\_\_\_\_ Date: \_\_\_\_\_

MMALF1100A 1/99



# FINANCIAL & HEALTH INSURANCE INFORMATION

## FINANCIAL INFORMATION

### Monthly Income Sources

### Amount

a. Social Security:

\_\_\_\_\_

b. Retirement Benefits/Pension:

\_\_\_\_\_

c. Other Income:

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Estimated Monthly Income:**

\_\_\_\_\_

### Assets

### Current Value/Amount

a. Home:

\_\_\_\_\_

b. Checking Account:

\_\_\_\_\_

c. Savings Account:

\_\_\_\_\_

d. Investments:

\_\_\_\_\_

e. Other Assets:

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Assets:**

\_\_\_\_\_

### Liabilities

### Amount

a. Mortgage:

\_\_\_\_\_

(Continued on Back)

**Liabilities (continued)**

**Amount**

b. Other:

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Liabilities:**

\_\_\_\_\_

1) Do you have a financial manager?

Yes  No

If yes: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2) Do you have a Living Trust?

Yes  No

If yes: Trustee Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

3) Do you have a Responsible Party who is now responsible for payment of your bills or who can be in the event it is necessary?  Yes  No

If yes: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

Do you qualify for Medicaid?  Yes  No

Are you receiving Medicaid?  Yes  No

Do you have Medicare insurance?  Yes  No Medicare number: \_\_\_\_\_

Primary Health Insurance: Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Other Health Insurance: Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

**MARLOW MANOR ASSISTED LIVING**  
**CONSENT FOR RELEASE OF MEDICAL RECORDS**

I, \_\_\_\_\_, DOB: \_\_\_\_\_ give consent for MARLOW MANOR ASSISTED LIVING FACILITY (MMALF) to obtain information from the person or agency indicated below, for the purpose of determining my eligibility for Assisted Living.

Phone: 907 338-8708 Fax: 907 338-8627

**I request and authorize the above agency to obtain information pertaining to me as specified below:**

Doctor(s) Name(s): \_\_\_\_\_

Information Requested: **Medical Records , Current Medication List, and Current PPD Clearance**

From Date(1 year ago): \_\_\_\_\_ To Date(Today): \_\_\_\_\_

Restrictions (Specify): \_\_\_\_\_

MMALF shall not re-release this information without my consent except as I might give additional consent in the assignment of a new care coordinator to my case. I understand that I can cancel this consent at any time by sending my signed and dated written instructions to MMALF.

**This consent is valid for no more than one year from** \_\_\_\_\_ **to** \_\_\_\_\_  
Mo/Day/Yr (Today's Date) Mo/Day/Yr

RESIDENT: \_\_\_\_\_  
Printed name Signature Date

WITNESS: \_\_\_\_\_  
Printed name Signature Date

Relationship: \_\_\_\_\_

WITNESS: \_\_\_\_\_  
Printed name Signature Date

Relationship: \_\_\_\_\_  
(Two witnesses are required if the client signs with an X. The care coordinator should not be a witness.)

I understand that the Marlow Manor Assisted Living Facility, Manor Management of Alaska, its employees and/or associates cannot be responsible for the confidentiality of information disclosed after said information has been released pursuant to this authority and request, and I hereby release them from all liability arising from such disclosure.



## Notice of Privacy Practices

Health Insurance Portability and Accountability Act (HIPAA) of 1996, is the first comprehensive federal law to protect the privacy of all individually identifiable health information. It supersedes state law with respect to health information.

This notice describes Marlow Manor's privacy practices and the rights that you, the individual, have relating to the privacy of your Protected Health Information (PHI). Your PHI is information about you that could be used to identify you (birth, admission/discharge, death, telephone number, photographs, fingerprints, e-mail address, names of relative, etc.), as it relates to your past and present, and your present physical and mental health care services. HIPAA regulations require that Marlow Manor protect the privacy of your PHI that Marlow Manor has received or created.

### **1. OUR LEGAL DUTY**

By law, we are required to:

- Ensure that health information that identifies you is kept confidential.
- Give you this notice of the legal duties and privacy practices related to health information that we maintain about you; and
- Follow the terms of the notice that is now in effect.

By Law, we have the right to:

- Change our privacy practices for the terms of this notice at any time, provided that each change is permitted by law; and
- Make the changes in our privacy practices and the updated terms of our Notice effective for all health information that we keep, including information previously created or received before the changes.

### **2. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION**

The following section describes the ways we use and disclose medical information. Not every use of disclosure will be listed. However, we have listed all the diverse ways we are permitted to use and disclose health information. Use and Disclosure methods include verbal, e-mail, phone, and fax transmissions. *We will not use or disclose your health information for any purpose not listed below, without your specific written authorization. Any specific written authorization that you provide may be revoked at any time by written communication of such from you to us.*

**For Treatment:** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, interns, or

other people who engage in your care, such as, Care Coordinators, Discharge Planners, and Pharmacy staff. We may also share health information about you with your other health care providers in assisting them in treating you.

**For Payment:** We may use and disclose your health information for payment purposes.

**For Health Care Operations:** We may use and disclose your health information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the certificates, licenses, and credentials that we need to serve you.

### **3. OTHER USES FOR HEALTH INFORMATION**

In addition to using and disclosing your health information for Treatment, Payment, and Health Care Operations, your PHI will be filed in the following binders or information packets, *unless* you object in writing.

- Emergency Binder (of Resident Information and contact)
- Emergency Packets (for example, to emergency room)
- Dietary information for dining room purposes
- Files and folders in the Director of Resident Services, in locked cabinets at the front office, in the archive office, and in nurse/staff office on the second floor Room 222.

### **4. RESIDENTS LEGAL RIGHTS**

Through HIPPA law, you, the resident, have the right:

- to receive a Notice of Privacy Practices informing you of the ways in which the provider (Marlow Manor) may use and disclose you PHI.
- to access, inspect and receive copies of your PHI.
- to amend or correct copies by adding supplemental information.
- to restrict use and disclosure of information.
- to an accounting of disclosures.
- to revoke authorization for use and disclosure, and the right to appeal.

### **5. QUESTIONS AND COMPLAINTS**

If you have questions about this notice, or if you believe that your privacy rights have been violated, please ask to speak with the Director Resident Services. Complaints must be submitted in writing. You may submit your written complaint to the USDHHS (address available upon request). If you opt to file a complaint, the services provided to you by Marlow Manor Assisted Living Facility will not be adversely affected.

# MARLOW MANOR ASSISTED LIVING FACILITY

## Waiting List Policy/Admission Policy

Marlow Manor Assisted Living Facility (MMALF) applicants must be sixty (62) years of age or older or have a spouse who is at least 62 (*and who will also be taking up residency at MMALF*). Acceptance to the Waiting List does not automatically guarantee eligibility for residency.

MMALF maintains two separate Waiting Lists, one for Assisted Living and the other for the Dementia & Alzheimer's floor.

One's place on the waiting list is determined by the date on which all application materials are received at the MMALF office. These materials consist of the following items, which must be completed in full:

1. Application for Residency
2. Financial & Health Insurance Information
3. Pre-Screen Questionnaire (*completed by staff*)
4. Application/Assessment Processing Fee of \$100.00  
(If you are currently on the CHOICE Waiver, the application fee is waived.)

When an apartment becomes available, based upon apartment size (*i.e. studio, alcove, one-bedroom, or dementia*) the first qualified applicant(s) will be contacted by MMALF personnel. An offer of an apartment will be made by telephone. A person offered an apartment has three (3) business days from receipt of the phone call to notify the office of their intention to accept or reject the offered apartment. Any eligible person who refuses an apartment will not lose his or her place on the Waiting List. Application refunds are issued only if Marlow Manor denies residency or if death occurs while the applicant is on the waitlist.

All persons will be considered for admission to MMALF without regard to race, creed, color, familial status, religion, handicap, national origin, disability or gender.

MMALF Waiting List policies may be revised from time to time.

THIS IS A PRELIMINARY APPLICATION PROCEDURE AND GIVES NO LEASE OR RENT RIGHTS.  
A CURRENT ASSESSMENT WILL BE REQUIRED TO COMPLETE PROCESSING.

MMALF1100wl 11/99 rev. 7/16

# MARLOW MANOR ASSISTED LIVING FACILITY

## Additional Fee Services

Personal Laundry	\$5.00 per load
Additional Housekeeping	\$15.00 per hour
Personal Maintenance Services not related to MM repair and upkeep (These charges may be reflected on final statement and deducted from deposit upon move out.)	\$25.00 per hour
Room Meal - Tray Service (After expiration of annual 7-day courtesy tray)	\$2.50 per meal
Salon Service	Price set by provider
Level of Care (LOC) Rates: Assisted Living LOC 3 and higher	\$600.00 per level
New Frontiers	\$1075.00 + Level of Care
Pet Deposit	\$ 300.00

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