



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 2nd 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

Fax: (907) 338-8627

Locally owned and operated with pride, since 1999.



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.

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

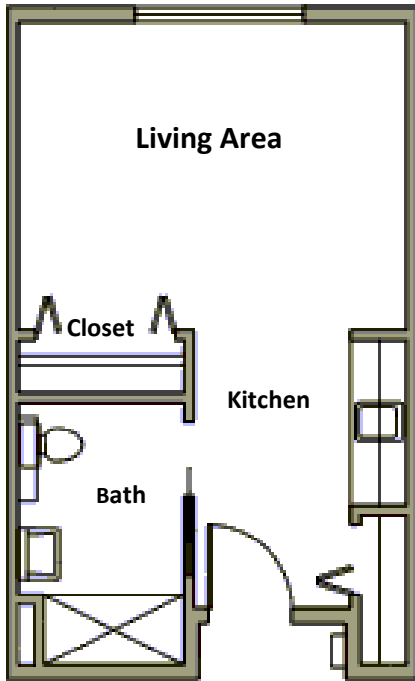
Living Area 8'7" x 13'7"
Bedroom 9'8" x 10'8"
Kitchen 9'5" x 12'9"
Bath 5'8" x 6'

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

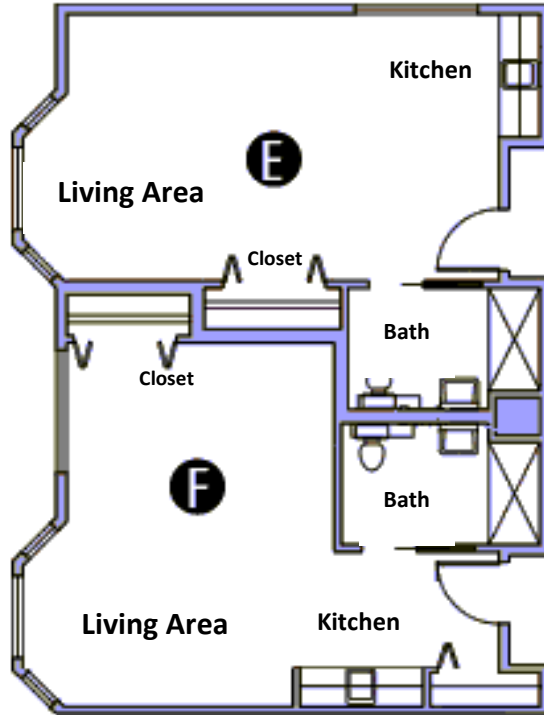
300 Square Feet



Typical Alcove Units E & F

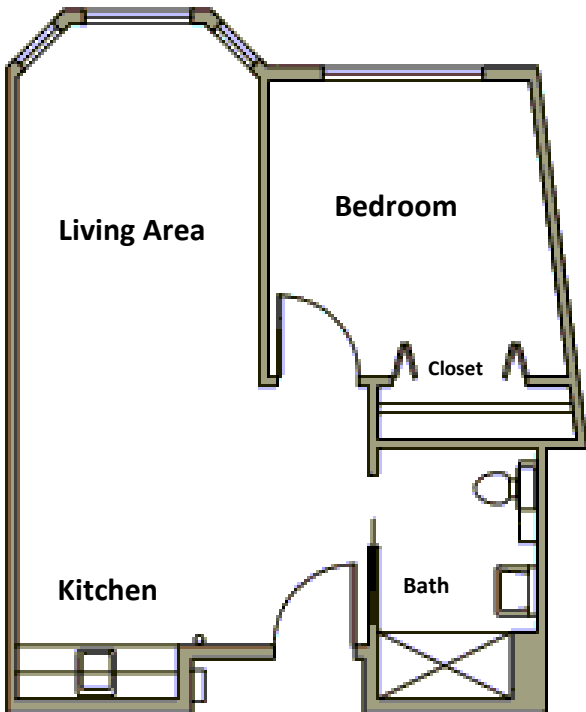
Unit E – 370 Square Feet

Unit F – 385 Square Feet



Typical 1 Bedroom Unit

450 Square Feet

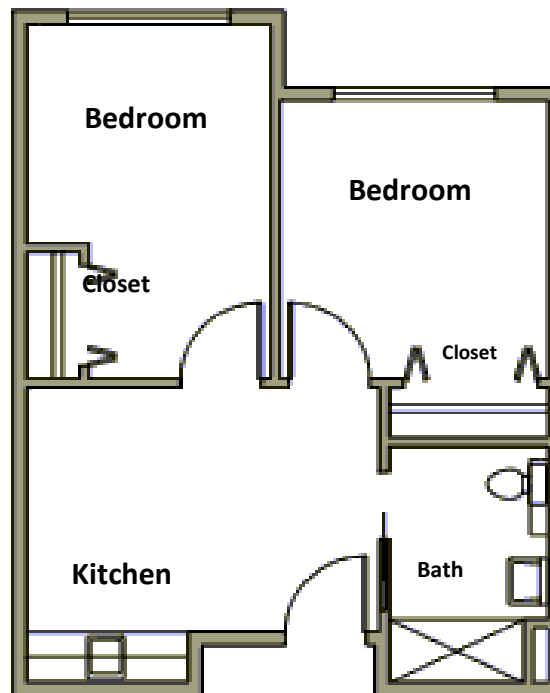


Typical 1 Bedroom Conversion Unit

(2 Occupants)

455 Square Feet

Not available





Marlow Manor Assisted Living Admissions Policy

Thank you for your interest in residing at Marlow Manor Assisted Living Facility (MMALF).

Please complete this packet for admission in its entirety to ensure the most expedited process. If space is not available at the time of application or you are not interested in a move-in yet, the date upon which you turn in your application will be used to determine your location on the waiting list. The waiting list is based on a "first-come, first-served" basis. As space becomes available, the next person on the list is notified via telephone and given at least 72 hours to respond. If no response is received within the 72 hour period, the next person will be notified. You will not lose your position on the list, you will then become the next person. If for any reason no one from the waitlist list responds or desires placement the list will remain intact and new applications will be considered.

Residents who receive Medicaid Home and Community Based CHOICE Waiver services (HCBWS) are eligible for a studio apartment under this program, unless they choose to pay the difference in cost for a larger size apartment. Occasionally a resident may be allowed to move into a larger apartment if that is all that is available at the time for a temporary basis. It is to be understood that as soon as a studio apartment is available, they agree to transfer to that apartment unless other arrangements are made to pay the cost difference. Regardless of size of the apartment the basic room and board requirement for ALL HCBSW residents is the total of their income (received from income verification worksheet) MINUS the \$100.00 per month residents personal needs allowance. The maximum R&B is \$1296.00 and the minimum is \$579.00. If a resident on the HCBWS program is considered "over resourced" and their income exceeds \$1396.00 they will have to make the legal arrangements dictated by the State's regulations governing the program. Please consult the care coordinator or other agents of the state whom you are working with to determine what needs to be done for your situation. Employees of MMALF can only give you general information regarding these programs and their requirements.

Marlow Manor strives to provide the best assisted living experience possible, so therefore also requires a medical records review and nursing assessment to determine if an individual is appropriate for this environment. Completing the application alone does not guarantee an applicant will be approved/accepted to reside here. This is in the best interest of the potential resident as well as the population currently residing here. If it is determined we cannot meet the potential residents' needs either through the pre-screening questionnaire or the nursing assessment you will be informed as soon as this determination is made. If required, a letter of denial can be sent.

Please keep in mind that although we employ nurses in supervisory positions, we are licensed as assisted living and therefore do not provide skilled nursing services. If you have concerns that the potential applicant may need this level of care and would like to speak to a nurse for a brief consultation before completing all the required application documents you may ask to do so. If the nurse is not available to speak to you immediately they will contact you as soon as possible to discuss your concerns prior to submitting the application.

During any part of this process we expect that information provided will be truthful and forthcoming to the best of your knowledge. Again, this is to ensure the best experience possible. If it is determined that information is knowingly false or kept in order to persuade the results of the admission process the applicant may be denied.



Items needed with the 4 page resident application:

- 1) \$100.00 assessment fee**
Not applicable to Medicaid Waiver Residents
- 2) *Resident Consent to Release Information* signed by potential resident or Responsible Party (i.e. Power of Attorney, Guardian, etc.)
- 3) Current [within one year] TB examination results
- 4) Power Of Attorney documents, if applicable (i.e. POA, Guardianship, etc.)
- 5) Living Will documents, if applicable
- 6) Advance Directives documents, if applicable
- 7) Guardianship documents, if applicable

At move-in you will have these costs:

- 1) Pro-rated first month's rent minus application/assessment fee
- 2) Security deposit which is one-half of base room rate
(Waiver residents see # 4)
- 3) Telephone line "live" prior to resident occupying unit
- 4) Waiver recipients please note there is a pro-rated move in charge totaling your monthly income minus \$100.00. This same formula is used to determine total monthly rental charge and is based on information provided on your income verification statement.

If at any time during the application process should you need assistance or have any questions, please feel free to call our office during business hours, Monday through Friday, 9:00-5:00pm, (907) 338-8708.

**The assessment/application fee is Non Refundable unless Marlow Manor denies an applicant residency for any reason or if demise of the applicant occurs while the applicant is on the waitlist.

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: _____

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



Thank you for your interest in Marlow Manor Assisted Living.

Marlow Manor is a beautiful 40,000 square foot facility comprised of forty-eight individual apartments designed to meet individual needs (age 62 and older) and financial situations.

In addition to the bedroom(s) and living area, each apartment includes a kitchenette and a large barrier-free shower and bathroom. There is 24-hour staffing, and all meals and activities are included in the monthly rates.

The New Frontiers floor features fourteen safe, secure units for individuals experiencing varying degrees of symptoms of Alzheimer's and other forms of dementia.

THE CURRENT MONTHLY RENTAL RATES, AS OF JANUARY 1, 2025 ARE AS FOLLOWS:

Studio	\$6,615
Alcove	\$7,140
1 Bedroom	\$7,455

ADDITIONAL CHARGES MAY INCLUDE:

- New Frontier's Advanced Alzheimer's Unit Memory Care (\$1,129 per month)
- Live-in spouse/relative (\$1,000 per month plus possible LOC)
- Each level of care (LOC) above the basic rate (\$630 per level)
- Prices vary for additional personal service(s), which may be contracted or requested

Please call for a personal tour and/or additional information. Also, be sure to visit our website at www.marlowmanor.com. We look forward to making your acquaintance and assisting you in this important milestone.

Sincerely,

The Marlow Manor Staff

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	\$630.00 per level
New Frontiers	\$1129.00
Pet Deposit	\$ 300.00