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BEAUTY SALON



| | |
|-------------|----------|
| Shampoo set | \$13.00 |
| Blow dry | \$13.00 |
| Haircut | \$5.00 |
| Perm | \$ 40.00 |
| Color | \$30.00 |

| | |
|-----------|---------|
| Manicure | \$10.00 |
| Pedicure | \$20.00 |
| Wax | \$5.00 |
| Brow Arch | \$5.00 |
| Brow Dye | \$3.00 |



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Do you have long term care insurance? ____ Yes ____ No

DAILY LIVING

Please check to indicate your ability for the tasks listed below

| Task | I can handle myself | I need some assistance | Comments |
|-------------------|---------------------|------------------------|----------|
| Bathing | | | |
| Dressing | | | |
| Mouth care | | | |
| Shaving/grooming | | | |
| Toileting | | | |
| 24 hr supervision | | | |
| Med. reminder | | | |
| Night care | | | |
| Clothing mgment | | | |

SIGNATURE

I understand that this application is neither a contract, nor a reservation for residence. Nothing contained in this document is legally binding for me or the community, until a Residence Agreement has been approved and signed by all parties.

Signature of applicant

Date of application

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MOUNT VERNON ASSISTED LIVING

PRELIMINARY APPLICATION

NAME _____ Date _____

Address _____ City/Zip _____

Birth Date _____ Gender ___ Male ___ Female

Contact phone _____

Marital status ___ Married ___ Single ___ Widow/er ___ Divorced ___ Separated

EMERGENCY WHO SHOULD WE CALL

Name _____ Relationship _____

Address _____ City/Zip _____

Email _____ Phone _____

Name of Power of Attorney or Guardian _____

Name of Health Care of Proxy _____

MEDICAL AND INSURANCE INFORMATION

Physician name _____

Do you require assistance with medications? ___ Yes ___ No

Please list all your all medical insurance coverage, including
supplemental health insurance:

Medicare _____ Health Insurance _____

MT VERNON HOUSE ASSISTED LIVING

| Apartment Style | Square Footage | Monthly Fee |
|-----------------|----------------|-------------|
| One bedroom | 486 sq ft | \$2255 |
| Two bedrooms | 600 sq ft | \$3005 |

Monthly Second Person Fee \$600

| Services | Included in the | monthly Fee |
|------------------------------|--|--|
| . Three meals daily | .Weekly housekeeping | .Planned fitness classes, social events, |
| . 24-hour attendant care | .Weekly laundry services | entertainment and worship services |
| .Medication monitoring | .Utilities, except cable and telephone | .Transportation to designated destinations on a regular schedule |
| .Assistance with daily tasks | .24-hour emergency response | |

Services available for an additional Fee

| | | |
|----------------|--------------|---------------|
| . guest meals | .beauty | .spa services |
| . guest suites | salon/barber | |

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WELCOME

Welcome to the Mount Vernon House community which provides residents with a choice of spacious one-bedroom and two -bedrooms apartments, restaurant style dining, assistance with medications, housekeeping, fitness activities, and a wealth of stimulating programs. We are a community in which our residents' needs, choices, and preferences are paramount.

Raising the standards of senior living

OUR MISSION

To enrich the lives of our Seniors by providing excellent care with compassion and understanding.

