



# 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.



## MT VERNON HOUSE ASSISTED LIVING

<i>Apartment Style</i>	<i>Square Footage</i>	<i>Monthly Fee</i>
One bedroom	486 sq ft	\$2255
Two bedrooms	600 sq ft	\$3005

Monthly Second Person Fee \$600

<i>Services</i>	<i>Included in the</i>	<i>monthly Fee</i>
. 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 salon/barber	.spa services
. guest suites		

# 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 \_\_\_\_\_

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*

## BEAUTY SALON



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

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

