

Independent Living Apartments

Kingsway Village Apartments Monthly Rental Rates

One Bedroom	\$2960 - \$3340*
One Bedroom with Den	\$3350 - \$3520*
Two Bedroom	\$3770 - \$4170*

Your Kingsway Village Apartments monthly rental rate is based upon apartment size, Trust Deposit amount, and your service plan choice (Gold or Silver). Additionally, the monthly rate includes housekeeping and linen service, wellness/ fitness, social and life enrichment programs, 24-hour security, emergency pull cords in each bedroom and bathroom, transportation for scheduled medical appointments, shopping and excursions, standard cable TV and maintenance. Utilities and telephone are not included. A Trust Deposit of \$75,000 to \$225,000 is required for your future care needs on the Kingsway campus. The Trust is placed in your name at M&T Bank and you are always in control. Highest Trust levels afford a daily reduction on the private pay rate for Kingsway assisted living/memory care and skilled nursing center care, \$10/day or \$20/day, respectively.

***2nd person monthly service fee** for Kingsway Village Apartments is \$700.

Parkland Garden Apartments Monthly Rental Rates (Good to February 1, 2024)

Studio	\$1700 - \$2000
One Bedroom	\$2410 - \$2710*
Two Bedroom	\$2990 - \$3290*

Parkland Garden Apartments monthly rental rate is based upon apartment size and your meal plan choice (Gold or Silver). Additionally, the monthly rental rate includes housekeeping and linen service, wellness/fitness, social and life enrichment programs, 24-hour security, emergency pull cords in each bedroom and bathroom, transportation for scheduled medical appointments, shopping and excursions, standard cable TV and maintenance. Utilities and telephone are not included.

***2nd person monthly service fee** for Parkland Garden Apartments is \$650.

Kingsway Court Apartments Monthly Rental Rates

First Floor, One Bedroom	\$1110
Second Floor, One Bedroom	\$1040

Kingsway Court Apartments monthly rental rate includes transportation for scheduled medical appointments, shopping and excursions, standard cable TV and maintenance. Services such as meals and housekeeping are available for additional monthly service fees. Utilities and telephone are not included.

Kingsway is a smoke-free campus.

Assisted Living and Enhanced Assisted Living

Standard Room	\$5770
Standard with shower	\$5930
Large Deluxe	\$6330*
Corner Unit	\$7010*
Studio Apartment	\$6440 - \$6990*
Two-Room Suite	\$7350*
One-Bedroom Apartment	\$7550 - \$7820*

An additional monthly charge of \$650 or \$950 applies for enhanced levels of care. There is a \$1500 application fee, collected upon admission. A \$2500 room reservation deposit may be required.

***2nd person monthly service fee** is \$2200.

Memory Care (within Assisted Living)

Standard Room	\$8080
Standard Room with Shower	\$8180
Large Deluxe	\$8310
Corner Deluxe	\$8420
Mohawk Room	\$8550

An additional monthly charge of \$600 applies for enhanced level of care. There is a \$1500 application fee, collected upon admission. A \$2500 room reservation deposit may be required.

Respite (within Assisted Living)

Daily Service Rate \$225*

An additional daily charge will apply for enhanced or memory care respite stays.

***2nd person daily service fee** is \$115.

Skilled Nursing & Rehabilitation Daily Service Rates

Semi-Private Room	\$490
Standard Private Room	\$505
Courtyard Private Room	\$505
Premium Semi-Private	\$505
Courtyard Private Room-Full Bath	\$510
Deluxe Private Room	\$515
Premium Private Room	\$520

Rates for Skilled Nursing & Rehabilitation do not include NYS Receipts Assessment.

Home Care Service Rates

Companion	\$ 30 per hour (weekends \$32/hr, holidays \$60/hr)
Home Health Aide/Personal Care Aide	\$ 35 per hour (weekends \$37/hr, holidays \$70/hr)
Weekly Nursing Visit to Pre-pour Medications	\$150
Nursing Visit (Weekdays)	\$150 (holiday/weekends \$50 additional)
PRI Assessment for Nursing Home Placement	\$300 (out-of-state \$25 additional)
Nursing Assessment to Open Cases	\$185
Renewal Assessment (Every 6 Months)	\$185
Mileage	\$.85 per mile

Application For Residency



Thank you for your interest in Kingsway. In order to properly process an individual's application, we must have the following information.

Today's Date _____

Date Received _____

Name 1st Person _____ DOB _____ Male Female

Name 2nd Person (If applicable) _____ DOB _____ Male Female

1st Person Address _____
Street City State Zip

2nd Person Address _____
Street City State Zip

Email _____

Telephone: (h) _____ (c) _____

1st Person SS Number _____ 2nd Person SS Number _____

Marital Status _____ U.S. Citizen? Yes No If not, of what country? _____

Residence Desired? Independent Living Assisted Living/Memory Care Nursing Care/Rehab

Desired Move-in Date _____ Present Living Arrangement _____

Name of Attending Physician _____ Phone _____ Fax _____

Health Coverage: Medicare Number _____ Medicaid Number _____

HMO/Other Insurance _____ Group Number _____

List closest relatives or personal contacts

1. Name _____ Relationship _____

Address _____ Home # _____

_____ Cell or Work# _____

Email _____ POA Health Care Proxy

2. Name _____ Relationship _____

Address _____ Home # _____

_____ Cell or Work# _____

Email _____ POA Health Care Proxy

Who assists with your financial affairs at this time? No one, I conduct my own.

Name & Phone of individual assisting with financial matters:

Financial Statement

The information herein will be kept strictly confidential and will be solely used for determining eligibility for Kingsway resident/tenant acceptance and to provide assurance that the funds needed for our residency agreement are adequate.

Please list your monthly income, assets and liabilities:

<u>INCOME</u>	<u>Prospective Resident</u>	<u>2nd Person's</u>
<u>Regular Income</u>	<u>Monthly Income</u>	<u>Monthly Income</u>
Earned Income✕	\$ _____	\$ _____
Social Security Benefits✕	\$ _____	\$ _____
Retirement Pension✕ (Civil, Veteran's, Teachers, etc.)	\$ _____	\$ _____
Annuities✕	\$ _____	\$ _____
Trust Fund Income✕	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
 <u>Investment Income</u>		
Rental Property Income✕	\$ _____	\$ _____
Interest on Savings/CDs✕	\$ _____	\$ _____
Income Stocks/Bonds✕	\$ _____	\$ _____
 Where ✕ indicated please provide copies of most recent official bank or account statements to verify balances.		
<u>Total Monthly Income</u>	\$ _____	\$ _____

Do you have a Trust? No Yes If yes, please provide a copy of the Trust Agreement and indicate the current balance: \$ _____..... Revocable Irrevocable

Can the principal of the Trust be used if needed? Yes No

ASSETS**Prospective Resident's
Assets****2nd Person's
Assets**

Checking Account✕	\$ _____	\$ _____
Savings Account✕	\$ _____	\$ _____
Certificates of Deposit✕	\$ _____	\$ _____
Securities	\$ _____	\$ _____
Accounts Receivable	\$ _____	\$ _____
Home Value	\$ _____	\$ _____
Other Real Estate Owned	\$ _____	\$ _____
IRA's✕	\$ _____	\$ _____
Other Assets (please specify)	\$ _____	\$ _____
Other Assets (please specify)	\$ _____	\$ _____
Total Assets	\$ _____	\$ _____

Where ✕ indicated please provide copies of most recent official bank or account statements to verify balances.

LIABILITIES**Prospective Resident's
Liabilities****2nd Person's
Liabilities**

Notes Payable to Banks	\$ _____	\$ _____
Mortgages	\$ _____	\$ _____
Real Estate Tax	\$ _____	\$ _____
Other Debts	\$ _____	\$ _____
Total Liabilities	\$ _____	\$ _____

NET WORTH

Available for Care \$ _____ \$ _____

Are Assets held jointly? Yes No If yes, with whom? _____

Have any Assets been transferred in the last 60 months? Yes No If yes, please explain:

Do you plan to sell residence or real estate to pay for your financial obligations to Kingsway? Yes No

Do you have LTC insurance? Yes No If yes, which company and policy number?

Do you anticipate any significant changes in your financial situation in the next 3 to 5 years? Yes No If yes, please explain:

I understand that Kingsway Community relies upon the accuracy of the above information for the purpose of determining whether there will be a source of payment and to determine when the resident may need financial assistance. I hereby give Kingsway Community permission to verify medical and financial information supplied on this application for admission and further agree that the funds will be available for the care of the applicant during his/her residency at Kingsway Community. In addition, I understand that I am required to provide Kingsway with additional documents at Kingsway's request, at any point in time prior to or during my residency, including but not limited to income tax return, bank statements, or other confidential information.

Signature of Prospective Resident

Date

Signature of 2nd Prospective Resident (if applicable)

Date

Signature of Individual Assisting with Financials

Date

Relationship to Prospective Resident

Phone of Individual Assisting with Financials

Federal and State laws prohibit discrimination based on age, sex, sexual preference, race, color, ancestry, national origin, religious creed, disability, blindness, marital status, source of payment, or sponsorship.