

## Independent Living Apartments

### Kingsway Village Apartments Monthly Rental Rates

<b>One Bedroom</b>	\$3040 - \$3210*
<b>One Bedroom with Den</b>	\$3410 - \$3580*
<b>Two Bedroom</b>	\$3820 - \$4010*

Kingsway Village Apartments monthly rental rate includes a meal plan allowance of \$600, weekly housekeeping with 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, \$100,000, \$125,000, \$150,000 or \$225,000, is required for your future care needs on the Kingsway campus. Your monthly rental rate is based upon the level of Trust Deposit and apartment size. The Trust is placed in your name at M&T Bank and you are always in control. With a Trust of \$150,000 (single) or \$225,000 (2 people), you receive a \$10/day reduction on the private pay rate for assisted living/memory care at Kingsway Manor and a \$20/day reduction on the private pay rate for skilled nursing at Kingsway Arms.

### Parkland Garden Apartments Monthly Rental Rates

<b>Studio</b>	\$2000
<b>One Bedroom</b>	\$2710*
<b>Two Bedroom</b>	\$3290*

Parkland Garden Apartments monthly rental rate includes one meal daily, weekly housekeeping with 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.

**\*2<sup>nd</sup> person monthly service fee** for Kingsway Village or Parkland Garden Apartments is \$650.

### Kingsway Court Apartments Monthly Rental Rates

<b>First Floor, One Bedroom</b>	\$1070
<b>Second Floor, One Bedroom</b>	\$1000

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	\$5550
Standard with shower	\$5700
Large Deluxe	\$6090*
Corner Unit	\$6740*
Studio Apartment	\$6190 - \$6720*
Two-Room Suite	\$7070*
One-Bedroom Apartment	\$7260 - \$7520*

An additional monthly charge of \$650 or \$900 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 \$2100.

### **Memory Care (within Assisted Living)**

Standard Room	\$7770
Standard Room with Shower	\$7870
Large Deluxe	\$7990
Corner Deluxe	\$8100
Mohawk Room	\$8220

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 \$210\*

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

**\*2nd person daily service fee** is \$105.

## **Skilled Nursing & Rehabilitation Daily Service Rates**

Semi-Private Room	\$470
Standard Private Room	\$485
Courtyard Private Room	\$485
Premium Semi-Private	\$485
Courtyard Private Room-Full Bath	\$490
Deluxe Private Room	\$495
Premium Private Room	\$500

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 per week
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

518-393-8800  
Kingswaycommunity.com

(Updated 05/30/2023\_KWC)

**Service fees and rates are subject to change.  
Rates noted are effective to December 31, 2023.**

# 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. Please answer all questions carefully. The information herein is confidential and constitutes the basis for resident/tenant acceptance.

Today's Date \_\_\_\_\_

Date Received \_\_\_\_\_

Name of Applicant \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State/Zip

Email \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female Marital Status \_\_\_\_\_

U.S. Citizen?  Yes  No If not citizen of U.S. or dual citizen, what country? \_\_\_\_\_

Residence Desired?  Village  Parkland  Court  Assisted Living  Memory Care  Nursing Care/Rehab

If apartment desired, please check:  Studio  One Bedroom  One Bedroom with Den  Two Bedroom

Desired Move-in Date \_\_\_\_\_ Present Living Arrangement \_\_\_\_\_

Name of Attending Physician \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Health Coverage: Medicare Number \_\_\_\_\_ Medicaid Number \_\_\_\_\_

HMO/Other Insurance \_\_\_\_\_ Group Number \_\_\_\_\_

### Individuals to be contacted for future correspondence (list additional contacts on separate sheet if needed)

**1.Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Email \_\_\_\_\_

POA  Guardian  Health Care Proxy Authorized to assist with finances?  Yes  No

**2.Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Email \_\_\_\_\_

POA  Guardian  Health Care Proxy Authorized to assist with finances?  Yes  No

# Confidential Financial Statement

Earned Income (monthly) \$ \_\_\_\_\_  
 Social Security Benefits \$ \_\_\_\_\_  
 Veteran's Benefits \$ \_\_\_\_\_  
 Pension (specify) \$ \_\_\_\_\_  
 IRA Income \$ \_\_\_\_\_  
 Annuity \$ \_\_\_\_\_  
 Other (specify) \$ \_\_\_\_\_  
 Net Monthly Income \$ \_\_\_\_\_

List all assets you intend to use to pay for your care, i.e. bank/investment accounts:

<u>Institution</u>	<u>Address</u>	<u>Account Number</u>	<u>Balance</u> ❌

- 1. Do you have any CDs?  No  Yes If yes, what is the value? \_\_\_\_\_ ❌
- 2. Do you have any IRAs?  No  Yes If yes, what is the value? \_\_\_\_\_ ❌
- 3. Do you own stocks or bonds?  No  Yes If yes, what is the value? \_\_\_\_\_ ❌
- 4. Do you own real estate?  No  Yes If yes, what is the value? \_\_\_\_\_  
 Do you plan to sell residence or real estate to pay for your financial obligations to Kingsway?  No  Yes
- 5. List any other assets (attach page if needed) \_\_\_\_\_ ❌
- 6. Do you have LTC insurance?  No  Yes If yes, with what company? \_\_\_\_\_
- 7. List total assets available to pay for your care \$ \_\_\_\_\_

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

Have you created a Trust or have any of your assets been transferred, including gifts to family members or others, within the last 5 years?  No  Yes If yes, please provide information/copies:  
 \_\_\_\_\_  
 \_\_\_\_\_

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.

\_\_\_\_\_  
 Signature of Prospective Resident

\_\_\_\_\_  
 Signature of Financially Responsible Party (if other than resident)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Relation to Applicant