

Independent Living Apartments

Kingsway Village Apartments Monthly Rental Rates

One Bedroom	\$2920 - \$3090*
One Bedroom with Den	\$3280 - \$3440*
Two Bedroom	\$3670 - \$3860*

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

Studio	\$1920
One Bedroom	\$2610*
Two Bedroom	\$3160*

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.

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

Kingsway Court Apartments Monthly Rental Rates

First Floor, One Bedroom	\$1025
Second Floor, One Bedroom	\$ 965

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. Service fees and rates are subject to change.

Assisted Living and Enhanced Assisted Living

Standard Room	\$5340
Standard with shower	\$5480
Large Deluxe	\$5860*
Corner Unit	\$6480*
Studio Apartment	\$5950 - \$6460*
Two-Room Suite	\$6800*
One-Bedroom Apartment	\$6980 - \$7230*

An additional monthly charge of \$650 or \$850 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 \$2000.

Memory Care (within Assisted Living)

Standard Room	\$7470
Standard Room with Shower	\$7570
Large Deluxe	\$7680
Corner Deluxe	\$7790
Mohawk Room	\$7900

An additional monthly charge of \$550 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 \$200*

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

***2nd person daily service fee** is \$100.

Skilled Nursing & Rehabilitation Daily Service Rates

Semi-Private Room	\$455
Standard Private Room	\$470
Courtyard Private Room	\$470
Premium Semi-Private	\$470
Courtyard Private Room-Full Bath	\$475
Deluxe Private Room	\$480
Premium Private Room	\$485

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

Home Care Service Rates

Companion	\$ 28 per hour
Home Health Aide/Personal Care Aide	\$ 33 per hour (weekends \$1.75 additional)
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. 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

