

**CONTINUING CARE RETIREMENT COMMUNITY  
DISCLOSURE STATEMENT**

Date Prepared: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Facility Operator: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Year Opened: \_\_\_\_\_

# of Acres: \_\_\_\_\_

Miles to Shopping Center: \_\_\_\_\_

Miles to Hospital: \_\_\_\_\_

☐ Single Story☐ Multi-Story☐ Other: \_\_\_\_\_**Number of Units:**

<b>Residential Living</b>	<b>Number of Units</b>	<b>Health Care</b>	<b>Number of Units</b>
Apartments – Studio:	_____	Assisted Living:	_____
Apartments – 1 Bdrm:	_____	Skilled Nursing:	_____
Apartments – 2 Bdrm:	_____	Special Care:	_____
Cottages/Houses:	_____	Description:	_____

RLU Occupancy (%) at Year End: \_\_\_\_\_

**Type of Ownership:** ☐ Not for Profit☐ For Profit**Accredited?** ☐ Yes By: \_\_\_\_\_☐ No**Form of Contact:**

(Check all that apply)

☐ Continuing Care☐ Life Care☐ Entrance Fee☐ Fee for Service☐ Assignment of Assets☐ Equity☐ Membership☐ Rental**Refund Provisions:**

(Check all that apply)

☐ Refundable☐ 90%☐ 50%☐ Repayable☐ 75%☐ Other: \_\_\_\_\_**Range of Entrance Fees:** \$ \_\_\_\_\_ - \$ \_\_\_\_\_**Long-Term Care Insurance Required?** ☐ Yes ☐ No**Health Care Benefits Included in Contract:** \_\_\_\_\_**Entry Requirements:** Min Age: \_\_\_\_\_ Prior Profession: \_\_\_\_\_ Other: \_\_\_\_\_**Resident Representative(s) to, and Resident Members on, the Board:**

(briefly describe provider's compliance and residents' roles): \_\_\_\_\_

All providers are required by Health and Safety Code section 1789.1 to provide this report to prospective residents before executing a deposit agreement or continuing care contract or receiving any payment. Many communities are part of multi-facility operations which may influence financial reporting. Consumers are encouraged to ask questions of the continuing care retirement community that they are considering and to seek advice from professional advisors.

### Facility Services and Amenities

Common Area Amenities	Available	Fee for Service	Services Available	Included in Fee	For Extra Charge
Beauty/Barber Shop	<input type="checkbox"/>	<input type="checkbox"/>	Housekeeping (___Times/	<input type="checkbox"/>	<input type="checkbox"/>
Billiard Room	<input type="checkbox"/>	<input type="checkbox"/>	Month at \$_____each)		
Bowling Green	<input type="checkbox"/>	<input type="checkbox"/>	Meals (___/Day)	<input type="checkbox"/>	<input type="checkbox"/>
Card Rooms	<input type="checkbox"/>	<input type="checkbox"/>	Special Diets Available	<input type="checkbox"/>	<input type="checkbox"/>
Chapel	<input type="checkbox"/>	<input type="checkbox"/>			
Coffee Shop	<input type="checkbox"/>	<input type="checkbox"/>	24-Hour Emergency Response	<input type="checkbox"/>	<input type="checkbox"/>
Craft Rooms	<input type="checkbox"/>	<input type="checkbox"/>	Activities Program	<input type="checkbox"/>	<input type="checkbox"/>
Exercise Room	<input type="checkbox"/>	<input type="checkbox"/>	All Utilities Except Phone	<input type="checkbox"/>	<input type="checkbox"/>
Golf Course Access	<input type="checkbox"/>	<input type="checkbox"/>	Apartment Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>	Cable TV	<input type="checkbox"/>	<input type="checkbox"/>
Putting Green	<input type="checkbox"/>	<input type="checkbox"/>	Linens Furnished	<input type="checkbox"/>	<input type="checkbox"/>
Shuffleboard	<input type="checkbox"/>	<input type="checkbox"/>	Linens Laundered	<input type="checkbox"/>	<input type="checkbox"/>
Spa	<input type="checkbox"/>	<input type="checkbox"/>	Medication Management	<input type="checkbox"/>	<input type="checkbox"/>
Swimming Pool –	<input type="checkbox"/>	<input type="checkbox"/>	Nursing/Wellness Clinic	<input type="checkbox"/>	<input type="checkbox"/>
Indoor			Personal Home Care	<input type="checkbox"/>	<input type="checkbox"/>
Swimming Pool –	<input type="checkbox"/>	<input type="checkbox"/>	Transportation – Personal	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor			Transportation – Prearranged	<input type="checkbox"/>	<input type="checkbox"/>
Tennis Court	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Workshop	<input type="checkbox"/>	<input type="checkbox"/>			
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>			

**Provider Name:** \_\_\_\_\_

<b>Affiliated CCRCs</b>	<b>Location (city, state)</b>	<b>Phone (with area code)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Multi-Level Retirement Communities</b>	<b>Location (city, state)</b>	<b>Phone (with area code)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Free-Standing Skilled Nursing</b>	<b>Location (city, state)</b>	<b>Phone (with area code)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Subsidized Senior Housing</b>	<b>Location (city, state)</b>	<b>Phone (with area code)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTE:** Please indicate if the facility is a life care facility.

**Provider Name:** \_\_\_\_\_

**Income and Expenses [Year]**

**Income from Ongoing Operations**

**Operating Income**

(Excluding amortization of entrance fee income)

**Less Operating Expenses**

(Excluding depreciation, amortization, and interest)

**Net Income From Operations**

**Less Interest Expense**

**Plus Contributions**

**Plus Non-Operating Income**

**(Expenses)**

(Excluding extraordinary items)

**Net Income (Loss) Before Entrance Fees, Depreciation And Amortization**

**Net Cash Flow From Entrance Fees**

(Total Deposits Less Refunds)

**Description of Secured Debt** *(as of most recent fiscal year end)*

<b>Lender</b>	<b>Outstanding Balance</b>	<b>Interest Rate</b>	<b>Date of Origination</b>	<b>Date of Maturity</b>	<b>Amortization Period</b>

**Financial Ratios** *(see last page for ratio formulas)*

**CCAC Medians 50th Percentile** *(optional)*

**Financial Ratios [Year]**

**Debt to Asset Ratio**

**Operating Ratio**

**Debt Service Coverage Ratio**

**Days Cash On Hand Ratio**


**Provider Name:** \_\_\_\_\_

**Historical Monthly Service Fees** (*Average Fee and Change Percentage*)

<b>Residence/Service [Year]</b>		<b>%</b>		<b>%</b>		<b>%</b>		<b>%</b>
Studio								
One Bedroom								
Cottage/House								
Assisted Living								
Skilled Living								
Special Care								

**Comments from Provider:**

**Financial Ratio Formulas**

**Long-Term Debt to Total Assets Ratio**

$$\frac{\text{Long Term Debt, less Current portion}}{\text{Total Assets}}$$

**Operating Ratio**

$$\frac{\text{Total Operating Expenses - Depreciation Expense - Amortization Expense}}{\text{Total Operating Revenues - Amortization of Deferred Revenue}}$$

**Debt Service Coverage Ratio**

$$\frac{\text{Total Excess of Revenues Over Expenses} + \text{Interest, Depreciation, and Amortization Expenses} + \text{Amortization of Deferred Revenue} + \text{Net Proceeds from Entrance Fees}}{\text{Annual Debt Service}}$$

**Days Cash On Hand Ratio**

$$\frac{\text{Unrestricted Current Cash \& Investments} + \text{Unrestricted Non-Current Cash and Investments}}{(\text{Operating Expenses - Depreciation - Amortization})/365}$$

**NOTE:** These formulas are also used by the Continuing Care Accreditation Commission. For each formula, that organization also publishes annual median figures for certain continuing care retirement communities.