

**Continuing Care Retirement Community  
Disclosure Statement  
General Information**

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

FACILITY NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 PROVIDER NAME: \_\_\_\_\_ FACILITY OPERATOR: \_\_\_\_\_  
 RELATED FACILITIES: \_\_\_\_\_ RELIGIOUS AFFILIATION: \_\_\_\_\_  
 YEAR OPENED: \_\_\_\_\_ # OF ACRES: \_\_\_\_\_  SINGLE STORY  MULTI-STORY  OTHER: \_\_\_\_\_  
 MILES TO SHOPPING CTR: \_\_\_\_\_  
 MILES TO HOSPITAL: \_\_\_\_\_

**NUMBER OF UNITS:**

|                                      |                        |
|--------------------------------------|------------------------|
| <b>RESIDENTIAL LIVING</b>            | <b>HEALTH CARE</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  NO BY: \_\_\_\_\_

**FORM OF CONTRACT:**  CONTINUING CARE  LIFE CARE  ENTRANCE FEE  FEE FOR SERVICE  
*(Check all that apply)*  ASSIGNMENT OF ASSETS  EQUITY  MEMBERSHIP  RENTAL

**REFUND PROVISIONS:** *(Check all that apply)*  90%  75%  50%  FULLY AMORTIZED  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 MEMBER(S) ON, THE BOARD** (briefly describe provider's compliance and residents' role): > \_\_\_\_\_

> \_\_\_\_\_

| <b>FACILITY SERVICES AND AMENITIES</b> |                          |                          |                                 |                          |                          |
|--|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|
| <b>COMMON AREA AMENITIES</b>           | <b>AVAILABLE</b>         | <b>FEE FOR SERVICE</b>   | <b>SERVICES AVAILABLE</b>       | <b>INCLUDED IN FEE</b>   | <b>FOR EXTRA CHARGE</b>  |
| BEAUTY/BARBER SHOP                     | <input type="checkbox"/> | <input type="checkbox"/> | HOUSEKEEPING (____ TIMES/MONTH) | <input type="checkbox"/> | <input type="checkbox"/> |
| BILLIARD ROOM                          | <input type="checkbox"/> | <input type="checkbox"/> | MEALS (____/DAY)                | <input type="checkbox"/> | <input type="checkbox"/> |
| BOWLING GREEN                          | <input type="checkbox"/> | <input type="checkbox"/> | SPECIAL DIETS AVAILABLE         | <input type="checkbox"/> | <input type="checkbox"/> |
| CARD ROOMS                             | <input type="checkbox"/> | <input type="checkbox"/> |                                 |                          |                          |
| CHAPEL                                 | <input type="checkbox"/> | <input type="checkbox"/> | 24-HOUR EMERGENCY RESPONSE      | <input type="checkbox"/> | <input type="checkbox"/> |
| COFFEE SHOP                            | <input type="checkbox"/> | <input type="checkbox"/> | ACTIVITIES PROGRAM              | <input type="checkbox"/> | <input type="checkbox"/> |
| CRAFT ROOMS                            | <input type="checkbox"/> | <input type="checkbox"/> | ALL UTILITIES EXCEPT PHONE      | <input type="checkbox"/> | <input type="checkbox"/> |
| EXERCISE ROOM                          | <input type="checkbox"/> | <input type="checkbox"/> | APARTMENT MAINTENANCE           | <input type="checkbox"/> | <input type="checkbox"/> |
| GOLF COURSE ACCESS                     | <input type="checkbox"/> | <input type="checkbox"/> | CABLE TV                        | <input type="checkbox"/> | <input type="checkbox"/> |
| LIBRARY                                | <input type="checkbox"/> | <input type="checkbox"/> | LINENS FURNISHED                | <input type="checkbox"/> | <input type="checkbox"/> |
| PUTTING GREEN                          | <input type="checkbox"/> | <input type="checkbox"/> | LINENS LAUNDERED                | <input type="checkbox"/> | <input type="checkbox"/> |
| SHUFFLEBOARD                           | <input type="checkbox"/> | <input type="checkbox"/> | MEDICATION MANAGEMENT           | <input type="checkbox"/> | <input type="checkbox"/> |
| SPA                                    | <input type="checkbox"/> | <input type="checkbox"/> | NURSING/WELLNESS CLINIC         | <input type="checkbox"/> | <input type="checkbox"/> |
| SWIMMING POOL-INDOOR                   | <input type="checkbox"/> | <input type="checkbox"/> | PERSONAL HOME CARE              | <input type="checkbox"/> | <input type="checkbox"/> |
| SWIMMING POOL-OUTDOOR                  | <input type="checkbox"/> | <input type="checkbox"/> | TRANSPORTATION-PERSONAL         | <input type="checkbox"/> | <input type="checkbox"/> |
| TENNIS COURT                           | <input type="checkbox"/> | <input type="checkbox"/> | TRANSPORTATION-PREARRANGED      | <input type="checkbox"/> | <input type="checkbox"/> |
| WORKSHOP                               | <input type="checkbox"/> | <input type="checkbox"/> | OTHER _____                     | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER _____                            | <input type="checkbox"/> | <input type="checkbox"/> |                                 |                          |                          |

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.



**PROVIDER NAME:** \_\_\_\_\_

**OTHER CCRCs**

**LOCATION (City, State)**

**PHONE (with area code)**

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**MULTI-LEVEL RETIREMENT COMMUNITIES**

**LOCATION (City, State)**

**PHONE (with area code)**

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**FREE-STANDING SKILLED NURSING**

**LOCATION (City, State)**

**PHONE (with area code)**

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**SUBSIDIZED SENIOR HOUSING**

**LOCATION (City, State)**

**PHONE (with area code)**

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**NOTE:** PLEASE INDICATE IF THE FACILITY IS A LIFE CARE FACILITY.

PROVIDER NAME: \_\_\_\_\_

|  | 2018 | 2019 | 2020 | 2021 |
|--|------|------|------|------|
| <b>INCOME FROM ONGOING OPERATIONS</b>  |      |      |      |      |
| <b>OPERATING INCOME</b>  |      |      |      |      |
| (Excluding amortization of entrance fee income)                              |      |      |      |      |
| <b>LESS OPERATING EXPENSES</b>   |      |      |      |      |
| (Excluding depreciation, amortization, and interest)                         |      |      |      |      |
| <b>NET INCOME FROM OPERATIONS</b>  |      |      |      |      |
| <b>LESS INTEREST EXPENSE</b>   |      |      |      |      |
| <b>PLUS CONTRIBUTIONS</b>  |      |      |      |      |
| <b>PLUS NON-OPERATING INCOME (EXPENSES)</b>                                  |      |      |      |      |
| (excluding extraordinary items)  |      |      |      |      |
| <b>NET INCOME (LOSS) BEFORE ENTRANCE FEES, DEPRECIATION AND AMORTIZATION</b> |      |      |      |      |
| <b>NET CASH FLOW FROM ENTRANCE FEES</b>                                      |      |      |      |      |
| (Total Deposits Less Refunds)  |      |      |      |      |

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**DESCRIPTION OF SECURED DEBT** *(as of most recent fiscal year end)*

| LENDER | OUTSTANDING BALANCE | INTEREST RATE | DATE OF ORIGATION | DATE OF MATURITY | AMORTIZATION PERIOD |
|--------|---------------------|---------------|-------------------|------------------|---------------------|
|        |                     |               |                   |                  |                     |
|        |                     |               |                   |                  |                     |
|        |                     |               |                   |                  |                     |

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**FINANCIAL RATIOS** (see next page for ratio formulas)

**2017 CCAC Medians  
50<sup>th</sup> Percentile  
*(optional)***

|                                    | 2019 | 2020 | 2021 |
|------------------------------------|------|------|------|
| <b>DEBT TO ASSET RATIO</b>         |      |      |      |
| <b>OPERATING RATIO</b>             |      |      |      |
| <b>DEBT SERVICE COVERAGE RATIO</b> |      |      |      |
| <b>DAYS CASH ON HAND RATIO</b>     |      |      |      |

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**HISTORICAL MONTHLY SERVICE FEES** (Average Fee and Change Percentage)

|                 | 2018 | % | 2019 | % | 2020 | % | 2021 | % |
|-----------------|------|---|------|---|------|---|------|---|
| STUDIO          |      |   |      |   |      |   |      |   |
| ONE BEDROOM     |      |   |      |   |      |   |      |   |
| TWO BEDROOM     |      |   |      |   |      |   |      |   |
| COTTAGE/HOUSE   |      |   |      |   |      |   |      |   |
| ASSISTED LIVING |      |   |      |   |      |   |      |   |
| SKILLED NURSING |      |   |      |   |      |   |      |   |
| SPECIAL CARE    |      |   |      |   |      |   |      |   |

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**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**

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

**DEBT SERVICE COVERAGE RATIO**

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

**DAYS CASH ON HAND RATIO**

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

**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.