



Rochester Community Care Home, Inc.
16 Park Row #4
Rochester, VT 05767-9445
Telephone: (802) 767-3416
director@parkhousevt.org

Thank you for your interest in our shared living residence, PARK HOUSE. We are delighted that you are considering living here, and invite you, your family, and friends to visit.

Included with this packet is information that is pertinent to Park House:

- Information about Park House
- Admission Requirements and Procedures
- Questions for Your Consideration
- Rate Sheet
- Health and Medical Information Form
- Residency Admission Form
- Emergency Form
- Caregiver Form

For additional information, please telephone our office at (802) 767-3416, or write to us at the above address. Better yet, come visit us! We look forward to meeting you.

Sincerely,

Lolly Lindsey
Executive Director

Enclosures

(Updated 6/2023)

PARK HOUSE

Park House is family-style living where you'll enjoy the company and security of being with interesting people. Residents have their own bedroom furnished with their own furniture. At Park House, residents share the large and spacious living and dining rooms, a lovely front porch, and beautiful gardens. As with family living, residents are encouraged to participate in the household and outdoor tasks, as they are able. This manner of living enables a person to remain truly independent.

Three meals are prepared daily by our cooking staff. For safety reasons, cooking is not permitted in individual bedrooms.

Why Would I Live at Park House?

We offer:

- ◆ companionship and the security of knowing that you are never far away from a helping hand.
- ◆ the freedom to enjoy life your way, without being dependent on anyone.
- ◆ regular balanced meals without the worry of shopping or preparation.
- ◆ an option to the responsibility of maintaining an apartment or house.
- ◆ a convenient location near stores, restaurants, doctors' office, the library, churches, and the beauty parlor.
- ◆ the porch for visiting with friends, neighbors, and family.
- ◆ the Park for concerts and special activities.

Who Is Eligible to Live at Park House?

Park House is equipped, primarily, to serve the needs of people over age 60; however, consideration will be given to qualifying persons less than 60 years of age. Residents must be of sound mind and physically self-reliant, able to move about independently either on foot, with a walker, or with a wheelchair. An elevator provides access to rooms on the second and third floors. Four resident bedrooms on the first floor are handicapped accessible.

General Information About Park House

Appliances	Cooking is not allowed in resident rooms. A fee of \$5.00 per month will be charged for a private refrigerator. Appliances such as hot plates, microwave ovens, and electric kettles are prohibited.
Automobiles	A parking lot is located at the rear of Park House for residents, guests, and staff. Unusable vehicles may not remain on the property.
Baths	Although most rooms have private baths, two rooms on the second floor share an accessible bathroom.
Cleaning	Resident rooms will be cleaned monthly, bathrooms and all common spaces will be cleaned weekly by our housekeeping staff. Any additional desired cleaning is the responsibility of the resident.
Doctors	Rochester Health Center is in close proximity to Park House. Gifford Medical Center is the closest hospital.
Elevator	An elevator serves the first, second and third floors.
Fire Safety	Park House is a Department of Public Safety approved facility. Fire drills are held with all residents. As would be true in a real fire, the elevator may not be used during fire drills. Residents must be able to navigate the stairs.
Furniture	Residents are encouraged to furnish their own rooms. Park House has some basic furniture available if needed.
Home Health	Home health care is available through the Visiting Nurse Alliance of VT/NH and must be arranged for independent of Park House by the resident and his/her doctor.
Insurance	Tenant Homeowners Coverage is available from insurance companies for those who wish to insure personal property. Park House does not insure a resident's property.

Kitchen	Residents are encouraged to participate in meal preparation. Cooking is NOT permitted in resident rooms nor on Park House's commercial stove. Refrigerator, freezer, and pantry space is available for residents to keep food; a microwave and toaster are available for warming.
Laundry	Coin-operated washers and dryers are located on the 1 st , 2 nd , and 3 rd floors.
Location	Park House is located in Rochester Village at the corner of Park Row and Route 100 (16 Park Row) and is within a short walking distance of the business district, churches, library, and school.
Mail	Rural Delivery is made to Park House. Each resident can be assigned an individually keyed mailbox.
Meals	Three meals are served daily. With advance notice and for a small charge of \$10.00 each, guests are welcome for meals.
Oxygen Concentrators	A fee of \$15.50 per month will be charged for the use of an oxygen concentrator, based on amps used per 24 hours.
Prescriptions	Since there is no pharmacy located in Rochester, prescriptions and special medical supplies must be obtained out of town or received through the mail.
Rent	Rents are affordable. You may qualify for a housing subsidy through the VSHA if your annual income is less than the established amount.
Rooms	Rooms, which are all different, are selected on a first come, first served basis. A specific room may be reserved prior to actual arrival by paying the monthly rent in advance.
Short Term Rental	Short-term rental is available. Arrangements and charges need to be discussed with the Executive Director.

Telephones	All rooms have private telephone outlets. Each resident must arrange for connection and billing with the telephone company. Cellphones contracted through AT&T work in Rochester.
Television	Each room has a cable TV connection. There is a monthly cable charge of \$35 for cable users, payable to Park House. An expanded package can be arranged through Comcast by the resident.
Internet	Park House maintains wireless internet throughout the building. Residents may log on as use as desired.
Transportation	Park House does not offer transportation, but it may be arranged with Tri-Valley Transit by calling (802) 728-3773 or emailing info@trivalleytransit.org .
Smoking	Smoking of any kind is not permitted at Park House.

Admission Requirements and Procedures

Applicants for admission to Park House must be of sound mind and physically self-reliant, able to move about independently either on foot, with a walker, or with a wheelchair.

Any restrictions, priorities, or special criteria will be applied equally to all applicants, regardless of referral source, race, color, sex, sexual orientation, age, religion, national origin, disability, and marital or veteran status.

Admission Criteria

A visit to PARK HOUSE and an interview with the Executive Director is recommended before an application is submitted.

Application forms must furnish the following:

- ◆ full and complete information with the applicant's signature
- ◆ references from three persons
- ◆ completed medical form
- ◆ a verified statement of income
- ◆ a complete and accurate emergency form

Applicants on a waiting list for more than 3 months must furnish updated medical and financial reports when a room becomes available. All persons whose applications have been approved for admission and who have been so notified will be admitted when space is available. Residents will not be asked to leave because of another's greater need or claim. Residents are required to regularly update emergency forms. Periodically, Park House's management may request an updated medical form.

General Conditions

1. Residents will be required to submit, upon admission, the names of two persons that they have designated to act with them or for them in medical, legal and financial matters.
2. Residents will be required to update their emergency forms periodically and as needed. In order that any arrangements can be respected, information concerning Advanced Directives must be attached to emergency forms.
3. All residents are strongly encouraged to maintain an emergency form including a current medication list, doctors' names, emergency contact information, power of attorney, and any advanced directives to be kept in a plastic sleeve affixed to inside of bedroom door.
4. Residents are responsible for their medical expenses, such as, but not limited to, hospitalization, Home Health Services, medications, therapy, transportation, physician, and dental fees.
5. If a resident's health changes, he/she must involve his/her physician and the Executive Director to determine whether the shared housing arrangement offered by Park House adequately meets present needs. Residents are encouraged to have a plan in place for future needs when living independently at Park House is no longer a viable option.
6. Failure of a resident to pay fees and charges in the stipulated amounts and at the stipulated times may result in termination of the residency.
7. Park House Board of Trustees will not be responsible for any debt(s) incurred by the resident.
8. Park House Board of Trustees will not be responsible for damage to or loss of any personal furnishings, valuables, money, jewelry, etc., on the premises.
9. Residents are expected to keep their rooms tidy and free from health and fire hazards, including mobility hazards.
10. For health and safety reasons, the Executive Director or a staff member must be advised of a resident's plans for lengthy absences from Park House (overnights, vacation) prior to the departure of the resident. If an absence is to be extended, Park House staff must be notified.

Personal Caregivers

Residents of Park House may choose to employ private caregivers to help with personal care tasks. However, it must be remembered that Park House is not a licensed care facility and that caregivers are employed by a resident or a family, not by Park House. Due to the shared living environment offered by Park House, it is necessary to clarify the relationship between persons employed by individual residents, Park House, and other residents of Park House. The following outlines the expectations long held by Park House.

Personal caregivers must be informed of the following by the person who has hired them.

- 1) They are employees of a resident or a family to work for a specific resident.
- 2) They are not employees or representatives of Park House.
- 3) They do not provide information about Park House, its procedures, or its policies, but may direct visitors to a staff member.
- 4) They do not become involved with the care or activities of other residents unless that resident or family has made specific arrangements with them.
- 5) They may not interfere with other residents' right to peaceful enjoyment of their home.
- 6) They may not enter the Executive Director's office without the director or a staff member present.
- 7) Unsanitary trash must be taken directly to the outside garbage shed. Park House does not provide trash bags or other materials for this purpose.
- 8) If a guest room is available, use of the guest room must be arranged with the Executive Director in advance. There is a charge of \$50.00 per night.
- 9) Guests for meals must make arrangements with the cook for that meal or the Lead Cook. There is a charge of \$10.00 per meal.
- 10) Snacks, kitchen supplies, and other services are provided for residents, but are not available for hired caregivers.

If questions arise or there are situations not covered by this page, a staff member would be happy to provide assistance.

Rate Schedule

(updated 6/23)

Rooms are selected on a first come - first served basis.

In the event you wish to reserve a particular room in advance of your actual arrival, you may do so by paying cost per month as though you were actually living in the room.

For those who qualify, rent subsidies are available from Vermont State Housing Authority (VSHA), taking into consideration income and medical expenses. Qualifying applicants would pay no more than 30% of their adjusted income for rent. Rent allowances are reviewed and awarded on an annual basis by VSHA. VSHA awards subsidies for “rent” only and deducts expenses for food and other services. For this purpose, rent is considered \$625/month, \$600/month for the each of the two rooms which share a bathroom.

Occupancy at Park House includes heat, electricity, parking, snow removal, trash removal, 3 meals each day, and basic housekeeping. The monthly charge for an individual resident occupying a single room is **\$1,145.00 per month (\$1,120.00 per month** for each of the two rooms which share a bathroom). Other room configurations should be discussed with the Director.

These charges are divided as:

Rent	\$625 (\$600 for shared bath)
Meals / housekeeping	\$480
Cable	\$35 (optional)
Refrigerator	\$ 5 (optional)

Additional Expenses:	Oxygen Concentrators	\$15.50 monthly
	Laundry	Coin-Operated

Each room has a private telephone jack, with service to be arranged by the resident with the phone company.

Medical care and personal expenses are the responsibility of each resident.

Questions For Your Consideration

Some questions to reflect on while you consider PARK HOUSE as your new home. This form need not be returned, it is just meant to be a helpful exercise.

How long have you lived in your present home?

Does anyone live with you or help you in your present home?

How would you describe the atmosphere of your present home?

What do you do to make your life interesting?

What hobbies or interests do you have, or have you had, that bring you great personal satisfaction?

Has your life changed significantly during the past 10 years?

What sorts of things frustrate you?

What kinds of people annoy you?

What kind of people do you most enjoy?

Are you tolerant of people of other races, religions, ages, and sex?

How would you feel about signing in and out of Park House when you leave and return?

What are some of the proudest moments in your life?

What are some of the saddest moments in your life?

What and who might you miss by moving to Park House?

How would moving to Park House affect your relationship with:

- your family members?
- your friends?
- memberships in organizations?

How would your friends and family view your moving to Park House?

What circumstances or developments have prompted you to consider living at Park House?

Have you considered the possible transportation problems that could arise when living at Park House?

Park House has many characteristics of a family home. Resident rooms are private, but other living space is shared. What are your thoughts about changing some of your living patterns?

What attracts you to Park House?

What would you like to accomplish in the future?

Has filling out this questionnaire helped you in any way in planning for your future?

**APPLICATION FOR RESIDENCY
PARK HOUSE**

Name _____ **Telephone** _____

Street _____

Town/City _____ **State** ____ **ZIP** ____ **Birthdate** _____ **Age** ____

Marital Status: __Single __Married __Widowed __Divorced

If married, name of spouse _____

How many living children do you have? _____

How many grandchildren do you have? _____

Nearest Living relatives: (use other side of application as needed)

Name	Relationship	Address	Telephone
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Have you designated a Power of Attorney? _____

If yes, who is that? _____

If you are from outside the White River Valley area, do you have friends or acquaintances in this area? _____

If yes, who are they? _____

Organizations of which you are currently a member:

Occupations - Present and Past

Education - Schools Attended

Special Interests - What activities are important to you? Explain below:

- | | |
|--|---|
| <input type="checkbox"/> Listening to Music | <input type="checkbox"/> Playing a Musical Instrument |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Sports Activities |
| <input type="checkbox"/> Watching Television | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Organization Memberships |
| <input type="checkbox"/> Social Activities | <input type="checkbox"/> Church/Religious Activities |
| <input type="checkbox"/> Playing Cards/Games | <input type="checkbox"/> Other: _____ |

Explanation (s) _____

What is your daily routine? _____

Have you ever been convicted of a crime? _____ Yes _____ No

If yes, provide details of the crime: when, where, place: _____

Have you experienced any problem in the past in your ability to pay rent or your ability to respect the rights and property of others? _____ Yes _____ No

If yes, provide details: _____

Landlord References: List three (3) landlords

Name	Address	Telephone	Dates Lived There	
			From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Personal References: List three (3)

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In Case of Emergency, contact:

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Statement of Income (must be accompanied by proof of amount):

Monthly Social Security \$ _____

Retirement Income__ Yes __ No \$ _____ Monthly \$_____ Annual

Interest Income __ Yes __ No \$ _____ Monthly \$_____ Annual

Other Income __ Yes __ No \$ _____ Monthly \$_____ Annual

Occupancy:

If accepted, I wish to move in on _____, or when a room becomes available.

I understand that at such time that my residency at Park House is terminated, all of my personal property will be removed from Park House within 7 days. All applicable fees will be paid until such time that my room is fully vacated and all of my possessions are removed from the building. All medications will be removed from Park House immediately. In the event that medications or other belongings remain beyond the specified time periods, I understand that they may be boxed and stored elsewhere. I further understand that storage or disposal fees may result.

Date _____

Signature _____

HEALTH AND MEDICAL INFORMATION
(To Be Completed With Your Physician)
(Form Must Accompany PARK HOUSE Application)

Name _____ Date _____

Date of Birth _____ Physician's Name _____

When applying for residency at PARK HOUSE, it must be understood that Park House does not offer Medical **OR** Nursing Care. Residents are free to go out of Park House and return at their own discretion. There are no staff members on the premises before 7am or after 7pm.

Park House does not administer or take possession of residents' medications. However, it is required that an emergency form be filled out and accurately maintained.

If a resident's medical condition changes significantly, he/ she must ask his/ her doctor to re-evaluate the resident's ability to continue living independently at Park House. Administration reserves the right to request an evaluation if deemed necessary.

Medical Tests completed during the past 12 months:

Test	Date	Doctor	Comments
Physical	_____	_____	_____
Eye Exam	_____	_____	_____
Hearing Test	_____	_____	_____
Dental Exam	_____	_____	_____
Other	_____	_____	_____
	_____	_____	_____

Hospitalizations during the last 5 years:

Date	Doctor	Hospital	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Blood Pressure _____ Date _____ Weight _____ Date _____

Physician Comments: _____

Personal Habits:

Does the Applicant use ALCOHOL? _____ If Yes, how much? _____

Does Applicant SMOKE? _____ If Yes, how much? _____

For Health and Safety: Smoking is not permitted on the Park House property

EXERCISE Does applicant exercise? _____ Yes _____ No
What type? _____
How often? _____

***DIET Is applicant on a special diet? _____ Yes _____ No
If yes, prescribed by Dr. _____

Type and description of _____

*****Park House will not be responsible for residents who do not or will not follow, of their own free will, their prescribed diet. Meals are prepared to suit the tastes and health of the household as a whole.**

Does the applicant have, or has experienced in the past, any of the following problems:

___ Heart Disease		
___ High Blood Pressure	___ Memory Loss	___ Mental Illness
___ Diabetes	___ Parkinson's Disease	___ Incontinence
___ Seizures	___ Multiple Sclerosis	___ Alzheimer's
___ Arthritis	___ Stroke	___ Alcoholism
___ Indigestion	___ Cancer	___ Dizziness
___ Visual Impairment	___ Hearing Impairment	___ Blackouts
___ Kidney Malfunction	___ Physical Impairment	
___ Getting Up Frequently during the Night		
___ Other Ailments _____		

Does applicant experience any of the following symptoms or concerns?

___ Feeling tired quickly	___ Family Problems	___ Crying Spells
___ Trouble concentrating	___ Frequent Sadness	___ Nervousness
___ Excessive Worry	___ Numerous Fears	___ Feeling of worthlessness
___ Increased Tension	___ Depression	___ Suicidal Thoughts
___ Frequent Lonely Spells	___ Concern about Relationships	

Physician:

I understand my patient is considering residence at Park House. I have reviewed, with my patient, the medical form and feel that he/she is of sound mind and sound body and, therefore, would be a candidate for Park House, a shared housing facility.

Signature _____ Date _____

Address _____

Telephone _____

Applicant for Residency:

Concerning my application for residency at PARK HOUSE, I give Park House permission to contact my physician and give my physician permission to release information as needed. I fully understand that Park House is set up to provide for the needs of independent people.

Name _____

Signature _____

Address _____

All Park House residents are strongly encouraged to maintain an emergency form including a current medication list, doctors' names, emergency contact information, power of attorney, and any advanced directives to be kept in a plastic sleeve affixed to inside of bedroom door.

OUTSIDE CAREGIVER FORM

If a Park House resident employs caregivers either privately or through a state program, this form must be submitted to Park House. The information on this form must be updated as necessary.

The following is a list of caregivers I have hired to help me. They will be in Park House frequently. I have explained to them that they must sign in and out of the building. I have also reviewed page 8 of the Park House application packet with them (additional copies are available). I will keep this list updated.

Name	Address	Phone Number

Resident Signature	Date
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In order that I will not be burdened with the responsibility of managing my care, I have arranged for the following person to take care of this for me.

Name	Address	Phone Number
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