



ALTERNATIVE OPTIONS

• FOR ELDERLY CARE •

Opening Doors to Loving Care

Alternative Options is dedicated to providing the highest level of customer care possible. Any suggestions on how we may improve our services to the Families, Resident or Facilities that we serve are highly sought after.

Alternative Options will meet the Resident &/or Family in whatever setting they currently reside in & perform an evaluation of the Care Needs of the Resident.

Then **Alternative Options** will make arrangements to personally visit the Communities in the area of choice of the Resident or Family.

Alternative Options will then personally assist with getting a Qualified Assessor (if needed) to complete the Assessment of the Resident.

When the Resident or Family makes their decision of what Community they prefer, **Alternative Options** will offer to assist with the actual move into the Community and then follow up on the Resident's satisfaction.

Feed back to the Community of what the Resident or Family said about your Community is important to better marketing of your Community in the future.

Alternative Options primarily represents the Resident and Family, but also represents the Community and will point out all of the strong points regarding your Community and will share them with the Resident & Family.

It is the receiving Community that pays for the Referral Fee.

If the Community has brochures or certain papers that need filling out prior to a move in such as Physicians Orders, please give Alternative Options a copy to share with the resident, their family & Physician.

Agreement

This **Agreement** is made as of _____, 20____
between **Alternative Options** and _____ (Community).

- A. Alternative Options** is in the business of matching Residents &/or their Families with appropriate personalized care needs of their loved ones with the Communities (Independent Living, Assisted Living, Adult Family Homes or Individual Providers) that can appropriately accommodate the identified care needs of the Resident.
- B.** The Community is properly licensed & in good standing with DSHS &/or DOH to provide service to Vulnerable Adults in the State of Washington.

Permanent Placement Fees

For Permanent Placement, **GREATER than 90 days**, the Referral Fee shall be due following the first 30 days of the residents move in date.

If a resident stays **LESS than 90 days, REGARDLESS of the reason**, then it reverts to the terms of **Hospice/Respite Fees** and is prorated by the number of days that the resident &/or belongings occupied the Community.

Hospice/Respite Fees

For Hospice Care or Respite Care **LESS than 90 days (regardless of the reason)**, **Alternative Options** charges **40%** of the Rent and Services per every day the resident &/or belongings occupied the Community without regards to any discounts of the Community or “Special” that may be offered to the resident or the family.

The Referral Fee shall be due following the first 30 days of the residents move in date.

If at any time the **Hospice/Respite Referral** becomes a **Permanent Placement** (day 61 and beyond) the Community agrees to pay **Alternative Options** the foregoing **Permanent Placement Fees**.

Other Placements

If within six (6) months of the initial Referral of any Resident referred to the Community by **Alternative Options** now moves into the Community by any other means, the Community agrees to pay the aforementioned **Placement Fee**.

Billing

For the convenience of the Community, the Community may choose one of the three payment options.

Option One: Payment in full following the first 30 days of residency.

Alternative Options charges **70%** Rent and Services without regards to any discounts of Community or “specials” that may be offered to the Resident or Family.

Option Two: Community may be break the **Referral Fee** (for either **Permanent Placement** or **Hospice/Respite Placement**) into two equal payments due within 31 days & 61 days of the residents move in date.

Alternative Options charges **85%** Rent & Services without regards to any discounts of Community or “specials” that may be offered to the Resident or Family.

Option Three: Community may be break the **Referral Fee** (for either **Permanent Placement** or **Hospice/Respite Placement**) into four equal payments due within 31 days, 61 days, 91 and 121 days of the residents move in date.

Alternative Options charges **100%** Rent & Services without regards to any discounts of Community or “specials” that may be offered to the Resident or Family.

Late Fee & NSF: The Late Fee/NSF is **5%** of the Invoiced amount of services rendered. There is a 5-day Grace Period.

Duration of the Agreement

This Agreement begins and is binding on the Community and **Alternative Options** as of the date of this Agreement and continues on a month to month basis until terminated by either party giving the other a 30-day written **Notice of Termination**.

Termination of the Agreement does not negate any outstanding Referral Fees previously incurred.

Attorney Fees

In the event that either party shall institute any action or proceeding in a Court of Law to enforce any portion of this Agreement, the prevailing party shall be entitled to receive from the non-prevailing party, in addition to any court fees, to also be compensated for any reasonable attorney fees for services rendered to the prevailing party.

Other Placement Services

The Community is free to utilize any & all other Placement Service of their choice. There is no exclusivity of services between the Community & **Alternative Options**.

If **Alternative Options** is the first Placement Service to bring the Resident to your attention, you agree to only use the services of **Alternative Options** for that particular Resident or Family member.

If you have heard of the resident thru other channels, then out of respect to good business practices, you will notify **Alternative Options** that you are currently working with another Placement Service and show proof of service date.

That way there is no question as to where this particular Referral is initially coming from and who should be paid for their services.

In the event that you do not notify **Alternative Options** in writing that you are working with another Placement Service and the Resident moves into your Community, you will still be liable for the Referral Fees set forth in this Agreement.

Liability

Alternative Options is not liable for any of the care provided by the Community or anyone affiliated by the Community and will not be responsible for any written or verbal agreements between the Community and the Resident or their Family.

It is agreed that each Resident's Care Needs must be assessed by a Qualified Assessor as defined in WAC. **Alternative Options** may arrange for a Qualified Assessor for the Resident or Family as needed unless the Community has a Qualified Assessor of their own.

The cost of the Assessment is the responsibility of either the Resident or their Family or may be completed by the Community at their own expense if they utilize any specific Qualified Assessor. It is the responsibility of the Qualified Assessor to identify all of the Care Needs of the Resident prior to move in of the Resident into the Community.

It is understood by the Community that **Alternative Options** does not make any representations as to the care needed by the Resident being referred and the Community shall negotiate its own Care Plan & Service Agreement Fees directly with the Resident.

Dated as of the date first set forth above.

I acknowledge that I received, read and understand this Placement Service Agreement:

By my signature on this Agreement, I am acknowledging that I have read & understand the intent & contents of this Agreement & it will remain legally binding upon the Community until revoked as outlined above with the 30-day Written Notice to Terminate.

Alternative Options _____ (Community)

7510 SE Evergreen Highway _____ (Address)

Vancouver, WA 98664 _____

360 213-9167 _____ (Phone)

Nathan Ross or Kevin Ross _____

Printed Name

Signature

Authorized Signature