Heritage Home L.L.C. and ________________________________
(Facility)           (Resident or Responsible Party)

hereby agree to the following financial terms and arrangements provided for the
assisted living of: ________________________________________________________________
(Resident)

FACILITY AGREEMENT
1-To furnish room, board, laundered linens and such personal services as may be required for the health, safety, good
grooming and well-being of the resident. However, the FACILITY is in no sense an insurer of his her safety or welfare and
assumes no liability as such.
2-To obtain the services of the residents personal physician if required, as well as following the medication policy.
3-To arrange for the transfer of the resident to the hospital when this is ordered by the attending physician and immediately
to notify the responsible party of such transfers. To arrange for transportation to doctors appointments.
4- To make refunds in accordance with established policy of the facility.

AGREEMENT OF RESIDENT OR RESPONSIBLE PARTY
1-To provide such personal clothing and effects as needed or desired by the patient.
2-To provide such spending money as needed or desired by the resident.
3-To be responsible for hospital and doctor charges the resident incurs.
4-To pay for medication the doctor orders.
5-To pay basic rate agreed upon with the facility.
6-To pay all costs, expenses and reasonable attorneys fees, if necessary, for the collection of any sums due and owing by the
resident and responsible party to the facility.

FINANCIAL AGREEMENT
The resident or responsible party agrees to pay at the beginning of the admission month, and the facility will accept this
agreement in full consideration for care and services rendered as follows:
1 - Room, board, laundered linens and bedding and personal services.    $ ____________
2 - Other (itemize):         $ ____________

Total Cost: $ ____________

RELEASE OF LIABILITY
The FACILITY shall act responsible in regards to safety and heath management, therefore, it will not be responsible for any
deterioration of health of accident that may occur while a resident is at this facility.

DURATION OF AGREEMENT
Either party may terminate the agreement with 30 days written notice. Otherwise, it will remain in effect until a different
agreement is executed. However, this does not mean that the resident will be forced to remain in the facility against his her
will for any length of time.

_______________________ _________ _______________________ _________
Facility Representative Date  Resident/Responsible Party    Date

_______________________ _________
Witness   Date