



Dear Potential, Future Resident

Thank you for inquiring about CARE'S Independent Living\ Residency Program. Our program is truly unique and magical! It has been specifically designed to meet the needs of recovering and retired RV'ers. However, it is also the most cost-efficient program in Texas or possibly, in the country for anyone!

Services provided by a professional staff are available Monday-Friday, excluding Holidays. By using Volunteers when staff is unavailable, your cost is minimized while providing you with live, personal assistance. Your site, shed, sewer, water, three meals daily, laundry, housekeeping and free local transportation is all included for a reasonable monthly fee of \$1090.00 per month for a single person (\$545 for a 2<sup>nd</sup> person).

#### **Rates Effective April 1,2020**

To obtain this opportunity, you need to complete the attached application. We do require a recent primary care Physicians evaluation stating that you can and are able to live independently. Please contact Nurse Judy Burchfield for any questions. Email her at [Carefn@escapees.com](mailto:Carefn@escapees.com) or call **936-327-4256 x103**.

When we receive your completed application, Judy will contact you for a personal telephone interview. Based on a positive interview, the Admissions Committee will review your application to determine whether our program is a good fit for you and CARE.

Our founder Kay Peterson wanted a simple arrangement, no deposit nor long-term contracts; you pay one month in advance and leave by the month's end if our services aren't sufficient to your needs. This requires us to be responsive. We also require you to be a responsible tenant and good neighbor to continue your stay here at CARE.

Please call or contact us if there are any questions and/or clarifications needed of our benefits, costs or requirements.

Sincerely,

Russ Johnson

Executive Director

[Carefd@escapees.com](mailto:Carefd@escapees.com)

# Escapees CARE, Inc.

## SCHEDULE OF FEES & SERVICES

**EFFECTIVE DATE: April 1, 2020**

### **Residency CARE Program**

- Site with RV pad & water connection
- Sewage Connection on site
- Use of private storage shed
- Three meals everyday & snacks (Weekends Included)
- Bi-weekly Housekeeping service & Weekly laundry
- Assistance with dumping wastewater tanks & switching propane tanks
- Transportation to local health services within 30-mile radius
- Weekly transportation provided for shopping
  - **Services provided for an additional fee include:**
    - Extra laundry, \$7.00 per load
    - Assistance with RV maintenance
    - Transportation for health services beyond 30 mile radius
    - Additional housekeeping at \$10.00 per visit

**Resident is responsible for Propane, Telephone Service, and Electricity**

### **Adult Day Activity Program                      \$40/Daily**

**Facility hours are 7:30a to 5:30p Monday-Friday (Exception of Holidays)**

- Monitor blood pressure, weight and general health
- Assistance with medications; injections included
- Assistance with bathing and personal grooming
- Assistance with mealtime
- Assistance with toileting/hygiene
- Assistance with walking/exercising
- Supervised social activities
  - Card games, bingo, dominoes
  - Outings/Community Parties
  - Music & Entertainment
  - Fun/Simple craft projects

Name, First \_\_\_\_\_ M Int. \_\_\_\_\_ Last \_\_\_\_\_ \*\* Esc. No. \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ Home \_\_\_\_\_ Work/Other \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Gender: Male [ ] Female [ ]

Number in CARE (if accepted) \_\_\_\_\_ Preferred arrival date: \_\_\_\_\_ Years that you lived in an RV: \_\_\_\_\_

**CARE requires Residents to have an RV with holding tanks** for black, gray and fresh water, normally 40 feet in length or less, and in good repair. What is yours? Motorhome [ ] Travel Trailer [ ] Fifth Wheel [ ] Year: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Length: \_\_\_\_\_ No. of Slides: \_\_\_\_\_ Condition: \_\_\_\_\_

Explain any RV defects or deficiencies: \_\_\_\_\_

Do plan to Buy: **Yes or No** If you expect to buy, BE CAUTIOUS about Park Models, some don't have holding tanks.

Do you have pets? **YES or NO** CARE only allows small dogs under 50 lbs. Initial that you agree: \_\_\_\_\_

CARE requires a current copy of your cat or dog's rabies vaccination. Review our attached Resident Guide!

What do you expect from our Independent Living Program? \_\_\_\_\_

Date last seen by a Doctor: \_\_\_\_\_ Reason: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

CARE recommends Residents obtain the care of a local physician as soon as possible after arriving here in CARE! Otherwise, you will be dependent on a Hospital emergency room or an Urgent Care, when it is open.

Food Allergies \_\_\_\_\_ Drug Allergies \_\_\_\_\_

Visual Impairment \_\_\_\_\_ Hearing Impairment \_\_\_\_\_

In the next several months, are you expecting to: Get Better [ ] Stay the Same [ ] Worsen [ ]? Why \_\_\_\_\_

\*\* CARE adjoins an Escapees RV Club Park, we expect Residents to become a member of the RV Club (about \$50/yr.) to be able to use their facilities as part of our program. Escapees members have donated 90% of our building cost.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name, First \_\_\_\_\_ M Int. \_\_\_\_ Last \_\_\_\_\_ \*\* Esc. No. \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ Home \_\_\_\_\_ Work/Other \_\_\_\_\_

1<sup>ST</sup> Email \_\_\_\_\_ 2<sup>ND</sup> Email \_\_\_\_\_

All information is kept confidential and cash flow statements must be updated each January, if requested!

	1 <sup>ST</sup> Resident Monthly Income	2 <sup>ND</sup> Resident Monthly Income	TOTAL
Pensions:	\$ _____	_____	_____
Social Security:	\$ _____	_____	_____
Dividends/Interest:	\$ _____	_____	_____
Savings:	\$ _____	_____	_____
C.D.s:	\$ _____	_____	_____
Other Assets (list):	\$ _____	_____	_____
_____	\$ _____	_____	_____
<b>Monthly Expenses</b>			
Mortgage:	\$ _____	_____	_____
RV note:	\$ _____	_____	_____
Auto note:	\$ _____	_____	_____
Vehicle insurance:	\$ _____	_____	_____
Medical insurance:	\$ _____	_____	_____
Credit card:	\$ _____	_____	_____
Medications:	\$ _____	_____	_____
Hospital/medical bills:	\$ _____	_____	_____
Other (list):	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Also to protect existing Residents and our Day Activity and Health Services Individuals, we must (by Law) require all applicants to authorize our staff to do a criminal history background check on all their names, including maiden and aliases you have used in the past. Please list all other names that you may have used in the past:

By signing below, you are attesting that the information above is true and correct to the best of your knowledge and you are authorizing us to perform a criminal background check.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT:** Please fill out this section with your information, *printing your Physician's Name* & give it to him/her!

Name, First \_\_\_\_\_ M Int. \_\_\_\_\_ Last \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 \_\_\_\_\_ DOB \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Applicant's Social Security # \_\_\_\_\_

Please Print  
**PHYSICIAN'S Name** \_\_\_\_\_

Dear Physician, please fill out and answer questions pertinent to the applicant listed below. They are applying to our Independent Living program which will require them to walk outside to a separate dining hall. We are in Livingston, in Deep East Texas. For any questions, please contact our Nurse, Judy Burchfield by phone, preferably or secondarily by email. We are open 9am to 5pm (central time), Monday to Friday.

Work phone **936-327-4256** or Cell \_\_\_\_\_ or Email **carefn@escapees.com**

Please print out and attach an **UPDATED MEDICATION LIST!**

**CIRCLE THE APPROPRIATE ANSWER!**

Does this Person require a Caregiver?	No	Yes,	If Yes, Is there a Mate capable of such care?	No	Yes
Can this Person self-administer medications?	Yes	No,	If No, Is there a Mate capable of such care?	No	Yes
Are they capable of Independent Living?	Yes	No,	if No, skip the following and please sign, with comments!		

For persons capable of living independently (or having a Mate to assist them); what do you suggest for Exercise?

Sit & Be Fit:	Yes	No	Exercise group:	Yes	No	Weight Bearing:	Yes	No
Treadmill:	Yes	No	Stationary Bike:	Yes	No			

Give brief description of physical/mental condition & Limitations:

\_\_\_\_\_

Food Allergies \_\_\_\_\_ Drug Allergies \_\_\_\_\_

Visual Impairment \_\_\_\_\_ Hearing Impairment \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's License No/NPI: \_\_\_\_\_ State: \_\_\_\_\_

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

Office: \_\_\_\_\_ Cell: \_\_\_\_\_ Alternate: \_\_\_\_\_

Please fax or mail Attn: Facility Nurse, Fax: 936-327-2368 or mail to 155 Care Center Dr., Livingston, TX 77351

# Escapees CARE, Inc.

## POLICY FOR PETS

1. PURPOSE: To have a clearly stated policy that covers the expectations of pet owners and/or caregivers who are staff members, volunteers, residents or visitors utilizing the CARE Center Facility and/or RV Sites.
2. OWNER(S) is/are responsible for supervision and safety of pet(s) at all times.
  - A. Owner(s) must be physically capable of controlling their pet(s); therefore, it is the policy of CARE that no pet(s) weigh over 50 pounds. Exception: working certified service dogs.
3. PROCEDURE:
  - A. Owner/caregiver will keep pet(s) on a leash at all times while they are around the CARE Center site areas. Pets may be left off leash in the far field near Highway 146 and in the dog run, if the pets are not a nuisance to other individuals in the area at that time.
  - B. It is the responsibility of pet owners/caregivers to pick up their pet's waste and dispose of it properly.
  - C. Owners/caregivers are expected to ensure that their pet(s), when left unattended at home, are not a noise nuisance and do not create problems for other residents. Pets cannot be left unattended at the CARE Center.
  - D. There will be no pets in the patient care areas; i.e. dining room, nurse's office, bathrooms or kitchen. This is a State of Texas regulation. EXCEPTION: "Working Dogs".
  - E. Because there are people who have severe allergies to pets, pets will only be allowed in designated areas of the CARE Center for pet therapy or in times of emergency.
  - F. It is not CARE's responsibility to attend to any pet(s) while owner/caregiver is away, regardless of the reason for their absence. Owner/caregiver must make arrangements for the care of their pet(s).
  - G. All pets must have their vaccinations on file at the CARE Center and updated yearly.

Type of animal \_\_\_\_\_ Pet's Name \_\_\_\_\_

Vaccinations \_\_\_\_\_

Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

Pet Care Plan: (Explain what is to be done with your animal(s) in the event you can no longer care for it/them or you must evacuate your home to a Red Cross Shelter. Pets are not allowed at the Red Cross Shelter.

Temporary arrangements (i.e. if you go to E.R., etc)

Long term arrangements (i.e. if pet outlives you)