

LEOFF Board Application for Payment of ServicesCase No: 25-3Please Print Clearly & Legibly - Incomplete Form Will Be Returned**A) This Section To Be Completed by Member**

Member Name _____ Active: _____ Retired: X
 Member Telephone _____ Police: X Fire: _____
 Member Address: _____ Olympia WA 98506
 Alternate Contact _____ Alternate Contact Telephone: _____
 Describe Your Condition and Why It Is Duty Related: Dementia, state of confusion, disoriented, wandering, need 24 hr supervision, help w/ hygiene, medicine, severe OCD, doesn't remember family, friends, hallucinations
 Describe the Service/Treatment Requested: Needs to be in licensed, secure facility for safety & care & ability to help w/ daily tasks, confusion, disorientation etc.
 Total Cost of Treatment/Service: Room \$ 7,445⁰⁰
 Amount Paid by Insurance/Medicare: \$ 2,000⁰⁰ monthly service
 Amount Requested from the Board: \$ 9,445⁰⁰ monthly total
+ 2500⁰⁰ move in fee

Please attach the Explanation of Benefits statement(s) from your insurance provider(s) and/or Medicare which indicates the amount paid for this treatment/service

Member Signature: _____ Date: 5-18-25
 Please attach a copy of the Power of Attorney if signed by the alternate contact

B) This Section To Be Completed by Member's Attending Health Care Provider
(attach additional pages as needed)

Provider's Name: Eun-Young Ahn, MD Provider's Telephone: _____
 Clinic/Office Name: Kaiser Permanente
 700 Lily Road NE
 Provider's Address: Olympia, WA 98506
 Phone: 360-923-7200

Describe the Patient's Current Condition and State Whether It Is Duty Related: Dementia, likely related to Alzheimer's. Not duty-related.

Describe Your Recommended Treatment Plan and Why It Is Medically Necessary: Rapidly progressing disease. Patient not safe to continue living at home.

Please Describe Any Reasonable Alternative Treatment Plans. Include Expected Outcome & Costs:

Provider's Signature: [Signature] Date: 3/24/25

Fax Completed Form to: (360) 709-2736 or mail to: City Of Olympia HR Dept, PO Box 1967, Olympia WA 98507-1967

676 Lilly Road NE
Olympia, WA 98506
(360) 491-4435

Service Plan Agreement

Effective Date/Time: 05/27/2025 4:15 PM

Unit: **N22A**

Prepared by: **Reagan Pearson**

Code Status: CPR

Advance Directives: Advance Directive on File

Evacuation Status: Cue and SBA

Physician: EUN-YOUNG AHN

Emergency Contact 1: Chen Tipton, Spouse, RP, Home: (360) 584-7943

Emergency Contact 2:

Diagnoses: Unspecified dementia, unspecified severity, with other behavioral disturbance, Alzheimer's Disease, Unspecified, Obsessive-compulsive behavior, Essential (primary) Hypertension, Type 2 Diabetes Mellitus, Diverticulosis of large intestine without perforation or abscess without bleeding, Personal history of nephrotic syndrome

Allergies: No Known Allergies

Notes/Alerts:

Diet: Regular Diet, Regular Texture, Thin Liquids

Hospital Preference:

Payor: Tipton, Cheri

Effective Date: 05/23/25

Service Type: Assist/Adap Device: no assist

Provider:

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): PRN

Day(s):

Notes: Keith uses no assistive devices.

Effective Date: 05/23/25

Service Type: Cognition/Orientation

Provider:

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): PRN

Day(s):

Notes: xxx is alert to self, location, and situation. xxx has short term memory decline.

Care staff report to the LN/Med tech if resident has a change in his alertness, an increase or a decrease in appetite, refusal of ADL care, if resident is heard making despairing remarks.

Assess cognitive factors that may contribute to the development of violent behaviors, including the following:

Alteration in sensory and perceptual capacities, impairment in judgement, psychotic or delusional thought patterns, and decrease response to redirections.

Monitor resident for increased confusion and the impact it might have on xxx. Monitor for behaviors changes that may be related to increased confusion.

Monitor resident for "sundowning" syndrome during the late afternoon or early evening. If necessary, limit the residents' evening activities; offer one on one conversation, or provide soft music.

Effective Date: 05/23/25

Service Type: Communication: Extra Time

Provider:

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): PRN

Day(s):

Notes: xxx communicates well and is able to make his needs known. He may take a little time to formulate his thoughts so staff will need to be patient.

Effective Date: 05/23/25

Service Type: Family Involvement

Provider:

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): PRN

Day(s):

Notes: Family and friends are heavily involved in xxx physical and emotional needs. Family / friends provide transportation, shopping and when needed, POA responsible for management of finances.

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Service Plan Agreement

Effective Date/Time: 05/27/2025 4:15 PM

Unit: **N22A**

Prepared by: **Reagan Pearson**

Effective Date: 05/23/25

Service Type: Speech, Vision, Hearing

Provider:

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): PRN

Day(s):

Notes: _____ speaks clearly and can make needs known. _____ wears glasses. _____ needs reminders with wearing, storing and cleaning his glasses. _____ can hear well and uses no hearing aids.

Effective Date: 05/26/25

Service Type: Sleeping Routines

Provider:

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): PRN

Day(s):

Notes: _____ has no history of insomnia or Sun-Downing. If up and unable to sleep at night consistently, notify PCP for possible adjustment in medications.

Effective Date: 05/26/25

Service Type: Vital Signs

Provider: Aide

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): Mid Day

Day(s): Day 5 of every month

Notes: Staff to obtain and record vital signs and weight monthly. Notify LN/provider regarding out of range vitals and/or gain/loss of weight of 5 pounds in 30 days.

Vitals parameters: Notify PCP if any vitals are out of listed parameters:

Systolic BP (upper): above 180 or below

Diastolic BP (lower): above 100 or below 60

Pulse rate: above 90 or below 50

Temp: above 101F

Resp rate: above 22 or below 10

Effective Date: 05/23/25

Service Type: Activities: Reminders

Provider: Aide

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): AM, Mid Day, PM

Day(s): Every day

Notes: _____ requires reminders and escort to activities. Community to provide a supportive environment to attend and enjoy activities of choice. Support the participation in social activities appropriate to resident's level of cognitive functioning. Discuss subjects in which the resident is interested but that do not require short-term recall.. Aide to provide reminders to attend activities of choice.. Community to provide a supportive environment to attend and enjoy activities of choice.

Effective Date: 05/23/25

Service Type: Bathing: Reminders

Provider: Aide

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): PM

Day(s): Every Mon and Thu

Notes: _____ needs verbal reminders and cueing with showers. Care staff to set up shower with clothing, towels, grooming products and warm water running. _____ is able to wash himself independently, care staff to provide reminders as needed. Care staff to notify med tech/LN/RCM for any increase in assistance needed.. Aide to remind resident to bathe or shower, but bathes independently.. Community to provide assistance during bathing to assure good hygiene.

Effective Date: 05/23/25

Service Type: Call Light Use

Provider:

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): PRN

Day(s):

Notes:

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Unit: **N22A**

Prepared by: **Reagan Pearson**

Notes: [redacted] understands the purpose of and how to use the call light system. Keith is able to notify staff with call light if needed.

Effective Date: 05/23/25

Service Type: ITSP- Behaviors

Provider:

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): PRN

Day(s):

Notes: [redacted] has a history of verbal aggression [redacted] can get agitated when he's confused. Care staff to provide redirection as needed.

Monitor resident's body language for signs/symptoms of anxiety/agitation such as restlessness, fidgeting, hand wringing, or increase motor activity. If noted use re-direction, decrease stimuli, or provide diversional activities. If all other interventions fail, notify LN/Med tech to observe for need of pharmaceutical intervention.

With residents wandering around the facility, it makes them vulnerable to resident to resident altercations. Staff to monitor resident while wandering as able and intervene in situations that may put resident at risk for a resident-to-resident altercation.

If resident is seen/heard getting agitated with another resident, separated the residents, provide her with diversional activities, folding laundry, walking around facility with her, or setting her up in the TV room with her favorite channel. Care staff resident has a history of hallucinations. Report to the LN/Med tech if you think resident may be having one. Usually a resident will see, hear, smell, taste, or feel something that is not there.

If resident is having difficulty with an incorrect interpretation of reality or mistake beliefs don't ignore the delusion especially if it is upsetting to them. Allow them to express their ideas or beliefs and acknowledge them. Remain calm, offer simple answers, provide re-assurance, and gentle touch. Attempt to distract and redirect their attention to another topic. Monitor any environmental issues that may contribute to the delusion.

Monitor delusions for patterns. If patterns noted notify LN/Med tech.

Monitor resident's body language for signs/symptoms of anxiety/agitation such as restlessness, fidgeting, hand wringing, or increase motor activity. If noted use re-direction, decrease stimuli, or provide diversional activities. If all other interventions fail, notify LN/Med tech to observe for need of pharmaceutical intervention.

With residents wandering around the facility, it makes them vulnerable to resident to resident altercations. Staff to monitor resident while wandering as able and intervene in situations that may put resident at risk for a resident-to-resident altercation.

If resident is seen/heard getting agitated with another resident, separated the residents, provide her with diversional activities, folding laundry, walking around facility with her, or setting her up in the TV room with her favorite channel. Care staff resident has a history of hallucinations. Report to the LN/Med tech if you think resident may be having one. Usually a resident will see, hear, smell, taste, or feel something that is not there.

If resident is having difficulty with an incorrect interpretation of reality or mistake beliefs don't ignore the delusion especially if it is upsetting to them. Allow them to express their ideas or beliefs and acknowledge them. Remain calm, offer simple answers, provide re-assurance, and gentle touch. Attempt to distract and redirect their attention to another topic. Monitor any environmental issues that may contribute to the delusion.

Monitor delusions for patterns. If patterns noted notify LN/Med tech.

Effective Date: 05/23/25

Service Type: Dining: Escort

Provider: Aide

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): AM, Mid Day, PM

Day(s): Every day

Notes: [redacted] requires reminders and escort to the dining room until he becomes familiar with the facility. [redacted] is on a regular diet with regular texture and thin liquids. [redacted] is able to determine his own food preferences. [redacted] is able to determine his own food dislikes. [redacted] does not have any food allergies. He is independent with eating. No concerns have been reported regarding intake. He is not a picky eater. Aide to escort resident to dining room, using assistive devices as required. Community to provide assistance to support resident while dining.

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Service Plan Agreement

Effective Date/Time: 05/27/2025 4:15 PM

Unit: N22A

Prepared by: Reagan Pearson

Effective Date: 05/23/25

Service Type: Dressing: Independent

Provider: Resident

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): AM, PM

Day(s): Every day

Notes: s independent with dressing. Care staff to notify med tech/LN/RCM if he is needing more assistance.. Resident is independent with dressing.. Resident is independent with dressing.

Effective Date: 05/23/25

Service Type: Grooming: Reminders

Provider: Aide

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): AM, PM

Day(s): Every day

Notes: needs reminders and set up while grooming in the morning and evening. Provide all needed products in sequential order, allowing to participate in the process as able.
requires full hands assistance for all his grooming needs..
has his own teeth. Brush his teeth each morning and in the evening before bed. Assist with hair combing each morning and after any naps. Use a warm soapy rag to wash his hands and face each morning and before bed..
Aide to provide reminders for grooming. The resident can complete the task independently. Community to provide supportive assistance to assure resident is groomed.

Effective Date: 05/26/25

Service Type: Nail Care: Staff Assist

Provider: Aide

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): PM

Day(s): Every day

Notes: is to receive nail care through staff. is not on any blood thinners or diabetic. Staff to provide nail care weekly and as needed. Staff to report any changes in the skin on the feet or around nails to the nurse.. Staff to provide nail care. Report any changes in the skin on the feet or around nails to the nurse.. Community to provide assistance with nail care.

Effective Date: 05/26/25

Service Type: 1TSP-PAIN

Provider:

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): PRN

Day(s):

Notes: has occasional chronic back pain.
Back pain: offer rest periods to assist with relief.
Neck pain: offer rest and or PRN acetaminophen for pain relief. needs to be monitored for verbal and non-verbal signs of pain.
Nonverbal signs of pain could include:
Groaning, moaning, whimpering, sobbing or crying. Grimacing, wincing, frowning the brow or frowning.
Clenched jaw or quivering chin. Tense or restless legs, kicking, or drawing the legs up to the torso.
Squirming, shifting, jerking, arching the back, or being rigid. Picking at the skin or rubbing an area.. Monitor resident for signs of pain including non-verbal vocalization, grimacing, crying, flinching, writhing, moaning, groaning, restlessness, self comforting. Report these symptoms to RN/ED immediately.

Effective Date: 05/23/25

Service Type: Housekeeping: Routine

Provider: Aide

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): AM

Day(s): Every day

Notes: Staff to tidy apartment, empty trash, make bed each shift. Room to be deep cleaned once weekly and as needed. Staff to keep room neat and tidy. Make bed every morning and empty trash each shift. Housekeeping staff to perform a deep cleaning of room once weekly and as needed.. General housekeeping services as indicated or requested.. Community to provide routine housekeeping as included in basic housekeeping package.

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Effective Date/Time: 05/27/2025 4:15 PM

Unit: **N22A**

Prepared by: **Reagan Pearson**

Effective Date: 05/23/25

Service Type: Personal Laundry: Routine

Provider: Housekeeping

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): AM, PM

Day(s): Every day

Notes: Gather, wash, dry fold and put away resident personal laundry and bed and bathroom linens.

Staff to remove dirty laundry every day.

Laundry staff to wash, dry, fold, and deliver laundry to weekly.

Effective Date: 05/23/25

Service Type: Medication: Set-Up

Provider: Nurse

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): AM, Mid Day, PM

Day(s): Every day

Notes: requires medication administration by staff. can swallow medications whole without any difficulty at this time. medications will be set up for administration in accord with the physician's medication / treatment orders. Community to provide medication set-up services to support safe and effective medications administration practices.. The resident's medications will be set up for administration in accord with the physician's medication/treatment orders.. Community to provide medication set-up services to support safe and effective medication administration practices.

Effective Date: 05/23/25

Service Type: Bed Mobility: Independent

Provider: Resident

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): AM, PM

Day(s): Every day

Notes: is independent with bed mobility. Care staff to notify RCM/LN if needs increase.. Resident is independent when getting in and out of bed.. Community to support residents' independence with bed mobility.

Effective Date: 05/23/25

Service Type: Escort: req more than 3x daily

Provider:

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): AM, Mid Day, PM, NOC

Day(s): Every day

Notes: requires escorting to all meals, activities and his room until he becomes familiar with his new surroundings.

Effective Date: 05/23/25

Service Type: Mobility

Provider: Aide

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): PRN

Day(s):

Notes: is independent with mobility. does not use any assistive devices. Staff to monitor and report any changes in ability to ambulate.

Effective Date: 05/26/25

Service Type: Transfer Independent

Provider: Resident

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): PRN

Day(s):

Notes: is independent with transfers. Carestaff to notify RCM/LPN of changes.. Resident is Independent with transfers.. Resident is independent with transfers.

Effective Date: 05/23/25

Service Type: Emergency Evacuation Assist

Provider: Aide

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): PRN

Day(s):

Notes:

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Unit: **N22A**

Prepared by: **Reagan Pearson**

Notes: In case of an emergency, requires cueing and standby in the event of an evacuation. Personnel to provide evacuation assistance consistent with resident needs in the event of an emergency.. Personnel to provide evacuation assistance consistent with resident needs in the event of an emergency.. Community to provide evacuation assistance consistent with resident needs in the event of an emergency.

Effective Date: 05/23/25

Service Type: Fall Risk Identified

Provider:

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): PRN

Day(s):

Notes: Care staff to check on and ensure he is wearing proper shoes, his walkway in his room is clear of clutter, there is adequate lighting and his floor is dry. Care staff to address any needs may have and monitor for any changes in ambulation and condition. Place resident on alert to monitor for injury for 3 days; ensure a clutter free environment, assist him as needed, encourage appropriate footwear/ remind him to wear shoes or slippers, continue safety checks, visual checks prn, notify MD and family. Staff to walk with I when he wishes to spend time in the courtyard to assist with walking on the different surfaces as staff able.

Effective Date: 05/26/25

Service Type: Safety Check

Provider: Aide

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): AM, Mid Day, PM, NOC

Day(s): Every day

Notes: Staff to provide face to face routine safety checks on to be performed 4 times a shift as able. Report any safety concerns to MT/LN/RCM. Monitor for wandering activity. Report if resident is exit seeking or exits community.. Face-to-face check on resident status.. Community to check on resident and address any needs.

Effective Date: 05/26/25

Service Type: Wandering: Occasional

Provider: Aide

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): PRN

Day(s):

Notes: has a history of wandering and exit seeking occasionally. Staff are to provide redirection and distraction as needed.. Aide to provide redirection as needed to manage wandering & prevent elopement.. Community to provide supportive assistance when wandering/elopement tendencies are indicated.

Effective Date: 05/26/25

Service Type: Toileting: Independent

Provider: Resident

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): PRN

Day(s):

Notes: is independent with toileting. is able to toilet himself and manage his own personal care. Care staff to notify RCM/LPN.. Resident is independent with toileting/continence care.. Resident is independent with toileting/continence care.

Effective Date: 05/26/25

Service Type: Skin Condition Monitor

Provider: Aide

Covered: No

Package:

Estimated Monthly Cost: -0-

Time(s): PM

Day(s): Every Mon and Thu

Notes: skin is intact absent of any open areas / sores. Skin checks will be done with showers by care staff. Any new areas of skin impairment to be reported to LN.. Monitor skin condition(s) and report concerns to nurse.. Community to provide assistance with maintaining skin integrity and will report any concerns to the physician/PCP.

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Effective Date/Time: 05/27/2025 4:15 PM

Unit: N22A

Prepared by: Reagan Pearson

Subtotal by Payor: Tipton, Cheri

One time charges	\$0.00
Packages:	
ALZ-Private Studio	\$6,995.00
Other Recurring Charges	\$0.00
Payer Total	\$6,995.00

Total for All Payors

One Time Charges	\$0.00	Packages	\$6,995.00
		Other Recurring Charges	\$0.00
		Ala Carte Charges	\$0.00
		Total Monthly Charges	\$6,995.00

Elizabeth P. *5-28-25*
Facility Representative Date

____ Family invited but did not attend. Service Plan Agreement mailed

____ Family given copy of Service Plan Agreement

____ Staff Signature _____ Date

____ Staff Signature _____ Date

____ Staff Signature _____ Date

____ Staff Signature _____ Date

____ Staff Signature _____ Date

Cheryl W...
Resident Or Representative

5-28-25
Date

Spouse *POA*
Relationship to Resident

Cheryl W...
Staff Completing Plan

5/28/25
Date

Authorization for Photographs for Identification or Security

The Resident Group agrees to allow The Community to photograph the Resident for identification or security purposes. These photographs may be used to help identify and locate the Resident in the event of an unauthorized absence or elopement from The Community but shall otherwise be kept confidential. This Authorization does not extend to photographs taken for clinical or treatment purposes; or photographs taken for media, marketing, or publication purposes. Additional information regarding photography is located in the Resident Handbook.

Injuries Resulting from Falls

The Resident Group acknowledges that The Community cannot prevent all falls that may be sustained by Resident while in The Community's care. The Resident Group acknowledges that the Resident may suffer from conditions causing the Resident to be more prone to falling and The Community cannot prevent these falls. The Resident Group also acknowledges that falls may be caused by the Resident's failure to follow The Community's direction.

Admission Rates and Fees

Financial Summary			
Community Fee	\$		\$2,500
Discount if Applicable	\$		
Chosen Unit (Type/Room)	\$		\$ (Amount in Unit)
2 Shared Rooms (Unit 602)		7445	
2 nd Resident	\$		SN/A
Level of Care			
Chosen Level of Care			
Level 2	\$	2000-	Circle one item
Incidentals			
Pet	\$	6	\$0
Admin Fees (Long Term Care, etc)	\$		\$0
Combined Total	\$		\$
Deposit	\$		\$5000 PA.
Balance	\$	9445	\$

Additional Services and Fees

As of the date of this agreement you have selected the following additional services:

Hair Salon Services

These services will be charged to your monthly statement.

Move-in Request

Prior to admission to The Community, you must pay a fee to secure a Unit. This fee is fully refundable until the day of move-in only if an assessment has not been completed, at which time it will become an assessment fee and is therefore no longer refundable.

Please make payment to:

Garden Courte
626 Lilly Road NE
Olympia, WA 98506
(360) 491-4435

Balance Due: \$14,234.83**Amount Paid:** _____

Date: 05/27/25
ID: 0545118-1-2
Account #: 0545118-1

Responsible Party:

(

*Separate here and return top portion with your payment***Please make payment to:**

Garden Courte
626 Lilly Road NE
Olympia, WA 98506
(360) 491-4435

For: _____

Date: 05/27/25
ID: 0545118-1-2
Account #: 0545118-1

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Current Monthly Charges for 05/01/2025 to 05/31/2025

Date	Description	Days/Visits/Units	Amount
05/21/25	ALZ-Private Studio *5/21/2025 to 5/21/2025	1	\$2,187.17
05/22/25	ALZ- Shared Studio (5/22/2025 to 5/31/2025)	1	\$5,000.00
05/26/25	Level 2 - MA (5/26/2025 to 5/31/2025)	4	\$250.00

Pre-Bill Charges for 06/01/2025 to 06/30/2025

Date	Description	Days/Visits/Units	Amount
06/01/25	ALZ- Shared Studio (6/1/2025 to 6/30/2025)	30	\$15,000.00
06/01/25	ALZ-Private Studio (6/1/2025 to 6/30/2025)	30	\$6,775.00
06/01/25	Level 2 - MA (6/1/2025 to 6/30/2025)	30	\$2,000.00



Scan
to
Pay

Last Statement Balance: \$10,459.45
Payments and Credits: \$0.00
Charges: \$3,775.38
Current Balance Due: \$14,234.83

Current (0 to 30 Days)

\$11,114.83

31 to 60 Days

\$0.00

61 to 90 Days

\$0.00

Over 90 Days

\$0.00

Past Due (31 days or greater)

Date	Description	Days/Visits/Units	Amount
05/21/25	ALZ Move In Fee	1	\$2,187.17
05/21/25	ALZ- Shared Studio (5/21/2025 to 5/31/2025)	1	\$5,000.00
05/01/25	ALZ- Shared Studio (5/1/2025 to 5/31/2025)	30	\$15,000.00

Past Due Total: \$10,459.45

Personal Assistance services are in addition to the services included in the base rent. Each resident will be assessed prior to move-in and regularly thereafter, to determine which level of personal assistance is needed. Additional charges apply based on the Personal Assistance services needed.

Personal Assistance Levels *Effective Jan 1, 2025*

Level 1	0-250	\$1,400
Level 2	100-250	\$2,000
Level 3	150-250	\$2,600
Level 4	200-250	\$3,200
Level 5	250-300	\$3,800
Level 6	300+	\$4,400



626 Lilly Rd NE, Olympia, WA 98506

360-491-4435

www.GardenCourteMC.com