

NOTIFICATION/ELECTION OF OPTIONAL SERVICES

(For use at an intermediate care facility only)

Household Name: _____ Unit No.: _____

Development Name: _____

- ☐ Initial Certification
☐ Recertification

Effective Date: _____
Effective Date: _____

I, _____, have been approved for residency at _____ *[enter development name]*, an assisted living tax credit community. As a condition of residency, I understand that I am eligible to receive a non-housing related "Optional Service Package" (i.e., assistance with medication, bathing, meals, etc.) and limited, skilled nursing, medical or psychiatric care from the staff of said development (or any hired affiliate) at an OPTIONAL charge. I further understand that if I elect NOT to receive the Optional Service Package provided by the referenced development that I am still entitled to occupancy provided said services have been secured from another third-party affiliate and evidence of such has been released to said development prior to occupancy.

Therefore, with receipt of this notification and my signature below, I elect to:

☐ Receive the Optional Service Package provided by the referenced development. *With my election, I understand that I will be charged an additional optional service fee of \$_____, which is separate and distinct from the basic rental rate, to cover the cost associated with said services. I further understand that this election is for the certification period covered above but may be changed and/or amended upon written notification and acceptance by the owner/management or at the next scheduled recertification;*

☐ NOT receive the Optional Service Package provided by the referenced development. *With my election, I understand that I must retain said services from an outside third-party source and provide evidence of such to the owner/manager of the development prior to occupancy/recertification can be granted. I further understand that this election is for the certification period covered above but may be changed and/or amended upon written notification and acceptance by the owner/management or at the next scheduled recertification.*

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date