



DIMENSIONS LIVING

## CONTRACT BETWEEN RESIDENT AND [COMMUNITY NAME]

This Contract (“Contract”) dated MONTH DAY, YEAR is made by and between LEGAL\_NAME d/b/a Dimensions Living (the “Company,” “us,” “we” or “our”), and RESIDENT\_NAME (“Resident,” “you” or “your”).

We operate the community located at 700 E Euclid Ave, Prospect Heights, IL 60070 (the “Community”) which is licensed by the State of Illinois as a/an Sheltered Care Facility and residency in the Community has been requested by you or on your behalf. The terms and conditions of this Contract are as follows:

### I. SERVICES AND ACCOMMODATIONS.

A. **BASIC SERVICES.** We will provide you with the following Basic Services, which are included in the Basic Service Rate, subject to the terms of this Contract unless otherwise specified in the addendum to the Contract (the “Addendum to the Contract”):

- ◆ **Accommodations** – You have elected to live in the Suite described in Exhibit A. You are also entitled to use and enjoy with all other residents the common areas of the Community. You are to provide your own furnishings and personal property; however, we reserve the right to limit the number and type of furnishings/small appliances. You agree that you are responsible for the maintenance and repair of any personal belongings you bring to the Community.
- ◆ **Dining Services** – Unless otherwise noted in the Addendum to the Contract, we will furnish three meals daily. Snacks are available 24 hours a day.
- ◆ **Utility Service** – Unless otherwise noted in the Addendum to the Contract, the cost of gas, electric, heat, air conditioning water, basic cable, satellite or comparable television service is included. You are responsible for paying any other utility charges including, but not limited to, telephone, internet or premium cable charges.
- ◆ **Housekeeping Service** – Unless otherwise noted in the Addendum to the Contract, we will provide light housekeeping once a week.
- ◆ **Laundry and Linen Service** – We will launder your personal belongings and bed linens as set forth in the Addendum to the Contract.
- ◆ **Activities Program** – We will provide planned social and recreational programs.
- ◆ **Parking** - Each Suite (whether occupied by one or two Residents) will have access to shared and uncovered parking spaces. Covered parking may be available as set forth in the Addendum to the Contract.
- ◆ **Transportation** – We will make available scheduled routine transportation services as described in the Addendum to the Contract.
- ◆ **Staffing 24 hours a day** – Associates are available 24 hours a day, seven days a week.

- ◆ **Assistance with Activities of Daily Living** – Such services may include assistance with eating, dressing, bathing, toileting, transferring or personal hygiene based on your needs as determined by your personal service plan. The fee for such assistance is not included in your Basic Service Rate; instead, if services are necessary, the fee is included in your Personal Service Rate, as shown on the fee schedule of Exhibit Z.
- ◆ **Emergency Call System** – Comprehensive Emergency Response System may include emergency pull cords, daily check ins, and/or central desk monitored 24 hours by the Community’s staff.
- ◆ **Security** – We will provide security services 24 hours per day which may include locked entrances or building or contract security personnel.
- ◆ **Wellness Assessments** – We will provide limited periodic wellness assessments to help you monitor your physical health.

We will provide thirty (30) days written notice of any change in Basic Services.

**B. PERSONAL SERVICE PLAN.** Prior to moving in and periodically throughout your residency, we will use a personal service assessment to determine the personal services you require. The personal service assessment will be used to develop your Personal Service Plan. The results of the assessment and the cost of providing the additional personal services (the “Personal Service Rate”) will be shared with you. Your initial Personal Service Rate is set forth in Exhibit A.

**C. AVAILABLE SELECT AND THERAPEUTIC SERVICES.** Select Services and Therapeutic Services are available to you at your request. Such additional services are not included in the Basic Service Rate or the Personal Service Rate. Where available, such services may include, but are not limited to guest meals, transportation beyond that which is included in the Basic Service Rate, transportation escort services, enhanced cable television, special events or certain clinical services. The available Select Services and Therapeutic Services as well as the associated prices are found on Exhibit X and Exhibit Y to this Contract.

**ADMISSION AND RETENTION CRITERIA.** Community may only accept residents for which it determines, in its sole discretion, it is able to provide appropriate services. Community is not required to admit residents to the Community or to contract with residents for services, if Community determines, in its sole discretion, that it cannot meet the resident’s needs.

**D. SERVICES NOT COVERED BY CONTRACT.** In addition to any Select or Therapeutic Services you may receive, in some circumstances, you may need the services of other third party providers in order to continue to safely remain at the Community. An outside agency or individual will be permitted to provide these services or any related personal services only if we have given prior approval.

You are responsible for obtaining and paying for all third party provider services, whether provided by Company affiliates, our subcontractors, third party health care and medical providers, or others. These services may include, but are not limited to, pharmacy, therapy, podiatry, dentistry, ophthalmology, home health, hospice, private companion, beauty/barber or other health care services. These third party provider services are not included in the Basic Service Rate, Personal Service Rate or rates for Select Services and Therapeutic Services. Fees for such services will be billed to you directly by the third party service provider, unless otherwise agreed to by the parties. All third party service providers (including, but not limited

to, health care service providers) must agree to adhere to our standards for outside providers prior to being permitted to provide services in the Community.

You may not hire our current associates to provide services in the Community. You may contract with former associates to perform any services at the Community only with our consent. We reserve the right to refuse entry to (1) former associates; (2) persons whose actions may be disruptive to the Community; or (3) persons whose actions may threaten the safety of any resident or associate.

## **II. YOUR RESPONSIBILITIES AND REPRESENTATIONS.**

- A. CARE OF SUITE.** You agree that the Community and the Suite are in satisfactory, habitable condition and we have made no promise to decorate, alter or improve the Community or Suite unless otherwise provided in writing and attached as part of this Contract. You agree to maintain the Suite and to leave the Suite upon termination of this Contract in good condition, except for normal wear and tear. You agree to pay all damages, beyond normal wear and tear, which you (including your agent, employee, contractor, or other invitee) cause to our property. The Community may invoice you for the cost of such repairs.
- B. ALTERATIONS.** You may make reasonable alterations, additions or modifications to your Suite whether based on a disability or not, provided that: (1) you obtain prior approval from the Executive Director to make the specific alterations, additions, or modifications; (2) you contract for these changes prior to beginning alterations directly with us or with a contractor approved by us; and (3) you assume sole financial responsibility for these changes. All such changes must be in compliance with applicable safety and government codes and regulations. If you have a disability and need a reasonable modification (a structural change to afford you equal opportunity to use and enjoy your home), please contact the Executive Director and he/she will review our Reasonable Accommodation/Modification Request process with you. The cost of any alterations made by you shall be paid by you unless otherwise agreed to in writing. You agree that you will bear the cost of restoring your Suite to its original condition, reasonable wear and tear excepted, upon the termination of this Contract, unless we specifically exempt you from this requirement in writing. We may enter and make any modifications or alterations to your Suite to meet the requirements of any applicable law.
- C. RIGHT OF ENTRY.** For your safety and comfort, our associates must be permitted to enter your Suite to provide services under the terms of this Contract, to respond to emergencies, to make repairs and improvements, or if there is reasonable belief that your safety or the safety of others is in question or that our policies and procedures are being violated, as we deem necessary or advisable. Therefore, it is not permissible to change the locks or add additional locks to the entrance door to your Suite. When feasible, our associates will attempt to give you reasonable notice before entering your Suite.
- D. HEALTH ASSESSMENT.** You agree that we may periodically assess your health to create and update a Personal Service Plan and/or to determine whether you are appropriate to remain at the Community. You agree that we may perform brief periodic wellness assessments performed by therapists, nurses or other appropriately qualified individuals to help both you and us monitor your physical health and wellbeing; but, you acknowledge that these wellness assessment will not be performed by a physician and do not replace the need for you to obtain regular and thorough medical care; and, that we are not and will not provide general medical

care for you. In addition, not more than thirty (30) days prior to the date of this Contract, and at least annually thereafter or upon our request, you agree to undergo an examination by your physician (or other licensed provider as allowed by law). You agree to undergo examination by a particular specialist, at your cost, as we determine is warranted by your current physical or mental status. You will request the examiner to provide us with recommendations, including a statement attesting to the appropriateness of your continued placement. Based upon the assessment(s) and our judgment, we may determine your appropriateness to remain in the Community. You will request the examiner to perform any tests and complete any forms required by us or applicable law.

- E. HEALTH CARE PROVIDER NOTIFICATION.** You authorize us to contact your legal representative/family, health care providers, and/or other persons listed in your records (1) if it is necessary in our judgment to advise them of your situation; (2) to arrange for required health care services and other assistance; or (3) in case of an emergency. In the event that you require emergency services or experience a significant change in condition, the Community will attempt to contact your designated representative or other individuals chosen by you as soon as possible. You are responsible for ensuring that the Community has current telephone numbers for the individuals to be notified.

If your designated health care providers are unavailable, you authorize us to arrange for the services of other health care providers. You agree we may provide such persons with copies of your records, including, but not limited to, resident records, advance directives, living will, and the names of persons empowered to make health care decisions.

- F. SUBSTITUTE DECISION MAKERS/ADVANCE DIRECTIVES.** You will provide us with accurate, complete and current information about yourself, substitute decision-makers and health care providers, including but not limited to addresses and phone numbers, and your health care status and needs. You will provide us with copies of any power of attorney, guardianship, living will, or conservator documents, or other legal documents relating to the making of health or financial decisions or decision-makers. You authorize us to rely on the instructions of such designees or appointees or on the instructions found within such documents. You further agree to immediately notify us of changes relating to the information stated above.

It is strongly suggested that you have advance directives in place in the event you become incapacitated. If you do not have such advance directives in place, you understand that a court may name a guardian upon application of any interested party (including the Company). Neither we nor any of our associates or agents may be your guardian. If it is necessary for us to petition the court for appointment of a guardian, any costs associated therein shall be paid by you and we may invoice you for such costs.

- G. MOTORIZED VEHICLES AND CARTS.** Individual motorized vehicles such as electric scooters, wheelchairs, or carts and similar vehicles may be used, subject to the following:

1. Your operation of the vehicle does not pose a threat to the health and safety of yourself or others;
2. The vehicle is operated at a low speed setting; and
3. You agree to abide by our safety guidelines for the use of motorized vehicles on the premises, which may be modified from time to time.

Reasonable accommodations will be made to the rules, policies and practices (upon a showing of necessity) so long as the requested accommodation does not constitute a threat to the health or safety of you, the other residents, our associates or visitors.

You agree to pay for all damages to others or to the Community, which are caused by you or your motorized vehicle and that we may invoice you for such costs. You further understand and agree that we may, at our sole discretion, prohibit your further use of an electric scooter or similar vehicle at any time.

**H. EXAMINATION OF RECORDS.** You acknowledge that we are licensed by the State of Illinois as a Sheltered Care Facility. You understand that regulatory officials having jurisdiction over the Community may inspect your records as part of an evaluation of the Community. You have the right to review and access your health care records in accordance with the requirements of applicable law.

**I. RULE AND REGULATION COMPLIANCE.** You understand that the Community has shared common areas, and you agree to honor all rules of courtesy and respect for others. You agree to abide by and conform to our rules, regulations, handbook, policies and procedures as they now exist and as amended from time-to-time. If you have a disability and need a reasonable accommodation (a change in our rules or policies to equally use and enjoy your home), please contact the Executive Director and he/she will review our Reasonable Accommodation/Modification Request process with you. You understand that failure to abide by such policies may result in your discharge from the Community.

**J. GUESTS.** You have the right to associate with your friends and family during reasonable hours. Because the Community is a licensed building, overnight guests are generally not permitted in a resident's room. Limited exceptions may be granted by the Executive Director based upon the circumstances.

You acknowledge and understand that your guests are subject to our rules and regulations, and if your guests become disruptive to the operations of the Community and/or are verbally or physically abusive to residents, our associates or others, we may request that they leave the Community until their behavior is under control or may restrict their visitation. Where circumstances warrant, we may exclude such individuals from the Community.

**K. RELEASE OF INFORMATION.** We will keep your health, medical, personal and other information that identifies you (collectively, "Resident Data") confidential in compliance with applicable law. You agree that we may use and disclose Resident Data for purposes of treatment, to provide to you services covered by this Contract (collectively "Services"), to obtain payment for our Services, in connection with our operations, including training, care management and quality assessment and improvement, to coordinate with any third party providers you select, and as otherwise permitted by law.

**L. ONE-ON-ONE SERVICES.** You acknowledge and agree that we may arrange for the provision of one-on-one care and you will pay for such care if we determine that such care is needed to protect your health or safety or the health or safety of others.

### III. RATES.

A. **COMMUNITY FEE.** We require a one-time non-refundable Community Fee in an amount indicated in Exhibit A to be paid at the time this Contract is signed. The Community Fee does not excuse you from financial responsibility for any damage caused to your Suite beyond normal wear and tear upon move-out.

B. **MONTHLY SERVICE RATE.**

1. **Rate.** You agree to pay the Basic Service Rate and, if applicable, the Personal Service Rate as indicated in Exhibit A (together the “Monthly Service Rate”).
2. **Refund.** In accordance with Section IV, we will refund a prorated share of the Monthly Service Rate if this Contract is terminated before the end of a month:
  - a. following thirty (30) days written notice;
  - b. because you require care that is not offered by us; or
  - c. by reason of death.

Refunds will be prorated (using 30.5 days to calculate the Daily Rate) from the later of the termination date or the date by which you have vacated and all of your belongings are removed from Community. Unless prohibited by law, you agree we may offset such refunds by any amount due under the terms of this Contract.

C. **ABSENCES.**

1. **Notice of Absence.** Except for an emergency medical absence, if you will be absent from the Community for any period of time, you must inform us of your plans prior to leaving and sign the Sign In/Sign Out Book upon exiting and re-entering the Community. We assume no responsibility or liability for your welfare during times that you are away from the Community.
2. **Fees During Absence.** If you are absent from the Community for any reason, such as, for a hospitalization, vacation, temporary nursing home care or rehabilitation, the Contract will remain effective and you will be charged the full Monthly Service Rate. If you provide written notice of your intent to terminate the Contract pursuant to Section IV, termination will be effective and charges will cease the later of the end of any applicable notice period or the removal of all of your personal belongings.

D. **SELECT & THERAPEUTIC SERVICES.** In addition to the Monthly Service Rate, you agree to pay the established charges for any Select Services or Therapeutic Services provided to you by us.

E. **PAYMENT.** We will issue a monthly statement before the first day of the month itemizing the Monthly Service Rate for the upcoming month and, if any, charges incurred for Select Services and Therapeutic Services provided during the prior month. Payment for all charges shown on the statement is due on the first (1<sup>st</sup>) calendar day of each month. The first payment of the Monthly Service Rate is due prior to taking occupancy. If you move in after the first of the month, your first Monthly Service Rate will be prorated (using 30.5 days to calculate the Daily Rate).

We will charge a \$250.00 late fee if we have not received all fees when due. We will also charge a \$50.00 returned payment fee for each check or automatic withdrawal that is returned or denied for any reason. After two such occurrences, you agree to pay all amounts due by

cashier's check or such other method specified by us. You also agree to pay interest on all outstanding amounts based upon the lesser of 1.5% per month or the highest rate permitted by law.

- F. **RATE CHANGES.** We will provide thirty (30) days written notice of any change in the rates or pricing method for Basic Services, Personal Services, Select Services and Therapeutic Services. We may offer or require a change in the Personal Service Plan when we determine additional services are requested or required. **The new Personal Service Rate resulting from a change in your Personal Service Plan is effective immediately after written notice is given.**
- G. **MEDICAL ASSISTANCE.** Unless otherwise noted, Medical Assistance under Article V or Article VI of the Illinois Public Aid Code is not available for payment for services provided at the Community.

#### IV. TERM AND TERMINATION.

- A. **TERM.** This Contract begins on the date set forth above and continues until terminated as provided below.
- B. **TERMINATION BY RESIDENT.** If you are compelled by a change in physical or mental health to leave the facility, the Contract and all obligations under it shall terminate on seven days' notice. No prior notice of termination of the contract shall be required, however, in the case of your death. The contract shall also provide that in all other situations, a resident may terminate the contract and all obligations under it with 30 days' notice. All charges shall be prorated as of the date on which the contract terminates, and, if any payments have been made in advance, the excess shall be refunded to the resident.
- C. **TERMINATION BY THE COMPANY.** We may terminate this Contract, upon providing you thirty (30) days written notice, for any of the following events, as determined by us:

The Community may discharge a resident:

1. for medical reasons.
2. for the resident's physical safety.
3. for the physical safety of other residents, the facility staff or facility visitors.
4. for either late payment or nonpayment for the resident's stay, except as prohibited by Titles XVIII and XIX of the federal Social Security Act. For purposes of this Section, "late payment" means non-receipt of payment after submission of a bill. If payment is not received within 45 days after submission of a bill, a facility may send a notice to the resident and responsible party requesting payment within 30 days. If payment is not received within such 30 days, the facility may thereupon institute transfer or discharge proceedings by sending a notice of transfer or discharge to the resident and responsible party by registered or certified mail.
5. This Community does not accept Medicaid and you may be discharged if your private funds are exhausted and you have no other way of paying for your care.

We may, upon written notice to you, immediately terminate this Contract, and transfer or discharge you for emergency medical or welfare reasons that would endanger the health and safety of yourself or others. If the emergency requires your immediate transfer, we will notify your legal representative

as soon as possible. We will provide a written explanation for termination with less than thirty (30) days' notice.

**D. TERMINATION BY EITHER PARTY.** Either party may terminate this Contract immediately upon written notice in the event of your death or if you must be relocated due to your health. The Community may request a physician to certify in writing that based upon his/her examination, you must be relocated to facility which offers a higher level of care.

In the event of your death, your estate will be charged the Monthly Service Rate until all of your belongings are removed from the Community. If you must relocate due to your need for a higher level of care, you will be charged the Monthly Service Rate through the later of fourteen (14) days after the date of your written notice of termination or the day on which all of your belongings are removed from the Community.

**E. COMMUNITY CEASES TO OPERATE.** If the Community's license is revoked or the Community otherwise ceases to operate, this Contract shall terminate upon written notice from the Community on the date as stated in the notice. Any advance payment for services not received shall be refunded to the Resident.

**F. RESPONSIBILITIES UPON TERMINATION.** You will vacate premises, removing all belongings on or before the effective date of termination. If you fail to remove your belongings by the effective date of termination, you understand and agree that we may continue to charge you for the Basic Service Rate of your Suite, or have your belongings placed in storage at your cost. You further agree that we may donate any unclaimed property after forty-five (45) days. You will provide written notice of a forwarding address where you can be reached and receive mail. Termination will not release you or us from any liability or obligation to the other party under the terms of this Contract.

## V. AGREEMENT TO ARBITRATE.

Should any of sub-sections A & B provided below, or any part thereof, be deemed void or invalid, the validity of the remaining sub-sections, or parts thereof, will not be affected.

### A. ARBITRATION PROCEEDINGS.

1. Any and all claims or controversies arising out of, or in **any** way relating to, this Contract or any of your stays at the Community, excluding any action for involuntary transfer or discharge or eviction, and including disputes regarding interpretation, scope, enforceability, unconscionability, waiver, preemption and/or violability of this Contract, whether arising out of Local, State or Federal law, whether existing or arising in the future, whether for statutory, compensatory or punitive damages and whether sounding in breach of contract, tort or breach of statutory duties, or otherwise, irrespective of the basis for the duty or the legal theories upon which the claim is asserted, shall be submitted to binding individual arbitration, as provided below, and shall not be filed in a court of law. **The parties to this Contract further understand that a judge and/or jury will not decide their case.**
2. The parties hereby expressly agree that this Arbitration Provision, the Contract and the Resident's stays at the Community substantially involve interstate commerce, and stipulate that the Federal Arbitration Act ("FAA") shall exclusively apply to the interpretation and enforcement of this Contract, and shall preempt any inconsistent State law and shall not be reverse preempted by the McCarran-Ferguson Act; United States



Code Title 15, Chapter 20, or other law. Any party who demands arbitration must do so for all claims or controversies that are known, or reasonably should have been known, by the date of the demand for arbitration, and if learned of during the course of the arbitration proceeding shall amend the claims or controversies to reflect the same. All current damages and reasonably foreseeable damages arising out of such claims or controversies shall also be incorporated into the initial demand or amendment thereto. Except as otherwise stated explicitly herein, this Arbitration Provision is entered into pursuant to, is governed by, and must be interpreted and enforced under the Federal Arbitration Act, 9 U.S.C. §§ 1 *et seq.*

3. **You and the Company agree that each of us may bring claims against the other only on an individual basis and not as a named or putative class member in any purported class, or representation action or proceeding.** Unless both you and the Community agree otherwise in writing, the arbitrator may not consolidate or join more than one person's or party's claims, and may not otherwise preside over any form of a consolidated representative or class action or proceeding. Also, the arbitrator may award relief (including monetary, injunctive, and declaratory relief to the same extent as a court that would have jurisdiction over the claims in absence of this agreement to arbitrate) only in favor of the individual party seeking relief and only to the extent necessary to provide relief (if any) necessitated by the party's individual claim(s). If a court decides that applicable law precludes enforcement of any of this subparagraph's limitations as to a particular claim for relief, then the arbitrator will have jurisdiction only over those claims (if any) to which this subparagraph may lawfully apply. Under no circumstances whatsoever should this Section V be interpreted to allow for a class or representative proceeding in arbitration. You and the Company understand, agreed, and intend that this may result in (i) some claims being arbitrated on an individual basis and (ii) other claims proceeding in court on a putative class or representative basis (to the extent that operative law prohibits compelling the latter claims to individual arbitration).
4. A demand for Arbitration by you, your legal representative, a person or organization acting on your behalf with your consent, or the personal representative of your estate (collectively "Resident Party") shall be made in writing and submitted to Health Dimensions Group, 12900 Whitewater Dr Suite 201, Minnetonka, MN 55343, via certified mail, return receipt requested. Demand for Arbitration by us shall be made in writing and submitted to you or your agent, representative, successor or assign and/or your legal representative via certified mail, return receipt requested.
5. The arbitration proceedings, including the hearing, shall take place in the county in which the Community is located, unless agreed to otherwise by mutual consent of the parties or ordered by the arbitrator.
6. The arbitration panel shall be composed of one (1) arbitrator. Subject to the requirements of section A.7 the parties shall agree upon an arbitrator that must be a member of the STATE Bar with at least ten (10) years of experience as an attorney. If the parties cannot reach an agreement on an arbitrator within twenty (20) days of receipt of the Demand for Arbitration, then each party will select an arbitrator. These arbitrators will act only for the purpose of appointing a sole arbitrator to hear the case, subject to the criteria above. If either party fails to select their arbitrator within the (20) days mentioned above, they effectively forfeit their right to choose an arbitrator.

7. The arbitrator shall be independent of all parties, witnesses, and legal counsel. No past or present officer, director, affiliate, subsidiary, or employee of a party, witness, or legal counsel may serve as an arbitrator in the proceeding.
8. The arbitrator shall designate a time and place within the county in which the Community is located, for the arbitration hearing and shall provide thirty (30) days' notice to the parties of the arbitration hearing.
9. The arbitrator shall apply the Illinois Rules of Evidence and Illinois Rules of Civil Procedure in the arbitration proceeding except where otherwise stated in this Contract. Also, the arbitrator shall apply, and the arbitration decision shall be consistent with, Illinois law except as otherwise stated in this Arbitration Provision.
10. The arbitration decision should be signed by the arbitrator and delivered to the parties and their counsel within thirty (30) days following the conclusion of the arbitration. The decision shall be in writing and shall set forth in detail the arbitrator's findings of fact and conclusions of law.
11. The arbitrator's decision shall be final and binding and such decision may only be vacated or modified as allowed by the Federal Arbitration Act.
12. The arbitrator's fees and costs associated with the arbitration shall be divided equally among the parties, unless the Resident Party is proven indigent or otherwise provided for by state or federal statute or case law. The parties shall bear their own attorneys' fees and costs and hereby expressly waive any right to recover attorney fees or costs, unless otherwise provided for state or federal statute.
13. Except as otherwise required by applicable law, the arbitration proceeding shall remain confidential in all respects, including the Demand for Arbitration, all arbitration filings, deposition transcripts, documents produced or obtained in discovery, or other material provided by and exchanged between the parties and the arbitrator's findings of fact and conclusions of law. Following receipt of the arbitrator's decision, each party agrees to return to the producing party within thirty (30) days the original and all copies of documents exchanged in discovery and at the arbitration hearing, except those documents required to be retained by counsel pursuant to law. Further, the parties to the arbitration also agree not to discuss the amount of the arbitration award or any settlement, the names of the parties, or name/location of the Community except as required by law. Notwithstanding the confidentiality agreement, nothing prohibits the parties from reporting to local or state governments.
14. This Arbitration Provision binds third parties not signatories to this Arbitration Provision, including any spouse, children, heir, representatives, agents, executors, administrators, successors, family members, or other persons claiming through the Resident, or persons claiming through the Resident's estate, whether such third parties make a claim in a representative capacity or in a personal capacity. Any claims or grievances against the Community or the Community's corporate parent, subsidiaries, affiliates, employees, officers or directors shall also be subject to and resolved in accordance with this Arbitration Provision.
15. Except as otherwise stated in Section V(A)(3), the terms of this Arbitration Provision are severable, such that should any part of V(A) through V(B) be deemed invalid, the validity of the remaining sub-sections, or parts thereof, will not be affected.

16. The Arbitration Provision shall survive your death.

- B. BENEFITS OF ARBITRATION.** The parties' decision to select arbitration is supported by the potential cost-effectiveness and time-savings offered by selecting arbitration, which may avoid the expense and delay of judicial resolution in the court system. The parties' decision to select arbitration is supported by the potential benefit of preserving the availability, viability, and insurability of a long term care company for the elderly and disabled in STATE, by limiting such company's exposure to liability. With this arbitration provision, we are better able to offer our services and accommodations at a rate that is more affordable to you. In terms of the potential time-savings offered by selecting arbitration, the parties recognize that selecting a quick method of resolution is potentially to a resident's advantage.

You and/or your legal representative understand that other long term care companies' agreements may not contain an arbitration provision. The parties agree that the reasons stated above are proper consideration for the acceptance of the Arbitration Provision. **The undersigned acknowledges that he or she has been encouraged to discuss this Contract with an attorney.**

**The parties to this Contract further understand that a judge and/or a jury will not decide their case.**

## VI. MISCELLANEOUS

- A. WAIVER OF TRIAL BY JURY.** If a court determines that the Arbitration Provision provided above is invalid, the parties express their desire to waive a jury trial and resolve any claims in the appropriate court solely before a judge.
- B. NON-DISCRIMINATION.** We operate on a non-discriminatory basis and afford equal treatment and access to services to eligible persons regardless of race, religion, color, national origin, sex, disability or any other category protected by applicable law.
- C. OWNERSHIP.** The Community is owned by Columbia Pacific Advisors, LLC, which is located at 1910 Fairview Ave E #200, Seattle, WA 98102 . The Community is managed under a management agreement with Health Dimensions Group, which is located at 12900 Whitewater Dr Suite 201, Minnetonka, MN 55343.
- D. RESIDENT RIGHTS.** As a resident of the Community, you are entitled to the rights as set forth in Exhibit F, which is attached. By executing this Contract, you do not forfeit any of these rights.
- E. REVIEW BY THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH.** The Illinois Department of Public Health (IDPH) shall conduct an annual, unannounced onsite review of the Community to determine compliance with applicable licensure requirements and standards. Additional, unannounced onsite reviews may be conducted without prior notice to the Community. During an onsite review, IDPH may tour any areas of the Community; observe residents and staff; communicate privately with residents with the resident's written consent; and enter the unit of a resident who grants permission and entry.
- F. GOVERNMENT AGENCIES.** Residents may contact the Illinois Department of Aging's Senior Help Line at 1-800-252-8966 or the Department's Complaint Registry at 1-800-252-4343, or the Long Term Care Ombudsman at the phone numbers listed on Exhibit G with any concerns and/or complaints.

- G. COMPLAINTS.** Complaints and/or concerns are addressed in accordance with the Community's Complaint Resolution Process Policy, which is attached as Exhibit D.
- H. RISK MANAGEMENT PROCESS.** The Community maintains a risk management process to identify and reduce potential liability. A description of the Community's Quality Improvement Program is attached as Exhibit E.
- I. RISK AGREEMENT.** You are responsible for your personal, financial and health care decisions. You are also responsible for maintaining health, personal property, liability, automobile (if applicable), and other insurance coverages in adequate amounts. You agree to obtain insurance in an amount adequate to cover your personal property and your general liability. You acknowledge that we do not insure your person or property. You understand and agree that:
1. We may encourage you to participate in community, leisure, and social activities and to maintain an appropriate level of independence in activities of daily living, as well as your personal and financial affairs;
  2. Independent activities, responsibility for personal, financial, and health care decisions, and lifestyle and care preferences may involve risks of personal injury and/or property damage or loss;
  3. Throughout the Community, there may be public balconies and/or a balcony in your Apartment. If you choose to use such balcony, you do so at your own risk. We are not responsible for any injury that may result from use of a balcony. We are also not responsible for damage or loss of any property used or placed on a balcony;
  4. The standard of service for an assisted living community does not include one-on-one care, assistance or supervision, e.g., one resident assistant for each Resident, or immediate response to non-emergent needs. There may be short and long periods of time in which you will be left alone, unsupervised such as while watching television, listening to music, reading, and sleeping at night;
  5. We make no representations or guarantees that our associates can prevent falls. We do not represent or guarantee that your health condition will not change or deteriorate;
  6. We make no representations or guarantees that our associates can prevent the onset of skin break down or the worsening of existing skin break down.
  7. Our services may not meet all of your personal, social, or health care needs and we will attempt to assist you in arranging for such services which are not included in this Contract;
  8. Many residents suffer from cognitive impairment, including Alzheimer's disease and dementia. This condition can cause unexpected behavior such as wandering, forgetfulness, agitation towards others and confusion. We make no representations or guarantees that we can predict the behavior of our residents. Therefore, we also make no representations or guarantees that we can always prevent a resident from wandering or attempting to wander from the Community, entering into a private area, misplacing or losing items or engaging in physical contact with another resident;
  9. We make no representations or guarantees that we can prevent the loss of personal items, including but not limited to clothing, jewelry, dentures, hearing aides or other medical equipment. We will not be responsible for the loss of such items. We make no representations or guarantees that we can prevent theft or other criminal acts perpetrated by another resident or person; therefore, we recommend that valuables such as jewelry

and large sums of money, not be kept at the Community. If you choose to bring in valuables, you do so at your own risk and we will not be held responsible for any theft or loss of such items;

10. Due to state regulations and fire code, we may not lock our exterior doors against exiting. Therefore, we cannot guarantee that a resident will not wander from the Community. Some buildings have exterior doors that are alarmed with a delayed egress feature and our systems are designed to alert our associates to respond and assist a resident if they wander from the building.

You understand and agree to assume the risks inherent in this Contract. You agree to hold us, our associates and agents harmless for any damages, injury or other loss resulting from: (1) reasonable acts or omissions made in good faith; (2) action by a third party, fire, water, theft or the elements; or (3) loss of personal property.

- J. PETS.** The Community's pet policy is described in the Addendum to the Contract.
- K. SMOKING.** Except as otherwise set forth in the Addendum to the Contract, smoking is not permitted in any part of the Community.
- L. WEAPONS.** Weapons, as defined by us, are not allowed in the Community or on Community property. This includes but is not limited to firearms, explosive materials, ammunition, and collectible or antique weapons.
- M. NO TENANCY INTEREST.** You have none of the rights of a tenant under this Contract, subject to applicable state law.
- N. ASSIGNMENT.** This Contract is not assignable without our prior written consent. Our rights and obligations may be assigned to any person or entity which will be responsible to ensure our obligations under this Contract are satisfied in full from the date of notification. We may engage another person or entity to perform any or all of the services under this Contract.
- O. AMENDMENTS.** This Contract and any written amendments constitute the entire Contract between the parties and supersede all prior and contemporaneous discussions, representations, correspondence, and Contracts whether oral or written. Except for our right to modify fees, rates and charges, amend services provided and establish and modify reasonable operating procedures and rules for the general welfare and safety of the residents, this Contract may be amended only in writing signed by both parties.
- P. SEVERANCE.** Should any part of this Contract be invalid, the validity of the other parts of this Contract will not be affected.
- Q. FINANCIAL RESPONSIBILITY.** You have designated a Guarantor, who has agreed to the terms of the Statement of Financial Responsibility.
- R. SUBORDINATION.** This Contract and the parties' rights hereunder are subordinate to any lease, mortgage or deed of trust placed upon the Community, but you may remain in your Suite so long as you comply with the provision of this Contract.
- S. REPRESENTATION AND WARRANTY.** By executing this Contract you represent and warrant that all representations made by you or on your behalf, whether written or verbal, with respect to your application for admission to the Community were true when made. You understand that we rely upon the truthfulness of this information in making our decision to enter into this Contract. Your application forms, including personal data forms, statement of

financial condition (if applicable), health history and medical reports submitted by you or on your behalf to us, are incorporated by reference into this Contract and made an express part of it. You understand and agree that any material misrepresentation or omission made by you or on your behalf in connection with these documents shall make this Contract voidable at our option, to the extent permitted by law.

- T. CHOICE.** You have a choice of providers for private sitters, therapy, rehabilitation, home health, hospice and other health care services. As part of the complement of services offered by the Company and its affiliates, therapy, rehabilitation, home health, hospice or other services may be available at the Community through Company affiliates. If you require such services, Community associates will assist you in obtaining such services from Company affiliates or another service provider of your choice.
- U. OBLIGATORY INFORMATION.** You agree to provide accurate, complete and current information about yourself and about any emergency contact, including but not limited to addresses, phone numbers, and email address. You understand that you must promptly notify us of changes to the information stated above. If you do not have advance directives in place, you understand that a court may appoint a guardian to make decisions on your behalf if you are no longer able to do so. Neither we nor any of our associates or agents may be your guardian. If it is necessary for us to petition the court for appointment of a guardian, you agree to pay any costs associated therein.
- V. ASSIGNMENT OF BENEFITS.** To the extent that the Community participates in a government payor program (e.g. Medicaid, PACE, or Medicare) of which you may be a beneficiary, you authorize us to disclose any medical or administrative information to such government program to process your application for benefits. You certify that the information given in applying for such government benefits is correct. You further authorize the release of all medical and administrative records for such government payor to process any claims for payment and further direct that payment of authorized benefits be made to us on your behalf. For all other insurance programs, you authorize us to disclose any medical or administrative information required for the insurance carrier to process (1) your application for insurance benefits coverage and (2) your claims for payment for services rendered by us. You are required to file with the insurance carrier any applications for benefits or claims for payment. While you may authorize direct payment of any applicable insurance benefits to us, you understand that you remain fully financially responsible for any charges incurred during your stay.
- W. COUNTERPARTS.** This Contract may be executed in any number of counterparts, each of which shall be deemed an original.
- X. AGENT FOR SERVICE.** The Executive Director is authorized to accept service on behalf of the owners and managing agent and may be served at the Community address listed on page 1 of this Contract.
- Y. NOTICES.** Notices will be written and given by personal delivery or mailing by regular mail, postage pre-paid to the following or such other persons or places as the parties may notify each other. Notices shall be deemed given based upon the date personally delivered or upon the date postmarked.

**Company:**

Administrator

700 E. Euclid Ave.

**Resident:**

Prospect Heights, IL 60070

847-797-2700

**Legal Representative/Responsible Party:**  
(as noted below)

**We believe it is important to disclose all services and fees to the best of our ability and in accordance with the law. We recommend that you consult with legal counsel to ensure understanding of this Contract before signing.**

**This Contract is delivered electronically. The parties consent to entering into this Contract in electronic form and using an electronic signature to sign this Contract. The parties also acknowledge and agree that an electronic signature will have the same legal force and effect as a handwritten signature.**

**BY THEIR SIGNATURES**, the parties or their representatives have executed this Contract.

<u>{Lgl.Signature}</u>	<u>{Lgl.Name}</u>	<u>{Lgl.SigDate}</u>
Resident/Legal Representative (If Legal Representative signs, indicate legal authority (e.g. POA, Conservator, Guardian, etc.) on signature line)	Print Name	Date

<u>{Lgl.Signature}</u>	<u>{Lgl.Name}</u>	<u>{Lgl.SigDate}</u>
Signature of Responsible Party	Print Name	Date

Responsible Party is an individual who is individually responsible for payments due under the contract

<u>{Bkd.Signature}</u>	<u>{Bkd.Title}</u>	<u>{Bkd.SigDate}</u>
For Company	Title	Date

**LEGAL REPRESENTATIVE/RESPONSIBLE PARTY ADDRESS:**

**Name:** [Click here to enter text.](#)

**Address:** [Click here to enter text.](#)

**Phone Nos.:** [Click here to enter text.](#)

**Email:** [Click here to enter text.](#)

**OTHER RELATED MATERIALS:**

1. Community Handbook
2. Emergency Evacuation Plan
3. Medical Records Release (if additional permission is required under state law or necessary to address a use or disclosure not covered by Section I(K))
4. Personal Service Assessment
5. Personalized Service Plan

**ATTACHMENTS INCLUDED**

Addendum for Community-Specific Basic Services and Operating Policies  
Statement of Financial Responsibility

- Exhibit A – Schedule of Services and Rates
- Exhibit B – Pharmacy Services Contract
- Exhibit C – Complaint Resolution Process
- Exhibit D – Quality Improvement Program
- Exhibit E – Resident Rights
- Exhibit F – Regional Home & Community Ombudsman Contact List

**ADDITIONAL EXHIBITS TO ATTACH AS PART OF THE CONTRACT:**

- X. Select Services List
- Y. Therapeutic Services List
- Z. Assessment Price Schedule



**EXHIBIT A  
SCHEDULE OF SERVICES AND RATES**

Resident RESIDENT\_NAME

Suite Type and Number SUITE\_TYPE

**COMMUNITY FEE** (Prior to Move-in) \$COMMUNITY\_FEE

**BASIC SERVICE RATE** \$BASIC\_SERV\_RATE

**SECOND PERSON FEE** \$SECOND\_PERSON\_FEE  
(Check below if applicable)

The Basic Service Rate above is the Basic Service Rate for a Companion Suite. If the Companion Suite converts to single occupancy, the Basic Service Rate will adjust to the then current single occupancy Basic Service Rate for such Suite.

**PERSONAL SERVICE RATE** \$PERS\_SERV\_RATE  
(The current Personal Service Price Schedule is attached as Exhibit Z)  
(See attached Personal Service Rate Report)

**MONTHLY SERVICE RATE** \$MNTH\_SERV\_RATE  
(Add Basic Service Rate, Second Person Fee and Personal Service Rate)

**SELECT SERVICES AND THERAPEUTIC SERVICES** \$SS\_TS\_RATE  
(The Select Service List and Therapeutic Services List are attached as Exhibits X and Y)

I agree to the above Schedule of Services and Rates to commence as of \_\_\_\_\_. I have reviewed Exhibit X, Select Services List, and Exhibit Y, Therapeutic Services List, and the associated rates for the services listed therein. I agree that I will be charged each time I utilize one of these services at the Community.

Finally, I understand and agree that the Company has the right to change the rates and/or services provided herein in accordance with the applicable provisions of the Contract.

{Lgl.Signature}	{Lgl.Name}	{Lgl.SigDate}
Resident/Legal Representative	Print Name	Date
(If Legal Representative signs, indicate legal authority (e.g. POA, Conservator, Guardian, etc.) on signature line)		

{Bkd.Signature}	{Bkd.Title}	{Bkd.SigDate}
For Company	Title	Date

**EXHIBIT B**  
**Pharmacy Services Agreement**

We work closely with pharmacy providers to meet the needs of our residents. Preferred Pharmacy providers are chosen based upon their ability to provide services to our residents to enhance their health and wellness. Important services include:

- Medication packaging that meets our safety standards
- Ongoing medication regimen reviews to include potential negative drug or allergic interactions
- Recommending therapeutic substitutions and offering generic substitutions when appropriate
- Alerts for Physicians and our Associates when there is duplication of prescriptions
- Accept most insurance plans and will bill you directly\*
- Routine (daily) and emergency delivery 24-hours a day, 7 days a week.

PREFERRED PHARMACY is our Preferred Provider for pharmacy services (“Preferred Provider”). Our Preferred Provider strives to have competitive prices and allows us to use one distribution system within our community.

Participation with our community’s Preferred Provider is strongly encouraged. Should you choose not to use the community’s pharmacy provider, you may incur fees as set forth in Exhibit X:

- Non Preferred Pharmacy Fee (additional administrative oversight required)
- Non-Standard Packaged Medications Fee (additional administrative oversight required) if the pharmacy is unable to provide medications in a unit dose packaging system

You also assume responsibility for the following:

- Medications packaged in a unit dose packaging system to meet our medication management standards
- Ordering, re-ordering and pick up of medications

If medications are not delivered within two days prior to their depletion, the community will reorder medications from the Preferred Provider.

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MY SIGNATURE BELOW INDICATES THAT I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE TERMS OF THIS PHARMACY SERVICE AGREEMENT.

<u>{Lgl.Signature}</u>	<u>{Lgl.Name}</u>	<u>{Lgl.SigDate}</u>
Resident/Legal Representative	Print Name	Date

(If Legal Representative signs, indicate legal authority (e.g. POA, Conservator, Guardian, etc.) on signature line)

\*Some prescribed medications may not be covered by your insurance or Med D plan. Payment of these medication charges is the responsibility of the resident. Rev. 3/22/2016

## **EXHIBIT C**

### **Complaint Resolution Process**

It is the policy of the Community to encourage each resident to exercise his/her right to voice or present a complaint, resolution, concern or suggestion addressing all areas of living, without concern of reprisal or unfair treatment. Complaints, concerns or suggestions shall be acknowledged and addressed to the satisfaction of the resident, their representative and family members in a timely and expeditious manner. The Community has an extensive and proactive quality improvement process and avenues for ongoing feedback, as evidenced by several of the items outlined below.

It is our goal at our Community to always exceed the expectations of our residents and their family members with our services, care and staff in order to provide an *exceptional senior living* experience. Our approach is proactive and collaborative with an “open-door” Management philosophy at all times.

#### **AVENUES IN PLACE TO ADDRESS COMPLAINTS & CONCERNS:**

1. Residents may voice their concerns or suggestions to a staff member at any time. Staff will take the information to the appropriate Department Manager (i.e. Director of Dining Services, Housekeeping Director, Engineering Director, etc.), who will follow up in a timely manner to satisfy the resident’s concern.
2. Residents may also present a formal complaint or concern and make suggestions at the monthly Resident Council Meeting. The concern will be directed to the appropriate Department Manager for resolution with the results of follow-up documented in the Resident Council Minutes.
3. Family members, on behalf of residents, may present a complaint or concern at the (optional) quarterly Family Meetings with the same procedure as Resident Council.
4. A resident or family member may contact the Director of Resident Services or the Executive Director at any time during business hours, Monday through Friday, to express their concerns. Management staff is also accessible by pager during evenings and weekends, and in the event of any Resident and/or building emergency.
5. The Executive Director coordinates and attends the monthly All-Resident Meeting to address any resident concerns or issues brought forth to the Management. The Executive Director then relays concerns to the appropriate Department Manager for resolution. Minutes of the All-Resident Meeting are kept and followed-up on immediately.
6. Annual Resident Satisfaction Surveys are presented to residents to promote communication and prompt resolution of resident concerns and to facilitate strong feedback. The Annual Resident Satisfaction Survey is conducted by an outside third party consulting firm and results are confidentially gathered, tabulated and then disseminated to the residents within a reasonable time frame. All areas identified for improvement will be addressed by Management in the form of an action plan and will be discussed in the Resident Council and All Resident Meetings.
7. In addition to the Annual Resident Satisfaction Survey, periodic Assisted Living Program Surveys are distributed to residents and family members for their immediate feedback and suggestions about the quality of care, services, staffing, programming and activities. Survey results and feedback will be acted on based upon resident responses and/or suggestions. Any concerns relayed to the Executive Director are directed to the appropriate Department Managers for immediate follow-up.

8. The Management Team is always available to discuss concerns of residents and family members and or Resident representatives.
9. A resolution of a complaint, concern and/or suggestion must be addressed to the satisfaction of all parties involved, and an informal or formal response to the resident and/or family member(s) within ten (10) days, if deemed appropriate.

## **EXHIBIT D**

### **Quality Improvement Program**

The Quality Improvement Program's purpose is to provide residents with a comprehensive means of expressing their level of satisfaction with their environment and services received while enabling the community to oversee, monitor and measure its performance goals. The processes described below serve as performance benchmarks based on resident satisfaction and feedback that will provide the needed customer centered input and focus for ongoing quality improvement.

- Annual Property Survey
- Assisted Living Program Resident Satisfaction Survey
- Resident Committees: Food & Beverage, Activities/Programming, Hospitality
- Resident Council meetings
- Suggestion box
- Monthly Resident Meetings/Forums with Management
- Comment cards in the Dining Room
- Resident Request Logs for Food and Beverage items requested
- Manager on duty every weekend
- Weekly Care Plans to review Resident Service Plans and issues
- Family Care Conferences, quarterly or as needed
- Quarterly Family Nights with Assisted Living Manager, Assisted Living staff, Management, Assisted Living residents & families
- Complaint Resolution Process and forms are located in the Administrative Office; available to residents, prospective residents, families and guests to review at anytime
- Service Plans reviewed semi-annually, and as often as needed, to make sure that current staffing levels for residents' care are sufficient and in place
- Safety Committee in place to address resident and physical plant issues and to provide ongoing training and improvement to items identified
- Comprehensive Emergency Response System may include emergency pull cords, daily check-ins, central desk monitored 24 hours by the Community's staff
- Incident, Accident and Concern Reports and immediate follow-up
- Resident feedback during the Assessment/Service Plan process. Review annually to make sure residents' care needs, activity needs and interests are being met/addressed
- Monthly staff in-services and training by manager. Any staff feedback or concerns are addressed immediately at that time

**EXHIBIT E**  
**Resident Rights**

- a) *No resident shall be deprived of any rights, benefits, or privileges guaranteed by law based on their status as a resident of a facility. (Section 2-101 of the Act) (A, B)*
- b) *A resident shall be permitted to retain and use or wear his personal property in his immediate living quarters, unless deemed medically inappropriate by a physician and so documented in the resident's clinical record. (Section 2-103 of the Act)*
- c) *If clothing is provided to the resident by the facility it shall be of a proper fit. (Section 2-103 of the Act)*
- d) *The facility shall provide adequate and convenient storage space for the personal property of the resident. (Section 2-103 of the Act)*
- e) *The facility shall provide a means of safeguarding small items of value for its residents in their rooms or in any other part of the facility so long as the residents have daily access to such valuables. (Section 2-103 of the Act)*
- f) *The facility shall make reasonable efforts to prevent loss and theft of residents' property. Those efforts shall be appropriate to the particular facility and may, for example, include, but are not limited to, staff training and monitoring, labeling property, and frequent property inventories. (Section 2-103 of the Act)*
- g) *The facility shall develop procedures for investigating complaints concerning theft of residents' property and shall promptly investigate all such complaints. (Section 2-103 of the Act)*
- h) *The facility administrator shall ensure that married residents residing in the same facility be allowed to reside in the same room within the facility unless there is no room available in the facility or it is deemed medically inadvisable by the residents' attending physician and so documented in the residents' medical records. (Section 2-108(e) of the Act)*
- i) *There shall be no traffic through a resident's room to reach any other area of the building. (B)*
- j) *Children under 16 years of age who are related to employees or owners of a facility, and who are not themselves employees of the facility, shall be restricted to quarters reserved for family or employee use except during times when such children are part of a group visiting the facility as part of a planned program, or similar activity.*
- k) *A resident may refuse to perform labor for a facility. (Section 2-113 of the Act)*
- l) *A resident shall be permitted the free exercise of religion. Upon a resident's request, and if necessary at his expense, the facility administrator shall make arrangements for a resident's attendance at religious services of the resident's choice. However,*

*no religious beliefs or practices, or attendance at religious services, may be imposed upon any resident. (Section 2-109 of the Act)*

- m) All facilities shall comply with the Election Code (Ill. Rev. Stat. 1991, ch. 46, par. 1-1 et seq.) [10 ILCS 5] as it pertains to absentee voting for residents of licensed long-term care facilities.
- n) *The facility shall immediately notify the resident's next of kin, representative and physician of the resident's death or when the resident's death appears to be imminent. (Section 2-208 of the Act)*
- o) The facility shall also immediately notify the resident's family, guardian, representative, conservator and any private or public agency financially responsible for the resident's care whenever unusual circumstances such as accidents, sudden illness, disease, unexplained absences, extraordinary resident charges, billings, or related administrative matters arise. (B)
- p) *Where a resident, a resident's representative or a resident's next of kin believes that an emergency exists each of them, collectively or separately, may file a verified petition to the circuit court for the county in which the facility is located for an order placing the facility under the control of a receiver. (Section 3-503 of the Act) As used in Section 3-503 of the Act, "emergency" means a threat to the health, safety or welfare of a resident that the facility is unwilling or unable to correct. (Section 3-501 of the Act)*

**EXHIBIT F**  
**Regional Home & Community Ombudsman Contact List**

<b>COUNTIES SERVED</b>	<b>AGENCY NAME AND ADDRESS</b>	<b>TELEPHONE NUMBER</b>
CHAMPAIGN	ECIAA Long Term Care Ombudsman Program 1003 Maple Hill Road Bloomington, IL 61704	(800) 888-4456 (309) 829-2065
COOK - CITY OF CHICAGO	Chicago Department of Family & Support Services 1615 West Chicago Avenue, 3 <sup>rd</sup> Floor Chicago, IL 60622	(312) 746-6506
COOK - SUBURBAN	Legal Aid Chicago 120 South LaSalle Street, Suite 900 Chicago, IL 60603	(888) 401-8200
DUPAGE	DuPage County Department of Community Services 421 North County Farm Road Wheaton, IL 60187	(800) 942-9412 (630) 407-6500
LAKE	Legal Aid Chicago 120 South LaSalle Street, Suite 900 Chicago, IL 60603	(888) 401-8200