

NOTICE OF RIGHT TO RECEIVE A LONG-TERM CARE ASSESSMENT

Oregon law requires you to be notified of the availability of long-term care assessment services when considering admission to an Adult Foster Home, Residential Care Facility, Assisted Living Facility or non-Medicaid Nursing Facility. You may choose any option.

Such an assessment identifies your long-term care needs and provides information about care settings and services available to meet these needs. Recommendations you receive are not binding.

Contact your local Area Agency on Aging or Aging and People with Disabilities' office at _____ for resources available in your area.

I understand I have a right to request an assessment of my long-term care needs.

- Yes**, I do wish to receive information about my care options at my own expense.
- No**, I do not wish to receive information about my care options.

Name (*print*) _____

Signature _____

Date _____

Facility name: _____

Address: _____

City: _____

State: _____

Zip: _____