

LONG TERM CARE REFERRAL AGENT DISCLOSURE AND ADVISORY FORM



Registered Advisor: Bethany Lindahl, Care and Keeping, LLC

Company Name: Care and Keeping, LLC

Email: Bess@CareandKeeping.com

Telephone: 971.330.4743

Address: 12218 SW Taylor Ct., Portland, OR 97225

Website: www.CareandKeeping.com

Licensing and Compliance

Oregon has legal requirements that govern the way we operate our business and services. The Aging and Disability Resource Center (ADRC) website <https://www.oregon.gov/odhs/licensing/apd/pages/updates.aspx> is a consumer website provides local information for seniors and people with disabilities.

MANDATED DISCLOSURES

General Information for Oregon Consumers

We must provide the following disclosures to clients under Oregon law:

Our Referrals

We work with all types of licensed care providers, including independent living, adult foster homes, residential care facilities, intermediate care facilities, continuing care retirement community, memory care, assisted living, and nursing facilities. Most of the referrals we make are to providers with which we maintain an ongoing business relationship, for various lengths of time.

Fees for Our Services

Per standard practice for our industry, any fees we receive for our services to you are paid by the admitting home or facility, not by you.

Expiration/Length of Contract

We will represent you or your loved one in your search for a next home for as long as necessary or until you let us know our services are no longer required. We maintain contracts with facilities for our referral services for various lengths of time.

No Limitation on Referrals

If appropriate, we may refer to facilities whether or not we have an established business relationship with them.

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Privacy Policy

Each transition situation is unique, and the information we collect from you and your family may vary. Generally we will inquire about you or your loved one's personal preferences, health information, and financial resources. We collect from you and your family only the information we need to facilitate a placement. We may share your information on a "need to know" basis with our staff and contracted business partners, and facilities, however, we will not sell your information or add you to a mailing or email distribution list without your consent. View our full website privacy policy at <https://www.careandkeeping.com/privacy-policy>

Facility Complaint History

The Oregon Department of Human Services (ODHS) website listing complaints concerning facilities/care communities is found at: <https://ltclicensing.oregon.gov>.

SIGNATURE

I acknowledge receipt of this Disclosure form. I have read, understand, and consent to this agreement and I authorize this Referral Agent to share my placement information with the facilities to which I will be referred or with this Referral Agent's marketing affiliates.

CLIENT:

ADVISOR:

Care and Keeping, LLC

Client or Designee's Signature

Write Name: _____

Email: _____

Phone Number: _____

Date: _____

Bethany Lindahl, Owner

Bess@CareandKeeping.com

971-330-4743

Date: _____

Name of Additional Contact/Designee:

Email: _____

Phone Number: _____

Date: _____

LONG TERM CARE REFERRAL AGENT DISCLOSURE AND ADVISORY FORM



Registered Advisor: Mary Shanafelt, Care and Keeping, LLC

Company Name: Care and Keeping, LLC

Email: Mary@CareandKeeping.com

Telephone: 503.701.9496

Address: 14265 NW Whistler Ln. Portland, OR 97229

Website: www.CareandKeeping.com

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CLIENT:

ADVISOR:

Care and Keeping, LLC

Client or Designee's Signature

Write Name: _____

Email: _____

Phone Number: _____

Date: _____

Mary Shanafelt, Referral Agent

Mary@CareandKeeping.com

503.701.9496

Date: _____

Name of Additional Contact/Designee:

Email: _____

Phone Number: _____

Date: _____

LONG TERM CARE REFERRAL AGENT DISCLOSURE AND ADVISORY FORM



Registered Advisor: Emily McNulty, Care and Keeping, LLC

Company Name: Care and Keeping, LLC

Email: Emily@CareandKeeping.com

Telephone: 971.258.9449

Address: 6580 N Greenwich Ave. #12, Portland, OR 97217

Website: www.CareandKeeping.com

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CLIENT:

ADVISOR:

Care and Keeping, LLC

Client or Designee's Signature

Emily McNulty, Referral Agent

Write Name: _____

Emily@CareandKeeping.com

Email: _____

971.258.9449

Phone Number: _____

Date: _____

Date: _____

Name of Additional Contact/Designee:

Email: _____

Phone Number: _____

Date: _____