

Care Solutions LLC

Consumer Disclosure Form

Oregon law requires all long-term care referral agents conducting business in Oregon be registered with the Oregon Department of Human Services (DHS). Oregon law further mandates disclosures be made to each client. This information is provided by:

Business Name: Care Solutions LLC **Registered Advisor:** Brenda Schuh
Telephone: 503-548-7312 **Email:** Brenda@caresolutionsnw.com
Website: www.caresolutionsnw.com **Registered Advisor #: 1036**
Address: 11124 NE Halsey St. Suite 521, Portland OR, 97220

Mandated Disclosures

Description of Services to be Provided by Care Solutions

Care Solutions LLC assists clients in finding long-term care options using a system that considers the five dimensions of living: care, cost, location, social preferences, and spiritual needs. Our goal is to provide timely and comprehensive information, thoughtful support, and consideration of all your needs.

After an initial conversation, a Care Solutions LLC Advisor will typically make an appointment to meet with you. We may also gather information from your medical team, social workers, family, and other professionals. In limited circumstances, information will be gathered from you without a face to face meeting.

Once we have collected necessary information, we contact long-term care providers on your behalf to narrow down the options. We then offer you recommendations about which long-term care options are available and fit your needs. We personally accompany you to tour the communities you select. Once you have decided on a long-term care provider, we coordinate with the care staff to arrange medical evaluations. We may also coordinate with social workers and medical providers to make sure everything is in place before you arrive.

Privacy Policy

Maintaining your privacy is of utmost concern to Care Solutions LLC. The information we collect allows us to make informed referrals to long-term care providers and support services. We will only share your information with long-term care providers and support services to assist us in finding appropriate options for you. Your information will never be sold to an unrelated third party or be provided to a third party outside the scope of this disclosure. Our full privacy policy is available at <https://caresolutionsnw.com>.

Senior Living Options

Care Solutions LLC provides referrals to the following types of long-term care options:

- Independent
- Retirement Living
- Adult Foster Homes
- Assisted Living
- Residential Care Facilities
- Memory Care

Referral Fees

- Care Solutions LLC collects a referral fee from contracted long-term care providers after a client moves in.
- Care Solutions LLC has no ownership in, or bias toward a long-term care provider.
- Care Solutions LLC refers to contracted and non-contracted long-term care providers.
- Contracts with long-term care providers for your referral is good for one year from the date of our contact with the long-term care provider.
- You do not pay Care Solutions LLC for services.

Length of Contract

- This agreement will remain in effect until terminated.
- You have the right to revoke this authorization at any time. You can cancel by contacting Care Solutions LLC using the contact information at the top of this disclosure.
- Revocation may not be effective to the extent that anyone has already acted in reliance on this authorization.

Facility Complaint History

Consumers interested in reviewing the substantiated complaints about long-term care providers may visit <https://ltclicensing.oregon.gov>. This site is a government website and is not maintained by Care Solutions LLC.

By signing below, I am authorizing Care Solutions LLC to act on my behalf as outlined in this disclosure statement. I understand Care Solutions LLC will collect and distribute my information on an as needed basis. Also by signing you are acknowledging you have received a copy of the Consumer Disclosure Form.

I am authorized to sign because I am the: ___ Client ___ Client's Legal Representative
___ Family Member ___ Other: _____

My Name

Signature

Client's Name

Date of Signature