



STATE OF NEW HAMPSHIRE  
 DEPARTMENT OF HEALTH & HUMAN SERVICES  
 DIVISION OF COMMUNITY BASED CARE SERVICES  
**BUREAU OF ELDERLY & ADULT SERVICES**

Form 3540  
 01/2012

**APPENDIX A to He-E 605  
 STANDARD DISCLOSURE SUMMARY**

For an electronic form contact [beas@dhhs.state.nh.us](mailto:beas@dhhs.state.nh.us)

ADD FACILITY LOGO (optional)

**FACILITY:**

**This form is a summary. Please see the "Residential Services Agreement" for a full description of the most current costs, services, rules and policies.**

**Base Rate:** \$ \_\_\_\_\_  Monthly  Weekly  
 Deposit/Advance Payment \$ \_\_\_\_\_  
 Refundable  Non-Refundable  Partially Refundable

**SERVICES INCLUDED IN THE BASE RATE:**

**Meals: (check all that apply):** Daily number of Meals: \_\_\_\_\_

Breakfast  Lunch  Dinner  Special Diets  Snacks

**Housekeeping:**

Times per week: \_\_\_\_\_  Hours per visit: \_\_\_\_\_  Other: \_\_\_\_\_

**Laundry Services:**

Personal  Loads per week \_\_\_\_\_  Linens: \_\_\_\_\_

**Personal Assistance (provided according to the resident's plan of care):**

Bathing  Dressing  Eating  Grooming  Toileting  
 Medication Administration  Mobility  Supervision of medications  
 Supervision of residents who wander (describe): \_\_\_\_\_  
 Other: \_\_\_\_\_

**Personal Living Unit Amenities: (check all that apply) If amenities are located in common areas and shared with other residents, put "X" in the box provided.**

<input type="checkbox"/> Basic Cable TV	<input type="checkbox"/> Cable Hookup	<input type="checkbox"/> Carpeting
<input type="checkbox"/> Emergency Call System	<input type="checkbox"/> Fully furnished unit	<input type="checkbox"/> Gas/Electric/Water
<input type="checkbox"/> Local phone service	<input type="checkbox"/> Lockable door	<input type="checkbox"/> Microwave Oven
<input type="checkbox"/> Mini-refrigerator	<input type="checkbox"/> Off-site storage	<input type="checkbox"/> Pets allowed
<input type="checkbox"/> Refrigerator/freezer	<input type="checkbox"/> Shower/bathtub	<input type="checkbox"/> Stove-top burner
<input type="checkbox"/> Stove/oven	<input type="checkbox"/> Telephone hookup	<input type="checkbox"/> Toilet & sink
<input type="checkbox"/> Window treatment	<input type="checkbox"/> Internet Connection	<input type="checkbox"/> Other _____

**Staff Coverage (check all that apply):**

**“On-site hours”** means the specific period of time when staff is awake, alert and on duty at the facility location. **“On-call hours”** means a specific period of time where the staff member is not present at the facility location, but can be reached to come in to work at the facility if requested to do so by management.

- |   |                      |                      |
|---|----------------------|----------------------|
| <input type="checkbox"/> Building maintenance staff   | On-site hours: _____ | On-call hours: _____ |
| <input type="checkbox"/> Housekeeping staff           | On-site hours: _____ | On-call hours: _____ |
| <input type="checkbox"/> Licensed Nurse               | On-site hours: _____ | On-call hours: _____ |
| <input type="checkbox"/> Licensed Nursing Asst. (LNA) | On-site hours: _____ | On-call hours: _____ |
| <input type="checkbox"/> Personal care attendant      | On-site hours: _____ | On-call hours: _____ |
| <input type="checkbox"/> Other: _____                 |                      |                      |

**Transportation:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Car                                       | <input type="checkbox"/> Van/mini bus with lift     | <input type="checkbox"/> Daily                |
| <input type="checkbox"/> Scheduled route only                      | <input type="checkbox"/> Unscheduled/on call        | <input type="checkbox"/> Times per week _____ |
| <input type="checkbox"/> Resident parking available                | <input type="checkbox"/> Mileage limitations: _____ |   |
| <input type="checkbox"/> Geographic limitations (specify): _____   |   |   |
| <input type="checkbox"/> Available destination (if limited): _____ |   |   |

**Recreation and Leisure (indicate activity and schedule):**

Please note that this section includes activities provided at the facility free of charge, but does not include elective outing outside the facility (for example, going out to lunch or to a concert). Such elective outings will be at the resident’s own expense unless otherwise specified by the facility.

\_\_\_\_\_

**Other Services Included in Base Rate:** \_\_\_\_\_

**Services not included in Base Rate, but available for an extra charge.**

Please include cost and unit of service. You may attach a separate sheet if additional space is needed. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Regulatory Oversight** (Please check if applicable):

- Licensed/Certified Health Facility (RSA 151) Type: \_\_\_\_\_
- Other \_\_\_\_\_

**Additional Comments (if any) by Facility:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Prospective Resident**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Facility Staff Completing Form**

\_\_\_\_\_  
**Date**



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Form 3540(i)  
01/2012

**Instructions For Completing Form 3540, "Standard Disclosure Summary"**

**PURPOSE**

Form 3540 is completed in accordance with RSA 161-J and He-E 605, the rule adopted by the Bureau of Elderly and Adult Services on the Standard Disclosure Summary. Form 3540 enables prospective residents of assisted living facilities, independent living retirement communities or other housing for older persons to make informed choices about residential services and costs.

Form 3540 is a summary only. A full description of the most current costs, services, rules and policies pertaining to the assisted living facility, independent living retirement community or other housing for older persons is contained in the Residential Services Agreement required under RSA 161-J.

**FORM COMPLETION**

Form 3540 is completed with the prospective resident by the staff member from the assisted living facility, independent living retirement community or other housing for older persons. The staff member enters the base rate (monthly or weekly) that is charged, and then reviews with the prospective resident the services listed on Form 3540, indicating which services are provided. The facility staff member signs the form in the space provided and gives it to the prospective resident for his/her review. If the prospective resident decides to pursue admission to the facility, he/she needs to sign Form 3540 when the Residential Services Agreement is completed.

**RETENTION**

A copy of the completed Form 3540 is given to the prospective resident and a copy is retained by the assisted living facility, independent living retirement community or other housing for older persons.

He-E 605.04 Completion of the Standard Disclosure Summary.  
Adopted Rule Effective 1/1/12

(a) Each resident, prospective resident or his/her representative shall be given a standard disclosure summary by the residence in accordance with RSA 161-J: 4 prior to beginning residency in an assisted living residence, independent living retirement community, or other housing for older persons.

(b) Residences and independent living retirement communities shall utilize Form 3540 entitled "Standard Disclosure Summary" (January 2012) provided by the department in accordance with RSA 161-J: 4, II(j), and:

(1) The Standard Disclosure Summary form shall be the cover sheet for the residential services agreement described in RSA 161-J: 4(j); and

(2) No alteration or amendment shall be made to the content of the Standard Disclosure Summary form with the exception of the insertion of the logo of the residence.