



# Mt. Hood Senior Solutions, LLC

## Long Term Care Referral Agent Disclosure and Advisory Form

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### Agent Business Information

**Business Name:** Mt. Hood Senior Solutions, LLC  
**Address:** 376 NE 219<sup>th</sup> Ave, Gresham OR 97030  
**Telephone:** 971-400-7030  
**Agent Advisor:** Cathy Fallon-Weeg  
**Email:** [Cathy@mthoodseniorsolutions.com](mailto:Cathy@mthoodseniorsolutions.com) **Web:** [www.mthoodseniorsolutions.com](http://www.mthoodseniorsolutions.com)

### General Information for Oregon Consumers

Oregon law requires all long-term senior care living agents to be registered with the Department of Human Services (DHS). The law also mandates the following disclosures to clients. These disclosures will be written in a conspicuous and clear manner. The disclosure may be made orally first if the agent makes an audio recording with your consent and thereafter provides a written disclosure.

### Mandated Disclosures

Description of Services to be provided by Mt. Hood Senior Solutions, LLC agent:

- Mt. Hood Senior Solutions, LLC agent serve you and/or your designate(s) needing or seeking information on available long- term care support options. The type of referral(s) being provided to you includes the following:
  - Adult Foster Home
  - Medicaid Contracted
  - Contracted
  - Assisted Living Facility
  - Independent Living
  - Non-Contracted
  - Residential Care Facility
  - Memory Care
  - Intermediate Care Facility

Referral Fees/Payment:

- Any fees paid to Mt. Hood Senior Solutions LLC will be paid by the admitting home/facility. Mt Hood Senior Solutions LLC has NO ownership interest in any care

provider business as required by law. Mt. Hood Senior Solutions LLC is an Oregon-registered business in good standing.

#### Privacy Policy Regarding Client Information:

- Clients understand and acknowledge that each transition situation is different and unique. Your personal information will never be sold for any reason. During our client inquiry process, we will ask you for pertinent health information, your preferences and your available financial resources. At no time will we ask for any banking, investment statements or account numbers. We collect only the necessary information required to make our professional referrals. A copy of our full policy is attached.

#### Length of contract:

- Mt. Hood Senior Solutions LLC's right to a referral fee lasts anywhere from six months to an indeterminate duration from the time of the referral to the time of a client's move in to a referred facility, depending on the terms of the contract with the facility.
  - The agent must discontinue services to you if you notify the agent in writing that you no longer wish to use services of the agent.
  - If the agent has received compensation from a facility for a referral that has been made, you may notify the agent in writing that you wish to use the services of another agent in the future for referral to another facility in a subsequent move. Your notice shall identify the name of the facility and the move in-in date of the original referral made by the agent.

#### Limitations on Referrals:

- Mt. Hood Senior Solutions LLC will contact prospective facilities and arrange for a time for a tour. This will include options that we are contracted with. Appropriate non-contracted options may also be identified for pursuit on your own.

#### Facility Complaint History:

- Consumers interested in reviewing the substantiated complaints on any given facility may visit: <https://ltclicensing.oregon.gov/Facilities>

**By signing below, I acknowledge I am the client designate authorized to receive this disclosure document. Concurrently, I authorize the sharing of personal client information as may be required to find satisfactory accommodations and support services.**

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\_\_\_\_\_  
Receiving Individual – Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Receiving Individual – Printed Name

\_\_\_\_\_  
Agent Advisor--Signature

\_\_\_\_\_  
Date