

## Consumer Disclosure and Advisory form

# Advisor/Agency Business Information

Business Name: Willamette Valley Resources and Referrals

Established: January 2018

 Address:
 1623 21\* St, Springfield OR 97477

 Telephone:
 541-606-6025 / 541-321-1399

 Web:
 www.WillametteValleyRR.com

 Registered Agents:
 Lauren Berry & Keeley Crowson

 Email:
 WillametteValleyRR@gmail.com

Last Update: July 1, 2018

#### **General Information for Oregon Consumers**

Oregon law requires all long-term care senior living advisors conducting business in Oregon be registered with the Department of Human Services (DHS). The law also mandates certain disclosure and advisories be made by each advisor/agency. Accordingly, we disclose and advise the following:

#### **Disclosures & Advisories**

## Description of WVRR Advisor Services to be Provided:

Advisors at WVRR will assist you and/or your designate(s) throughout the entire process of seeking available long-term support services. Our services promise to be as in-depth and comprehensive as possible. We are partnered with all levels of state licensed, in-home and facility-based care providers. When necessary, we will assist you in facilitating outside professional services such as legal, financial, insurance, tax accounting, real estate, home repair, moving assistance, etc. When appropriate, we will make available all options of various state and federally-sponsored financial support programs such as Medicaid and the benefits offered to American Veterans and their spouses.

Our principle purpose is to educate, simplify,, mentor, and support. We will not place you with any services or communities without your absolute voluntary consent. Our job is to eliminate the stress and confusion that comes with difficult life transitions along with saving you time and money. We are here to provide you and/or your designate(s) with the information and support needed to make the most efficient and safe decisions.

# Privacy Policy:

We want Our clients to perceive and retain that every transition situation is different and unique. We guarantee to maintain your privacy only by sharing personal information on a "need to know" basis only. During our client questionnaire process, we will ask you for aplicable health information, your preferences and your accessible financial resources. At no time will we ask you for any banking and investment account numbers. We collect only the necessary information needed to make professional referrals.

Advisory: Advisors may not share or sell your personal and/or placement information to anyone or any organization without written approval from your designate.

# Length of Contract:

No client-advisor contract is established herein. We serve solely at your discretion. WVRR will represent you and/or your designate(s) for as long as necessary or until further notified our services are no longer required.

Advisory: Advisors may not continue contacting you and/or your designate(s) after being asked, in writing, to cease and desist contact.

## Referral Fees:

There is no charge to you and/or your designate(s) for our advisory services. We are compensated by the providers we serve. WVRR is a state-registered Oregon business in good standing. Each WVRR advisor is registered with Oregon's Department of Human Services as required by law.

Advisory: Admitting providers are prohibited from charging the client extra for using advisor services.

Limitations on Referrals: None.

# Facility Ownership Interests: None

Advisory: Oregon state laws prohibits advisors (or their immediate) family members) from having any ownership interest in the agencies and/or care facilities they represent.

Facility's Complaint History: Interested consumers may visit <a href="https://ltclicensing.oregon.gov">https://ltclicensing.oregon.gov</a>

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

	Receiving Individual - Signature	
WILLAMETTE VALLEY Resources & Referrals 220	Receiving Individual - Printed Name	Date
	Willamette Valley Resources & Referrals LLC	Date