

RESPITE STAY ADDENDUM

THIS RESPITE STAY ADDENDUM (this "Addendum") is entered into as of this _____ day of _____, 20____, by and between: (i) **FACILITY** and (ii) ("you" or "Resident").

WHEREAS, the Resident desires to reside at the FACILITY for a temporary respite stay (the "Respite Stay"); and WHEREAS, the Resident and the FACILITY have entered into a Residency Agreement dated ,20__ (the "Residency Agreement"), as amended herein.

NOW THEREFORE, the Resident and the FACILITY agree as follows:

- 1. Article IV.A. of the Residency Agreement is hereby amended as follows: Resident shall reside at the FACILITY for the period commencing on _____, 20____ and terminating no later than _____, 20____.
- 2. The Move-in Fee referred to in Article III.B. of the Residency Agreement shall be waived during the Resident's Respite Stay.
- 3. **Respite Stay Daily Fee.** During the Respite Stay, the Resident shall pay a daily fee in the amount of \$_____ (the "Respite Stay Daily Fee").
- 4. In the event that Resident becomes a permanent resident of the FACILITY, Resident shall be responsible for payment of the Move-in Fee upon the first day of such permanent residency. A portion of the Respite Stay Daily Fee, in the amount of \$ _____, is referred to as the Respite Premium Fee. Resident's Move-In Fee shall be credited by the amount of the Respite Premium Fee paid over the course of the Respite stay, up to the full amount of the Move-in Fee. For example, if the Resident pays a Respite Premium Fee of \$25.00 to the standard room rate for a Respite Stay of 10 days, the Resident will receive a Respite Premium credit of \$250 towards the Move-in Fee.
- 5. Except as modified herein, all of the other terms and conditions of the Residency Agreement remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Addendum effective as of the date first written above.

Signature Administrator

Responsible Party

Print Name:_____

Resident Name # 1

Resident Name # 2