



ELM CREST MANOR

100 Elm Ave.

NEW SALEM, NORTH DAKOTA 58563
(701) 843-7526 FAX # (701) 843-8376
Providing Quality Skilled Care Since 1969

Effective January 1, 2026

Dear Prospective Tenant &/or Family Member:

Thank you for your interest in the Elm Crest Assisted Living Apts. I have enclosed the application together with several informational sheets. **Please complete the Application and the Resuscitation forms** and return to our administrator, Carrie Zazeski for immediate review or to be placed on our waiting list. Keep the rest for your information and review.

Some points of interest include:

- **The noon meal** will be provided at the Elm Crest Manor Assisted Living Dining Room.
- The Proprietor pays all utilities and cable TV. Laundry services are available on each floor. New apartments have washer/dryer hook-ups. You may contract for a fee someone to do laundry, together with light housekeeping and other miscellaneous tasks. ½ hour of housekeeping per week is provided.
- On-site nursing services available at an additional cost, together with aide services.
- Scheduled transportation for independent shopping and outings locally may be contracted.
- Transportation to medical appointments to Bismarck-Mandan is \$50.00 per round trip.
- The monthly costs are as follows:
- In the older addition a 1 bedroom apt is 1,475.00 and a 2 bedroom apt is \$1,775.00.
- In the new addition a 1 bedroom apt is \$1,800.00 and a 2 bedroom apt is \$2,100.00
- For each additional person in the apartment there is a \$150.00 per month charge.
- A one-time \$300.00 security deposit is also required.
- 24-hour on call emergency staff.

Please feel free to call if you have any other questions or concerns.

Yours truly,

Rita Schulz, LBSW

ELM CREST ASSISTED LIVING UNITS309 2nd St. N., New Salem, ND 58563

Telephone # (701) 843-7526 Fax # (701) 843-8376

APPLICATION FOR ADMISSION

All information will be held in strict confidence.

DATE RECEIVED: _____

Please circle your choice: 1 BEDROOM or 2 BEDROOMS

1. **APPLICANT:** _____
Last First Middle
2. **CURRENT ADDRESS:** _____
Street City State Zip
3. **TELEPHONE #** _____ **EMAIL ADDRESS:** _____
4. **BIRTH DATE:** _____ **Age** _____ **MALE FEMALE** (circle one)
5. **Citizen of USA:** ____ Yes ____ No **BIRTHPLACE:** _____

FAMILY:

6. (Circle one): Married Widowed Divorced Separated Never Married

SPOUSE: _____
Last First Middle
Date of Marriage: _____ **Town & State:** _____

7. **FORMER OCCUPATION:** _____
You Spouse
Military Service: _____ **Years of Education:** _____

8. **List Children (Living) with Address & Telephone #**

9. **List Brothers & Sisters (living) with Address & Telephone #**

10. **Father's Name:** _____ **Mother's Maiden Name:** _____

11. **Persons to be notified in case of emergency (List two)**

Name Relationship

Full Mailing Address Telephone Numbers (Home, Work and Cell)

Name Relationship

Full Mailing Address Telephone Numbers (Home, Work and Cell)

*Do you have legal paperwork for any of the above named emergency contact people? (Durable Power of Attorney, etc.) If so please place a * next to their name(s).* continued...

RELIGIOUS BACKGROUND:

12. Church Affiliation: _____ Pastor: _____

Name of Church you attended: _____

ACTIVITIES AND INTERESTS:

13. To which social, civic, professional, or church organizations do you belong?

14. Please list any interests/hobbies that you have: _____

15. Do you plan to have an automobile here? ____ YES ____ NO

MEDICAL INFORMATION:

16. Social Security # _____ - _____ - _____

Medicare # _____

Medicare Part D (Plan name & #) _____

Medical Assistance # _____ and effective date _____

VA# _____ Other Insurance & # _____

17. Physician: _____ Phone # _____

18. Dentist: _____ Phone # _____

19. Clinic: _____

20. Hospital: _____

21. Eye Doctor: _____ Phone # _____

22. Pharmacy: _____ Phone # _____

23. Funeral Home Preference: _____
Name and Phone # _____

FINANCIAL INFORMATION:

24. Person Responsible for payment: _____

25. Total monthly income: _____

26. Annual income: _____

27. Have you applied for Medical Assistance or will you in the near future?
____ YES ____ NO

28. Do you have Nursing Home or Assisted Living Insurance? ____ Yes ____ No

If yes:

Name: _____

Policy # _____

Telephone # _____

(continued)...

MEDICAL HISTORY:

29. Medical Doctor Name: _____
30. Date Last Seen: _____
31. Diagnosis: _____

32. Significant Surgical Procedures: _____

33. Infections or Communicable Diseases: _____
34. When did you last receive the following shots?
FLU _____ PNEUMONIA _____ TETANUS _____ SHINGLES _____
Would you like an annual Flu Shot? YES _____ NO _____
35. MEDICATIONS: (Drugs, dose, route, scheduled time, etc.)

36. Able to Self Medicate: (Check one):
_____ Capable _____ Supervision Only _____ Dependent
37. ALLERGIES: _____
38. ALL DIETS ARE REGULAR:
Any other diet concerns? _____
39. ASSISTED LIVING APTS. ARE SMOKE FREE. _____
40. DOES APPLICANT USE/ABUSE OF ANY OF THE FOLLOWING:
Alcohol: _____ (amount/type)
Smoking/Tobacco Products: _____ (amount/type)
Drugs/Substance Abuse: _____ (amount/type)
Ever Been Arrested: (explain) _____
41. Is this person authorized to make his/her own medical decisions?
_____ Yes _____ No
42. Is applicant: Alert Confused Forgetful Depressed Wanderer
43. Does applicant need assistance with any of the following: (check all that apply):
To get in and out of bed _____ to dress/undress _____
with medications _____ with bathing/shower _____
with walking _____ uses: cane walker wheelchair other _____
with eating _____ other special cares: _____
any special equipment needed: _____

SIGNATURE: _____ **DATE:** _____

Person to contact regarding this application: (Name, address, phone and relationship):

ELM CREST ASSISTED LIVING APT. CHARGES FOR ADDITIONAL SERVICES:

HOME ASSISTANCE is available to assist you with any personal cares or exercises that have been given to you by your doctor. However, aides or nurses are only able to stay on an average of one-half hour, or as long as it takes to complete your cares. Aides are licenses and registered in North Dakota. The cost for a home assistance aide or nurse is as follows:

- \$30.00** per hour for Licensed Nurse (\$7.50 per 15 minute mod) and services may include medication setup, injectable medications, or foot care)
- \$10.00** for Protimes and Pacemaker Checks
- \$22.00** per hour for a Personal Care Attendant (\$5.50 per 15 minute mod) Services may include medication reminders, baths, transfers, escorts, laundry, housekeeping or shopping etc.,
- \$50.00** fee for Van Transportation (for all medical appointments) in Bismarck/Mandan only.

CHARGES FOR ADD'L SERVICES
Revised Dec-25

ELM CREST MANOR ASSISTED LIVING RESUSCITATION FORM

_____ RESUSCITATE

_____ DO NOT RESUSCITATE

_____ DATE

_____ SIGNATURE OF TENANT OR RESPONSIBLE PARTY

_____ DATE

_____ SIGNATURE OF WITNESS

NOTE: PLEASE PROVIDE US WITH A COPY OF YOUR LEGAL PAPERWORK
(DURABLE POWER OF ATTORNEY- HEALTH CARE DIRECTIVE; LIVING WILL; FIVE
WISHES; CONSERVATORSHIP; GUARDIANSHIP OR DURABLE POWER OF
ATTORNEY - FINANCIAL, ETC.)

Elm Crest Manor Activities

- Mondays:** 10:45: Devotions in the Great Room
2:00: Balloon Volleyball
3:15: Shut the box
Resident council on every 2nd Monday of the month 10:45 in the Great Room. Food council 2nd Monday at 1:45 in Great Room
6:30 Catch
- Tuesdays:** 10:45: Physical game activity (horse shoes) in the Great Room
2:00: Kick ball exercise
3:15: Bingo in the Great Room
6:30 Catch
- Wednesday:** 10:30: Pastor Heide church service every other Wednesday
10:45: Bowling
2:00: Exercise activity (Sit N' B' Fit) in the Great Room
3:15: Card Bingo in the Great Room
6:30 Catch
- Thursdays:** Hairdressing all morning
2:00 pamper yourself alternating with (Rhythm Band, Musical Hats)
3:15: Bingo
6:30 Catch
- Friday:** 10:00 Catholic communion service in chapel
10:45 Devotions
1:00-3:00: Cozy cow
2:00: Ring toss
3:15 Crafts and trivia in sunroom
6:30 Catch
- Saturday:** 10:45: Bingo
1:00-3:00: Cozy cow 1-3 craft room
2:00: Balloon volleyball
3:15: Card Bingo
6:00 Catch
- Sunday:** 9:00am: Peace church televised on channel 99
8:30: Zion Lutheran service on radio on 98.1
1:00-3:00: Cozy cow
2:00: Reminisce
3:30 Devotions Visiting Ministers/entertainment when able
6:30 Catch

Elm Crest Assisted Living Activities

- Monday:** 10:30: Bingo
Every second Monday at 1:30 Food council meeting followed by Monthly meeting
- Wednesday:** 10:30 In person service in elm crest manor chapel every other Wednesday
- Friday:** 10:00 Catholic communion service in Elm Crest Manor Chapel
2:30: Bingo *subject to change see Activity board in dining room daily
3:00: Sit N' B' Fit Exercise *subject to change see Activity board in dining room daily

ELM CREST ASSISTED LIVING APARTMENT HANDBOOK

Welcome to the Elm Crest Assisted Living Apartments! This handbook is designed to help answer any questions you may have. Please take time to read.

COMPLEX INFORMATION

This Senior Assisted Living Center, located in New Salem, ND, is made up of 1 and 2 bedroom apartments of which all tenants must be 60 years of age or older.

To provide the quiet enjoyment of your apartment we ask that there be no noise in the halls after 9:00 PM and before 6:00 AM. This is a "NO SMOKING" facility. Easily accessible, private indoor mailboxes are provided. Convenient parking is available to all tenants. All utilities are paid by the proprietor together with the cable television. Phone service installation and services are the tenants' responsibility. Fully equipped Activity/Family room for private meetings with family and friends is available. Check the calendar for availability. An exciting activities program features social, cultural, spiritual and recreational activities for those who wish to participate both at Elm Crest Manor and in the Assisted Living Apartments. Scheduled transportation to doctor or medical appointments will have a \$50.00 charge. Each apartment is carpeted and provided with window coverings, smoke detectors, safety bars and a specially designed emergency response system.

EMERGENCY

We kindly ask that you please leave a note on the outside of your door if you are out as in an emergency a staff person will go looking for you in your apartment and if you are not there this will help move the process along smoother and not put anyone in unnecessary harms way. In case of a fire please remain in your apartment until you are giving information from a staff member as to where the nearest safest exit would be. When outside, please meet by the front entrance of the apartment building for further instructions and when you may return to your apartment. In other emergencies such as a tornado warning, please leave your apartment as quickly as possible and go to the Elm Tree Lounge and do not lock

your door. This room is an interior, windowless room with emergency lighting for this purpose. A staff member will then check your apartment to make sure you have left.

GARBAGE

Garbage pick-up is scheduled for every Tuesday and Friday. Please have your garbage by your door in the hallway by 8:00 AM and we will put it outside. You need to supply your own garbage can liners for your apartment. We will provide one small and one large fire-proof can. No flammable wastebaskets (wicker, plastic, etc.) may be used. Only metal ones or the fire-proof ones are allowed.

MEALS

One noon meal each day is provided with the apartment rent, however, other meals may be purchased. We offer many diets and you may visit with the Dietary Manager regarding yours. Weekly menus will be provided and are subject to change. All noon meals should be eaten in the Assisted Living Dining Room. If a tenant has a spouse living in the nursing home than that person may eat meals in the nursing home with their loved one. If meals are delivered to your apartment there will be a fee. If contracted for an extra meal or two (breakfast/ supper) you need to let our kitchen know if you are not going to be here or they will be charged to you. You may have up to 4 guests at the meals with a 24 hour notice to the kitchen. The price per guest meal is \$5.00 per meal and for each person. Holiday meals are \$10.00 per meal per guest. You may come for our coffee/snacks without any additional charge.

LAUNDRY ROOM

There is free use of the laundry room or you may contract for someone to do your laundry. However, you need to provide for your own soap, bleach, fabric softener, etc. Please keep the laundry room for tenant use only. Please no outside laundry.

WHAT TO BRING

For your convenience we have provided a list of items you will need to bring when you move into your apartment on our complex. The only thing you will need to make arrangements for aside from the furniture and personal items is your telephone.

BEDDING

- *Mattress Pad
- *Sheets (2 sets)
- *Blankets
- *Pillow
- *Bedspread
- *Plastic Mattress Cover

MISCELLANEOUS

- *Pictures
- *Personal Articles
- *Clothing
- *Pens & Pencils
- *Stationary/Stamps
- *Microwave
- *Calendar
- * Comb & Brush
- *Clock & Radio
- *Surge Protector (if needed)
- *Own household good (tissues, toilet paper, Cleaning supplies, broom, dustpan, plunger, Laundry supplies, garbage bags, etc.)

BATHROOM

- *Rug (for bath time)
- *Shower Curtain/Liner
- *Towels
- *Washcloths
- *Soap & Soap Dish
- *Personal Toiletries
- *Laundry Basket
- *Drinking Glasses

FURNITURE

- *Bed
- *Nightstand
- *Table & Chairs, Desk
- *TV
- *Dresser
- *Lamp
- *Recliner and/or small sofa, or loveseat

Stove and Refrigerator will be provided

NOT ALLOWED:

- *Heating Pads
- *Halogen Lamps
- *Hot Plates
- *Throw rugs
- *Electric Blankets
- *Candles
- * No pets of any kind

*No flammable wastebaskets (i.e. wicker, plastic, etc.) are allowed. We do provide flame retardant wastebaskets (one large and one small) in each apartment.

NOTE: When hanging pictures: small nails only- no adhesives on the walls or countertops. For larger items please contact our Maintenance Department for assistance.

We strongly discourage coffee tables being placed in the middle of living rooms as this is known to be a fall or tripping hazard.

Any questions, please feel free to contact Mary or the Administrator, Carrie Zazeski, at **701-843-7526**.

Thank you for your cooperation!