

## SPECIAL NEEDS ASSISTED LIVING RESIDENCE

### ADDENDUM TO RESIDENCY AGREEMENT

This is an addendum to a Residency Agreement made between \_\_\_\_\_  
(the "Operator"), \_\_\_\_\_, (the "Resident" or "You"),  
\_\_\_\_\_, (the "Resident's Representative") and  
\_\_\_\_\_, (the "Resident's Legal Representative").  
Such Residency Agreement is dated \_\_\_\_\_.

This addendum adds new sections and amends, if any, only the sections specified in this addendum. All other provisions of the Residency Agreement shall remain in effect, unless otherwise amended in accordance with this Agreement. This addendum must be attached to the Residency Agreement between the parties.

#### I. Special Needs Assisted Living Certification

The Operator is currently certified by the New York State Department of Health to provide Special Needs Assisted Living at \_\_\_\_\_ (Name of Residence)  
located at \_\_\_\_\_ (Address).

#### II. Request for and Acceptance of Admission

You or Your Resident Representative or Legal Representative have requested that You become a Resident at this Special Needs Assisted Living Residence (the "Residence") and the Operator has accepted such request.

#### III. Specialized Programs, Staff Qualifications and Environmental Modifications

Attached as Exhibit SN #1 and made a part of this Agreement is a written description of:

- Specialized services to be provided in the Special Needs Residence;
- Staffing levels
- Staff education and training and work experience, and professional affiliations or special characteristics relevant to serving persons with specific special needs;
- Any environmental modifications that have been made to protect the health, safety and welfare of Residents.

#### IV. Addendum Agreement Authorization

We, the undersigned, have read this Addendum Agreement, have received a duplicate copy thereof, and agree to abide by the terms and conditions therein.

Dated: \_\_\_\_\_

(Signature of Resident)

The Shores at Peconic Landing Assisted Living Residence

APPROVED  
BY NYS Department of Health  
5-19-16 (date)  
le (project manager)

Dated: \_\_\_\_\_

*(Signature of Resident's Representative)*

Dated: \_\_\_\_\_

*(Signature of Resident's Legal Representative)*

Dated: \_\_\_\_\_

*(Signature of Operator or Operator's Representative)*

The Shores at Peconic Landing Assisted Living Residence

APPROVED  
BY NYS Department of Health  
5-19-16 (date)  
lo (project manager)