

**WHEFA CREDIT ASSESSMENT PROGRAM
APPLICATION FOR LONG TERM CARE INSTITUTIONS**

Name of Institution _____

Address _____

Contact Name _____

Title _____

Phone / Fax Number _____

E-Mail Address _____

WEB Site Address _____

If you are contemplating a capital project in the near future, please provide a brief summary including:
Project description, estimated cost of the project, anticipated borrowing amounts.
(Please provide attachment of project if necessary as Exhibit A)

1. REVENUE SOURCES

In the space below, please provide the past three fiscal year's payor mix for each category as a percentage of gross revenues. Also provide the current YTD payor mix statistics.

<u>Payor</u>	<u>Most Recent YTD</u> As of _____	<u>Fiscal Year</u> 200__	<u>Fiscal Year</u> _____	<u>Fiscal Year</u> _____
<u>Medicare</u>	_____ %	_____ %	_____ %	_____ %
<u>Medicaid</u>	_____ %	_____ %	_____ %	_____ %
<u>Private Pay</u>	_____ %	_____ %	_____ %	_____ %
<u>Other</u>	_____ %	_____ %	_____ %	_____ %

2. BASIC AND OPTIONAL SERVICES

Please provide a brief description of the basic and optional services provided at the Institution. *(Please attach as Exhibit 1)*

3. UNIT DESCRIPTION

a) In the space provided, list the facility type, number of units and fees at the Institution. *(Please attach further detail if necessary as Exhibit 2)*

<u>Facility Type</u> (i.e. independent living, assisted living, CBRF, or skilled care)	<u>Number of Units</u>	<u>Entrance Fee</u>	<u>Monthly Fee</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

b) Give a brief description of any residency and/or lease agreement with the residents of the Institution. *(Please attach description as Exhibit 2b)*

4. STAFFING

Provide a brief breakdown of the staff providing care and services at the Institution. Detail any union activity present at the Institution by noting the number of unionized employees, who represents them, the term of the current contract(s) and a history of any work stoppages which may have occurred. *(Please attach description as Exhibit 3)*

5. OCCUPANCY

Please provide the occupancy rates for each facility at the Institution for the three most recent fiscal years. Also provide the most recent year-to-date rates.

<u>Name of Facility / Type of Facility</u>	Most Recent YTD As of _____	Fiscal Year 200__	Fiscal Year _____	Fiscal Year _____
_____	_____ %	_____ %	_____ %	_____ %
_____	_____ %	_____ %	_____ %	_____ %
_____	_____ %	_____ %	_____ %	_____ %
_____	_____ %	_____ %	_____ %	_____ %

6. SERVICE AREA

a) In the space provided, describe the primary service area of the Institution, including the name of the county or counties in which the primary service area is situated and the population of the service area in 2000 and estimated today. In addition, please provide the demographic data requested.

<u>County</u>	<u>2000 Census Population</u>	<u>Estimated Population Today</u>	<u>Current Population Age 65 and Older</u>	<u>Current Population Age 75 and Older</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

b) For each county listed above provide a listing of the five largest employers including name, location, product or services provided, and number of local employees. *(Please attach as Exhibit 4)*

c) In the space provided, indicate the percentage of the residents that originated from within the primary service area.

<u>Resident Origin</u>	<u>Number of Residents</u>	<u>Percentage of Total</u>
Primary service area	_____	_____ %
Other Wisconsin	_____	_____ %
Outside Wisconsin	_____	_____ %

d) Unemployment statistics. Please list the indicated unemployment statistics.

	Current	Year End – Last Year	Year End – 2 Years Ago
Primary Service Area	_____	_____	_____

e) Provide any other pertinent information on the service area.
(Please attach as Exhibit 5)

7. COMPARABLE COMPETITORS IN SERVICE AREA

Comparable facilities are considered to be facilities that offer similar services and amenities within the same general geographic region as the Institution, and which compete for similar age and income qualified residents. Please provide the following information concerning these facilities.

Name and Location of <u>Competitor</u>	Distance in Miles from <u>Institution</u>	Unit <u>Configuration</u>	Entrance Fee / <u>Monthly Fee</u>	Current Occupancy <u>Rate</u>
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %

8. MANAGEMENT

Please provide *(as Exhibit 6)* resumes or biographies of the Institution's management team.

9. CREDIT RATING

If the Institution has currently outstanding rated debt, please provide the names of the rating agencies, the rating given, the debt issue the rating is associated with and the date the rating was given. *(Please attach as Exhibit 7)*

10. CAPITAL EXPANSION PROGRAMS

Describe briefly any major capital acquisition or expansion plans to be undertaken by the Institution within the next three years which have been approved or are under consideration by the Institution or a committee thereof (include description of costs, additional beds and services, method of financing, and year(s) in which program will be undertaken).

(Please attach as Exhibit 8)

11. INSURANCE

Please indicate the levels of insurance coverage maintained by the Institution with respect to the following categories of insurance. Please indicate if any of the insurance listed is maintained on a self-insured basis.

	<u>Coverage Amount</u>	<u>Self-Insurance</u>	
		<u>Yes</u>	<u>No</u>
Fire & Hazard	_____	_____	_____
General Liability	_____	_____	_____
Medical Malpractice	_____	_____	_____
Worker's Compensation	_____	_____	_____
Business Interruption	_____	_____	_____
Special Disaster (flood, etc.)	_____	_____	_____

12. LITIGATION

Is there any litigation threatened or pending, in which the Institution is or may be a defendant and in which the Institution's potential liability, either individually or collectively, could exceed the Institution's insurance coverage with respect to such liability or liabilities?

Yes_____ No_____

If the answer is "yes", please attach a brief explanation to this application. *(as Exhibit 9)*

13. SECURITY

Has the Institution granted a security interest against any of its Properties, Gross Revenues or Patient Accounts Receivable? Yes_____ No_____

If yes, please describe. *(and attach as Exhibit 10)*

14. DOCUMENTS & INFORMATION TO BE ATTACHED TO APPLICATION

The following documents and information are to be attached to this application and submitted to WHEFA.

- a) Complete audited financial statements of the Institution for the past three fiscal years.
- b) The Institution's most recent year-to-date unaudited financial statements. These should include Balance Sheets and Income Statements along with comparative results for the preceding year.

- c) If the Institution has a currently outstanding bond issue, please enclose a copy of the Official Statement or Private Placement Memorandum.
- d) Photograph of Institution's facility.
- e) If the Institution is affiliated with other entities, please provide a corporate organizational chart or a listing of such affiliates.
- f) Board of Directors of Institution (include occupation)
- g) Institution's Mission Statement
- h) Organization Bylaws
- i) Organization's Corporate Charter
- j) IRS Notification of Tax Status
- k) Institution literature including -
 - Annual Report
 - Newsletter
 - Program Brochures
 - Fundraising Literature