

Welcome to Cohen-Rosen House

INNOVATIVE MEMORY CARE

Our innovative memory care residence at Cohen-Rosen House combines a nationally recognized design with a household model approach to help residents maintain a meaningful and enjoyable quality of life.

Cohen-Rosen House provides a safe, serene, and caring home for individuals living with Alzheimer's disease or other dementia-related disorders. Residents experience the benefits of a unique setting where private accommodations, creative programming, and personal solutions shape each day.

Each daily experience is designed to maintain important connections in life — family, faith and values, caregivers and neighbors, the natural environment, comfort, and security.



COHEN-ROSEN HOUSE HIGHLIGHTS

- » Physician services available
- » On-site licensed nurse 24/7
- » BCAT® Cognitive Center of Excellence
- » Award-winning community design
- » LEED Silver certification
- » Individualized person-centered engagement
- » A full suite of services on campus including our top-ranked Post-Acute Care Center
- » Religious services and spiritual care are available to residents of all faiths



SCAN TO
LEARN MORE

COHEN-ROSEN HOUSE

A Day Designed Around You

The homelike environment focuses on the needs and desires of the whole person: social, emotional, spiritual, physical and intellectual. Residents can enjoy the tranquil garden, visit with family in the light-filled great room or just relax on the couch with a good book.

Programs are individualized for each of our residents and a typical day might include:

MORNINGS

- » Gardening
- » Brain fitness
- » Creative arts
- » Scenic drives
- » Wellness exercises
- » Museum outings

AFTERNOONS

- » Art studio session with our Creative Engagement Coordinator
- » Violin recital
- » Bingo
- » Baking
- » Social gatherings
- » Piano performance

EVENINGS

- » Evening movie

AT YOUR LEISURE

- » Music room
- » Four seasons room
- » Quiet room
- » Garden courtyard
- » Computer/technology center
- » Kitchen

DAILY MENU SAMPLE

— Certified Kosher Dining Options —

BREAKFAST MENU

- » Choice of juices, breads, and cereals
- » Oatmeal
- » Fruit
- » Scrambled eggs with vegetables

LUNCH MENU

- » BBQ beef sandwich
- » Sweet potato wedges
- » Green beans and carrots
- » Tuna fish salad plate
- » Chicken salad on croissant
- » Apple-cranberry crisp

DINNER MENU

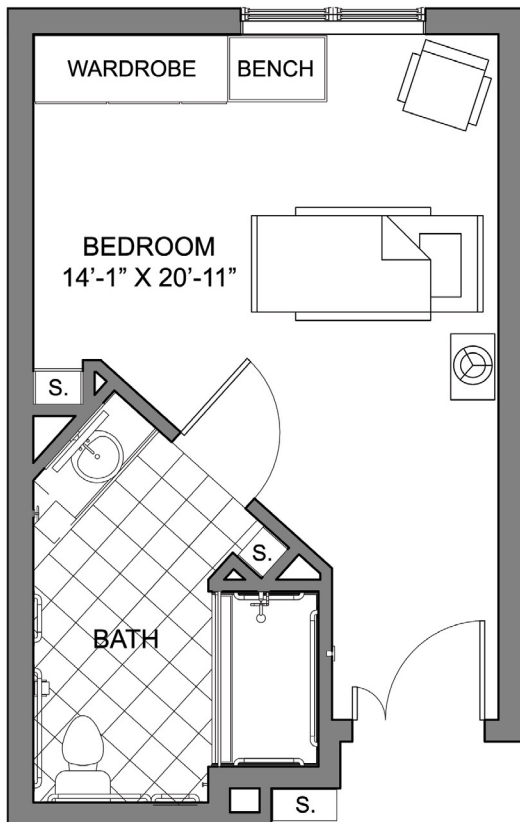
- » Potato and mushroom soup
- » Roasted turkey with cranberry stuffing
- » Rice pilaf
- » Roasted butternut squash
- » Peach cobbler with pareve ice cream



COHEN-ROSEN HOUSE

A Place to Call Home

Cohen-Rosen House is a LEED (Leadership in Energy and Environmental Design) Silver certified building that features a private studio apartment for each of our residents with its own private bathroom and shower.



PALISADE
1 bedroom / 1 bath

COHEN-ROSEN HOUSE

Apartment Rates

MONTHLY RATES

Palisade STUDIO \$10,743*

Service Levels

Your monthly fee will be based on your apartment and on the services you request or require, determined by a personalized assessment. A change in your service needs will prompt a reassessment and modification to your plan of care.

LEVEL I \$1,389

LEVEL II \$3,821

LEVEL III \$5,639

+ COMMUNITY FEE

A one-time community fee is due at move-in.

ONE-TIME FEE \$7,500



Your memory care rental package includes:

- » Studio apartment with private bathroom
- » Basic utilities and internet access
- » Three kosher family-style meals, with snacks and refreshments always available
- » State-of-the-art personal emergency response system
- » Lifestyle and leisure programs
- » Housekeeping, laundry and linen services
- » 24-hour nursing care
- » BCAT® Cognitive Center of Excellence

***Please note:** cable and phone are not included in monthly rental fees.

RESERVATION FORM

Application Date _____

PERSONAL INFORMATION

Mr. Dr. Mrs. Ms. Miss Other _____

Last Name _____ First Name _____ MI ____ Date of Birth _____

Mr. Dr. Mrs. Ms. Miss Other _____

Last Name _____ First Name _____ MI ____ Date of Birth _____

Address _____

City _____ State ____ Zip _____

Home Phone _____ Mobile Phone _____

Email _____ Fax _____

FAMILY MEMBER INFORMATION

Name _____ Relationship _____

Address _____

City _____ State ____ Zip _____

Home Phone _____ Mobile Phone _____

Email _____ Fax _____

FORMALITIES

This application is being managed by: Prospective Resident Family/Friend Other _____

Name _____ Relationship _____

How did you hear about us? _____

I understand that returning this signed reservation form and the application fee assures me of a position on the waiting lists I have selected. Applicants will be considered in the order of their position on the lists, which is determined by the date of receipt of this form and fee. The fee is not refundable. Applicants' rights may not be assigned to others, and do not pass to heirs or personal representatives. Reservation will be on file for 6 months.

Future Resident _____

Future Resident _____

Or By _____ Authorized Agent _____ Date _____