



## WELCOME

### **Thank you for your interest in Landow House.**

For more than ten years now, Landow House has been setting the standard for assisted living in Montgomery County, providing unmatched care in a beautiful, modern setting. Whether you or a loved one need just a little assistance, perhaps help taking medications or bathing, Landow House staff will be there for you. We appreciate your desire to live as independently and self-reliantly as possible, and we provide just the amount of support you need.

Life at Landow House means there is always something to do. Sit in on a history lecture or current events. Join the book club or work on a project in the art studio. Or simply enjoy the outdoor courtyard or an evening movie.

Should you or your family member require memory care assisted living, Cohen-Rosen House is there for you. A unique residence, Cohen-Rosen House was opened in 2013 and is LEED- certified for its environmental features. This award-winning home for 18 residents offers exceptional staffing, a brain fitness gym, and a secure outdoor courtyard. Each private studio apartment has its own accessible bathroom with shower.

Programs are individualized to match each resident's personal interests and life experience, and include gardening, baking, creative arts, exercise, games, trips and performances.

The best way to learn more about our assisted living communities is to visit us. Please feel free to call me with any questions or to schedule a tour.

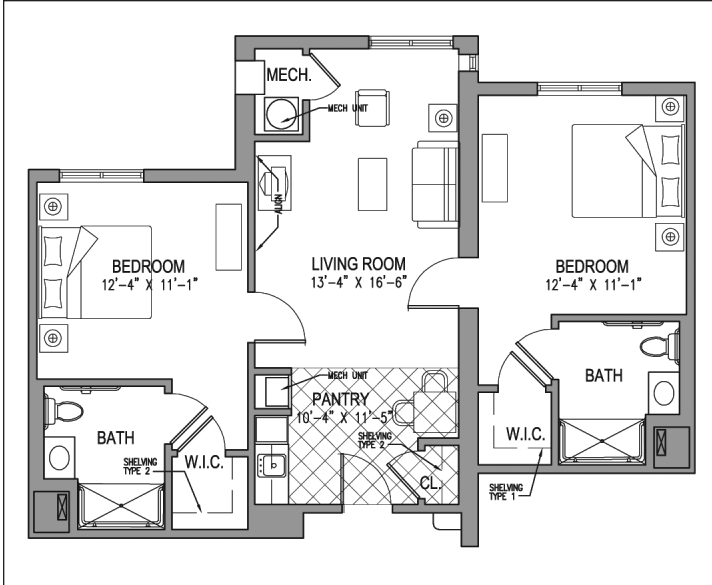
We know that looking for a new home for yourself or a family member can be challenging. We're here to help!

Sincerely,

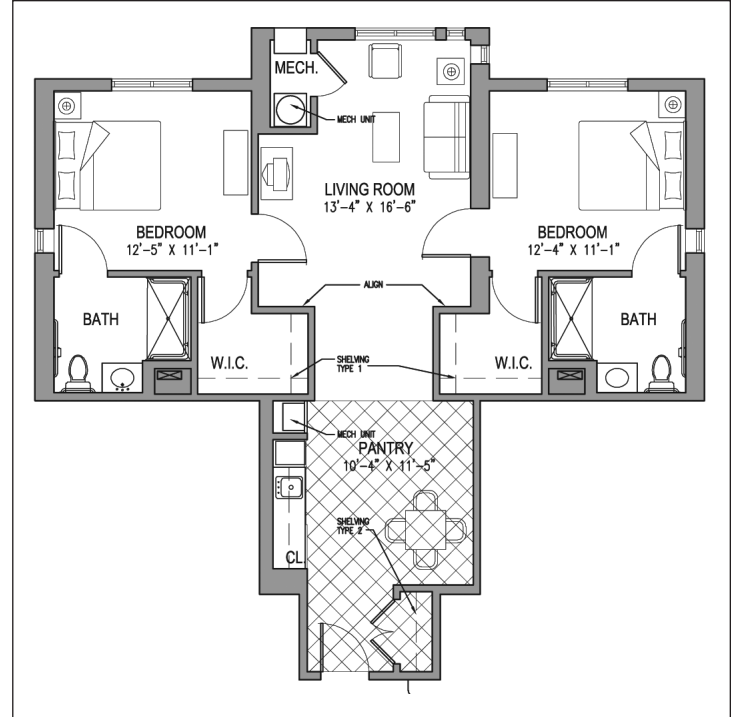
**Kyle Hreben**  
*Administrator*



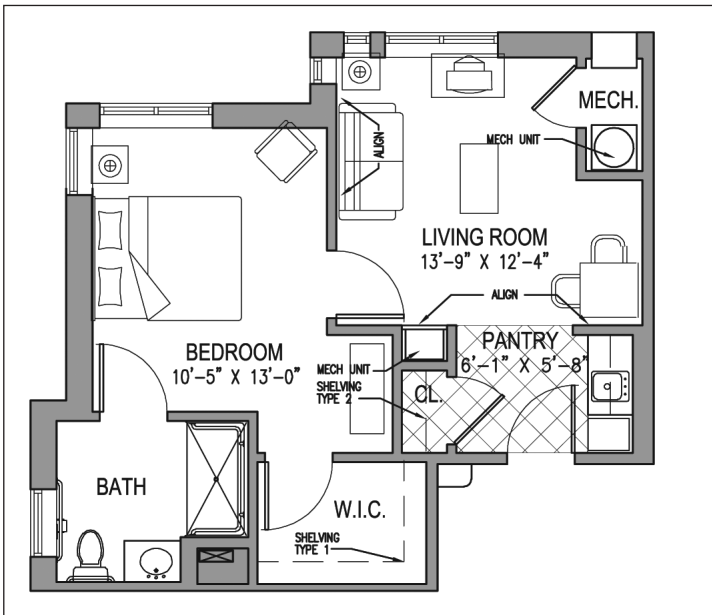
## FLOORPLAN



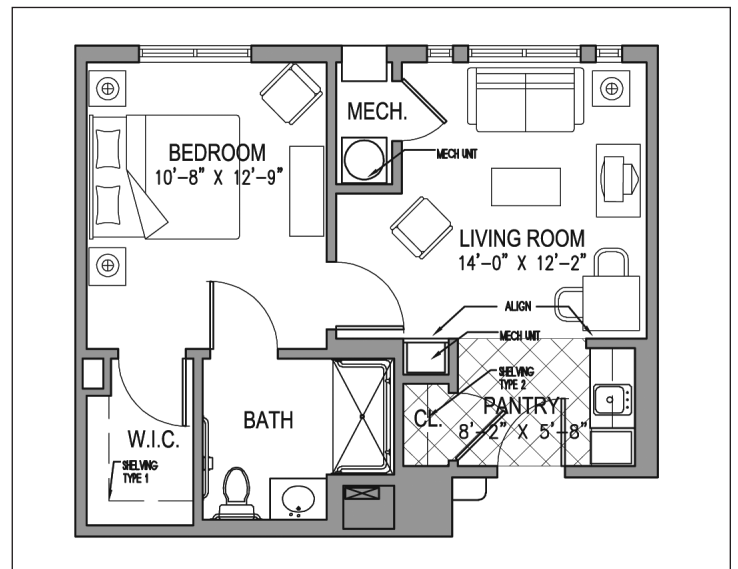
Two Bedroom



Two Bedroom Deluxe



One Bedroom



One Bedroom

Dimensions are approximate. Apartment sizes vary.



## A TYPICAL DAY



Whether you are enjoying morning coffee in the cozy breakfast room, or selecting your favorites at lunch and dinner, you'll find our culinary staff and team are here to meet your needs and tastes. **Breaking bread at Landow House is about more than nutrition; it's about coming together as part of an extended community.**

### MORNING

#### *Programs and Trips*

Seated strength workout

Trip: Andrew Wyeth exhibit at National Gallery of Art

History lecture with Ed

#### *A Taste of Landow House*

Choice of juices, fresh-baked muffins, and cereals

Entrées such as waffles and syrup, omelets, and bagels and cream cheese

### AFTERNOON

#### *Programs and Trips*

Art studio session with VisArts

Bingo

Piano performance

#### *A Taste of Landow House*

Mushroom soup

Hot turkey sandwich

Whipped potatoes

Green beans

Cantaloupe wedge

### EVENING

#### *Programs and Trips*

Evening movie

#### *A Taste of Landow House*

Waldorf salad

Cheese blintzes

Baked salmon with dill

Fresh squash medley

Escalloped apples

Lemon meringue pie

### LEISURE TIME

Beauty salon appointments available • Fitness center • Art studio

Computer/technology center • Visiting volunteers • Hirsh Health Center





## APPLICATION

Please print clearly or type

Date \_\_\_\_\_

### FUTURE RESIDENT/S

Mr.  Dr.  Mrs.  Ms.  Miss  Other \_\_\_\_\_

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Date of birth \_\_\_\_\_

Mr.  Dr.  Mrs.  Ms.  Miss  Other \_\_\_\_\_

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

I am interested in Assisted Living at Landow House. My apartment preferences are:

One Bedroom  Two Bedroom, Two Bath  Deluxe Two Bedroom, Two Bath

*I understand that returning this signed application and the application fee assures me of a position on the waiting list. Applicants will be considered in the order of their position on the list, which is determined by the date of receipt of the application 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.*

Future resident \_\_\_\_\_

Future resident \_\_\_\_\_

Or by \_\_\_\_\_, Authorized agent \_\_\_\_\_

If someone other than the prospective resident is managing this application, please provide your contact information:

Mr.  Dr.  Mrs.  Ms.  Miss  Other \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Home \_\_\_\_\_ Work \_\_\_\_\_

Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

