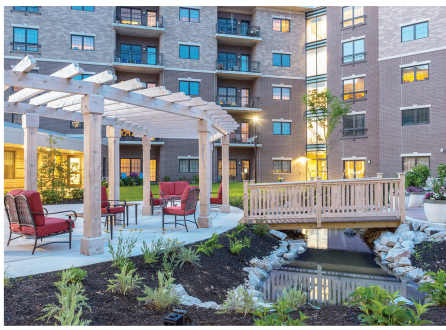
Welcome to The Park Danforth, a nonprofit providing quality senior living since 1881.



Find comfort, ease, and friendship in your new home!

- The right size: The Park Danforth is a warm and welcoming community with 216 apartments that vary in size, including market rate rentals, HUD-subsidized apartments and assisted living apartments.
- The right services: Residents love our flexible meal options, our varied range of life enrichment programs, and our convenient services.
- The right location: The Park Danforth is located in a lovely residential section of Portland, Maine, consistently named one of the most livable cities in the U.S. We're close to shopping, churches, cultural activities, and the glorious Maine coast — what more could a person ask for?

The Park Danforth
THE RIGHT PLACE. THE RIGHT CHOICE.

777 Stevens Avenue, Portland, ME 04103
Phone: 207.797.7710
Fax: 207.797.3627
www.parkdanforth.com

The Park Danforth: Neighbors Helping Neighbors

Our Mission

To provide a superior living environment of high quality housing and services designed to enhance the quality of life while respecting personal dignity and individuality.

"The Park Danforth is a non-profit organization and has been around for so long, which appealed to me. Stability and security are important at my age. When I came to tour, I was immediately impressed. People are friendly and helpful, and it has been easy to make new friends. The staff also stay here for years! My apartment is beautiful, and I have a wonderful life at The Park Danforth. What more could I possibly want?"

- Judy A.

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Dining Services: Flexibility is Key

Community Meal Plan

- 30 meals per month
- Meals readily available for added convenience
- Make your own meals in your spacious, fully-equipped kitchen
- Extended meal times fit your lifestyle and schedule
- Shared dining experiences provide valuable opportunities to gather, socialize, and build relationships

Multiple Dining Venues

- Visit our Main Dining Room for an enjoyable, restaurant-style dining experience
- Stop by our Bistro for breakfast or lunch in a more casual, "neighborhood deli" atmosphere
- For your convenience, all dining options are available to-go

"Since I began working here, our dining program has always been lauded as one of the best in our community and we all work very hard to make sure that we live up to those high standards. The residents are also very passionate about our food and are an integral part in making sure that what we're serving is also what they're seeking!"

- Ried Snyder, Executive Chef

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Dining Services: As You Like It!

"I absolutely love the residents here and consider them family. I have lived my entire life in Deering Center and often share a good laugh with residents when we realize a mutual connection!"

- Melissa, Dining Services Coordinator and Hostess

Dinner Menu*

Soup of the Day
Haddock Chowder

Dinner Choices
Herb Baked Salmon
Roasted Vegetable Kabobs
Chicken Piccata

Also enjoy our fresh **Salad Bar** and **Delicious Desserts**

***All entrees will be served with your choice of vegetable and potato**

** = Sample Menu*

Bistro Options*

Homemade Soups & Chowders
Today's Specials:
Classic Tomato & Minestrone

Create Your Own Flatbread
Today's Special: Hawaiian

Fresh, Crisp Salads
Today's specials: Caesar, Greek, and Summer Asian Slaw

Made to Order Sandwiches
Today's Specials: Reuben and Chicken Walnut Salad

Breakfast includes four sides and a beverage; Lunch includes three sides and a beverage

** = Sample Menu*

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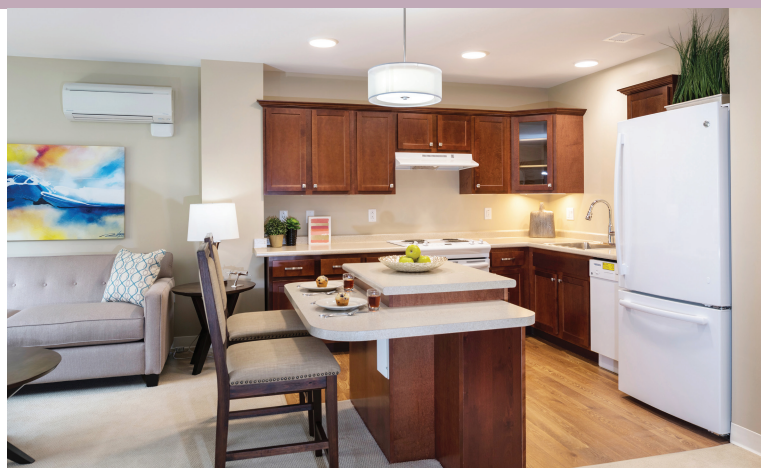
Independent Living at The Park Danforth

Standard Services Package

- Community meal plan
- Social life enrichment programs
- Community services coordination
- 24-hour emergency staff onsite
- Transportation to grocer, bank and pharmacy
- Daily resident safety check ins
- Exercise/fitness programs
- Utilities included
- Onsite friendly maintenance team



One Bedroom Apartment (625 sq. ft.)

One Bedroom w/Den Apartment (760 sq. ft.)

Additional Services*

- Laundry
- Housekeeping
- Underground parking

* Provided at an additional cost

To see all of our independent living floor plans, visit www.parkdanforth.com

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Independent Living at The Park Danforth

The Park Danforth offers a range of independent living options to match your lifestyle and your budget:

- 110 market rate, one-bedroom, one-bedroom with den, and two-bedroom apartments
- 70 HUD federally subsidized studio and one-bedroom apartments

Each one-bedroom apartment has a full kitchen, dining area, living room, private bath, and bedroom. One-bedroom with den and two-bedroom apartments offer more spacious accommodations. Some apartments even have balconies or patios! All of our apartments are equipped with an emergency call system and a daily check in button.

"I had some concerns, as I suspect most people entering senior living may have, regarding our social lives and whether we would develop friends here. Not only have my wife and I been able to maintain existing relationships, but we have met several new people here…people we now consider to be our friends. The life enrichment program is designed to nurture interaction between people. The hostess in the Main Dining Room seats new guests with compatible table mates and withing days, individuals become neighbors and friends. The floor we live on has become our new neighborhood. The people living here seem to understand that all of us have been new to The Park Danforth at some point. Everyone is friendly here. My wife and I could not feel more at home."

- Nelson

Social Activities and Life Enrichment Programs

- Our spacious auditorium accommodates larger group programs
- Professional entertainers perform in various locations on campus
- Films are shown in our acoustically-designed theater
- Artistic endeavors are hosted in our Creative Corner
- Various health and fitness programs are held in our Auditorium and large Community Room
- Spiritual offerings are conducted regularly
- Special interest groups are created and run by our residents
- Collaboration with The University of New England, conveniently located next door

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Clark's Terrace Assisted Living

For those who can no longer live alone or need special assistance with their daily routines, Clark's Terrace at The Park Danforth is assisted living at its best.

Named for Samuel Clark Jr., a visionary and generous benefactor, the Clark's Terrace Assisted Living Program offers friendly, flexible, customized social and personal services that provide residents with a warm, safe haven where they feel valued, supported and at home. Our around-the-clock staff is dedicated to supporting each individual's personal dignity and independence.

Including three meals a day, each of our thirty-six private apartments features a kitchenette with a refrigerator and microwave, private bath, and emergency call system. Standard suites provide a combined living/sleeping area, while deluxe suites feature more spacious accommodations or a separate sleeping area.

"The Park Danforth has been my home for 9 years. Presently, I am living in assisted living. The extra care and assistance is absolutely extraordinary. You know the expression, "A home away from home?" Well, I am home."

- Ann W.

Why Clark's Terrace?

- No cost increase for changes in level of care
- All apartments are private with your own bathroom
- Our rates include 24/7 care from attentive staff
- Spacious private dining room and library
- Special life enrichment programming
- MaineCare subsidized private apartments available
- Because Clark's Terrace is an integral part of our main campus, residents can take advantage of all our dining venues and attend a variety of Life Enrichment programs offered throughout our community

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Clark's Terrace Assisted Living

Standard Services Package

- Three meals a day
- Social activities program
- Service coordination
- Housekeeping
- Transportation to grocer and medical appointments
- 24-hour personal care staff
- Medication assistance
- Personal care services
- Nursing supervision of health issues
- Personal laundry service
- Telehealth services

Sample Floor Plan

Assisted Living Studio (274 square feet)

To see all of our assisted living floor plans, visit www.parkdanforth.com

Dining in Clark's Terrace

The Clark's Terrace Dining Room, a private dining space in our assisted living wing, offers three meals each day. Residents greet the morning with traditional breakfast choices - everything from scrambled eggs to waffles - and end with a lite supper. Clark's Terrace residents are welcome to dine in any venue on campus if they would like a change of scenery. Common spaces, such as our beautiful courtyard garden, are available and easily accessible to both independent and assisted living residents.

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Rental Fees

Independent Living - No Community or Second Person Fee

Apartment Type	Monthly Rental Fee*
One-Bedroom	Starts at $3,360
One-Bedroom with den	Starts at $4,170
Two-Bedrooms	Starts at $5,680
Studio (HUD Federally Subsidized)	Rent subject to income
One-Bedroom (HUD Federally Subsidized)	Rent subject to income

**Prices effective July 1, 2026 (may be subject to change)*

Independent Living Services

- Social activity programs
- Surface level parking
- 24-hour emergency staff
- Transportation to grocery store
- Daily check in
- Exercise/fitness programs
- Utilities included
- Community services coordination

Services Available with an Additional Fee

- Community meal plans
- Underground garage parking
- Home support services (laundry and housekeeping)

Clark's Terrace Assisted Living - No Additional Charges for Increased Level of Care

Apartment Type	Monthly Rental Fee (includes standard services package)
Standard studio with private bath	Starts at $8,463 ($278.25/day)
Large studio with private bath (several sizes offered)	Starts at $9,783 ($321.63/day)

**Prices effective July 1, 2026 (may be subject to change)*
For double occupancy, the fee will be $134 per day for the second occupant

Clark's Terrace Services

- Three meals per day
- Social activity programs
- Service coordination
- Housekeeping and personal laundry service
- 24-hour emergency staff
- Transportation to grocer and medical appointments
- Personal care services
- Nursing supervision of health issues
- Medication assistance
- Telehealth services

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The Application Process

Thank you for your interest in The Park Danforth. We know choosing a new place to live is a difficult decision and we are pleased you have chosen to apply for residency at The Park Danforth. Here's how to begin:

---

1. **Complete this Application.**

2. **If applying for Assisted Living, ask your physician to complete the Physician's Medical Report.**

3. **Return the Application and the Physician's Medical Report (if required) to our office.**

If all our apartments are presently occupied your application will be placed on the application waiting list. When an apartment becomes available, you will be given the opportunity to see it and decide if it is right for you. When you accept the apartment, a security deposit is required and we will ask for consent to conduct a background check to ensure the safety and wellbeing on campus. You will also be asked to sign a lease.

Applicants for Clark's Terrace Assisted Living are not required to submit a security deposit, but will be required to sign a residency agreement.

To qualify for residency at The Park Danforth, applicants must be 60 years of age or older, or 62 and older for our HUD federally subsidized program. Individuals under the age of 62 with a physical disabiliy may also be eligible. Please contact us for more information.

APPLICATION FOR RESIDENCE

Thank you for your interest in The Park Danforth.
To become a resident, you must apply for admission.
As part of the application process, we ask you to complete this form for either Independent or Assisted Living.

If you are applying for Assisted Living, a member of our team will meet with you to assess your care needs and ensure our services are the right fit for you.

To confirm receipt call us within 5 - 7 business days.

Only submit a completed Physician's Medical Report if you are applying for Assisted Living

Applicant 1: _____ Date of Birth: _____

Applicant 2: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Marital Status: [ ] Widowed [ ] Married [ ] Single [ ] Divorced [ ] Separated

Durable Power of Attorney:

Name: _____ Phone Number: _____

Relation to Resident: _____ Address: _____

City: _____ State: _____ Zip: _____

Person to contact in case of emergency:

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Relation to Resident: _____

Current Residence:
- ☐ House/Condo
- ☐ Apartment
- ☐ Other

Plan to Sell? ☐ Yes ☐ No
Federally Assisted? ☐ Yes ☐ No
Please Specify: _____

Accommodations Desired: (Check all that apply)

Market Rate Apartment: ☐ 1 Bedrm ☐ 2 Bedrm ☐ 1 Bedrm w/den
Federally Assisted Apartment: ☐ 1 Bedrm ☐ Efficiency
Assisted Living: ☐ Market Rate ☐ Maine Care ☐ Standard ☐ Deluxe

How did you hear about The Park Danforth? _____

_____

INSURANCE AND FINANCIAL INFORMATION

Applicant 1:

Social Security #: _____ Medicare #: _____

Private Insurance Carrier: _____ Policy #: _____

Other Insurance: (MaineCare?) _____

Applicant 2:

Social Security #: _____ Medicare #: _____

Private Insurance Carrier: _____ Policy #: _____

Other Insurance: (MaineCare?) _____

INCOME:	Applicant 1	Applicant 2	Total / Month	Total / Year
Social Security:	$_____	$_____	$_____	$_____
SSI:	$_____	$_____	$_____	$_____
Pensions:	$_____	$_____	$_____	$_____

Is your pension adjusted periodically for the cost of living increase? ☐ Yes ☐ No

Annuities:	$_____	$_____	$_____	$_____
Wages:	$_____	$_____	$_____	$_____
Interest/Dividends:	$_____	$_____	$_____	$_____
Trust Fund:	$_____	$_____	$_____	$_____
Property: (Rental Income)	$_____	$_____	$_____	$_____
Other:	$_____	$_____	$_____	$_____

Do you receive any financial assistance from your family? ☐ Yes ☐ No

If yes, please indicate amount and frequency of assistance: $_____ Frequency _____

ASSETS: Please provide the total value of the assets below:

	Applicant 1	Applicant 2	Total
Bank Accounts:			
Savings:	$_____	$_____	$_____
Checking:	$_____	$_____	$_____
Certificates:	$_____	$_____	$_____
Investments:			
Stocks:	$_____	$_____	$_____
Bonds:	$_____	$_____	$_____
Trusts:	$_____	$_____	$_____

Real Estate:
(Estimate the value of your home) _____

MEDICAL EXPENSE INFORMATION

	Applicant 1	Applicant 2	Total / Month	Total / Year
Medical Insurance:	$_____	$_____	$_____	$_____
Medical Bills:	$_____	$_____	$_____	$_____
Prescriptions:	$_____	$_____	$_____	$_____
Physician Fees:	$_____	$_____	$_____	$_____
Dental Expense:	$_____	$_____	$_____	$_____
Hospital Expense:	$_____	$_____	$_____	$_____
Other:	$_____	$_____	$_____	$_____

PREVIOUS LANDLORDS:

Please list the names and addresses of landlords you have rented from over the past 3 years.

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

APPLICATION AFFIDAVIT

To the best of my knowledge, all the information on this application is complete and accurate. I understand that this information will be kept confidential and will be used only for the purpose of determining eligibility for residence, suitability of unit assignment, and to aid The Park Danforth in assisting me in financial planning:

Signature of Applicant 1:

_____

Date: _____

Signature of Applicant 2:

_____

Date: _____

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Physician's Medical Report

Dear Doctor,

Your patient _____has applied for residency in the Clark's Terrace Assisted Living program at The Park Danforth. Processing of the application is dependent upon receiving this completed form, so we ask that you return it to our office as promptly as possible.

Clark's Terrace offers 36 Assisted Living studios, supported by the following Assisted Living services provided by The Park Danforth:

- Three meals per day
- Social activities program
- Housekeeping
- 24-hour personal care staff
- Nursing supervision of health issues
- Transportation to grocer and medical appointments
- Medication assistance
- Personal care services and supervision
- Enhanced nursing service by community-based agencies
- Personal laundry services
- Telehealth services

With the above services in mind, do you believe that Clark's Terrace at The Park Danforth will be a suitable residence for the applicant?

☐ Yes ☐ No

Only submit a completed Physician's Medical Report if you are applying for Assisted Living

If "yes," please respond to the following questions as completely and accurately as possible. This information will be kept confidential and will be used for the purpose of baseline medical information, determining eligibility for residence, suitability of unit assignment and the coordination of appropriate services. Thank you for your time!

Physician's Signature: _____ Date: _____

APPLICANTS AUTHORIZATION

TO (Physician's Name): _____

I hereby authorize the above-named physician to release requested medical information to The Park Danforth. I understand that this information will be used for the purpose of baseline medical information, determining eligibility for residence, suitability of unit assignment, and the coordination of appropriate services.

Applicant's Signature: _____ Date: _____

1) How would you assess the applicant's general health at this time?

- ☐ Excellent (totally independent in all aspects)
- ☐ Good (independent for the most part; minor limitations)
- ☐ Fair (has moderate functional limitations; requires some supervision/assistance in meeting his/her own needs)
- ☐ Poor (has significant limitations; requires a high degree of supervision/assistance)

2) How would you compare the applicant's current medical status to what it was one year ago?

☐ Much better ☐ Somewhat better ☐ About the same ☐ Somewhat worse ☐ Much worse

Please explain: _____

_____

3) Please check and describe any diagnosis/health problems appropriate to this application:

☐ tuberculosis	☐ depression	☐ pacemaker	☐ heart failure
☐ cancer	☐ substance abuse	☐ emphysema	☐ CVA
☐ eye disease/visual loss	☐ dementia	☐ hearing loss	☐ diabetes
☐ motor difficulties	☐ mental/emotional problems	☐ syncope	☐ allergies (list below)
☐ drug sensitivities	☐ prostate hypertrophy	☐ cognitive difficulty	_____
☐ kidney disease	☐ epilepsy	☐ coronary disease	_____
☐ peptic ulcer	☐ incontinence	☐ hypertension	_____

Please provide any additional explanations regarding any of the above:

_____

_____

Date of last physical examination: _____

4) Is the applicant currently taking any medications? Please list below and/or on back page.

Name of drug Dosage/Frequency

_____

_____

_____

_____

Is the applicant capable of self-administration of medications? ☐ Yes ☐ No

5) Does the applicant require any special dietary considerations? ☐ Yes ☐ No

If "yes," please explain:

_____

_____

Physical Exam:

Height _____ Weight _____ B/P _____ Pulse _____

Eyeglasses? ☐ Yes ☐ No Cataracts? ☐ Yes ☐ No Glaucoma? ☐ Yes ☐ No

Other? _____ Dentures? ☐ Yes ☐ No If yes: ☐ Upper plate ☐ Lower plate

Neck _____ Chest _____ Abdomen _____ Heart Size _____ Rhythm _____ Sounds _____

Murmurs _____ Neurological _____ Motor Strength _____

Past Surgeries and Dates:

_____

_____

_____

_____

The following questions pertain to the applicant's functional capabilities.

a) Does the applicant require any mobility assistance? ☐ Yes ☐ No

If "yes," please explain:

_____

_____

If "no," is the applicant's continued mobility dependent upon any mechanical devise? ☐ Yes ☐ No

Please Describe: _____

b) Does the applicant require any personal care assistance such as bathing, dressing and/or personal hygiene?
☐ Yes ☐ No

If "yes," please explain: _____

c) Does the applicant have any impairments that would physically prohibit him/her from participating in the meal program in the dining room? ☐ Yes ☐ No

If "yes, "please explain: _____

d) Is the applicant capable of preparing two meals per day safely and appropriately, including any dietary considerations? ☐ Yes ☐ No

If "no", please explain:

e) Is the applicant capable of using a telephone independently and appropriately? ☐ Yes ☐ No

f) Is the applicant FULLY CAPABLE of exercising good judgment in decision-making on personal matters?
☐ Yes ☐ No

If "no," in what areas might the applicant require assistance?

g) Does the applicant ever experience anxiety, depression, paranoia or phobias that interfere in activities of daily living? ☐ Yes ☐ No

If "yes", please explain:

h) Does the applicant have any behaviors, traits or habits that impair his/her ability to live with others?
☐ Yes ☐ No

If "yes", please describe:

i) Are there any other physical/emotional/medical problems that we should be aware of that might inhibit this applicant from successfully living in our community environment? ☐ Yes ☐ No

If "yes", please describe:

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2. **If applying for Assisted Living, ask your physician to complete the Physician's Medical Report.**

3. **Return the Application and the Physician's Medical Report (if required) to our office.**

If all our apartments are presently occupied your application will be placed on the application waiting list. When an apartment becomes available, you will be given the opportunity to see it and decide if it is right for you. When you accept the apartment, a security deposit is required and we will ask for consent to conduct a background check to ensure the safety and wellbeing on campus. You will also be asked to sign a lease.

Applicants for Clark's Terrace Assisted Living are not required to submit a security deposit, but will be required to sign a residency agreement.

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To become a resident, you must apply for admission.
As part of the application process, we ask you to complete this form for either Independent or Assisted Living.

If you are applying for Assisted Living, a member of our team will meet with you to assess your care needs and ensure our services are the right fit for you.

To confirm receipt call us within 5 - 7 business days.

Only submit a completed Physician's Medical Report if you are applying for Assisted Living

Applicant 1: _____ Date of Birth: _____

Applicant 2: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Marital Status: [ ] Widowed [ ] Married [ ] Single [ ] Divorced [ ] Separated

Durable Power of Attorney:

Name: _____ Phone Number: _____

Relation to Resident: _____ Address: _____

City: _____ State: _____ Zip: _____

Person to contact in case of emergency:

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Relation to Resident: _____

Current Residence:
- ☐ House/Condo
- ☐ Apartment
- ☐ Other

Plan to Sell? ☐ Yes ☐ No
Federally Assisted? ☐ Yes ☐ No
Please Specify: _____

Accommodations Desired: (Check all that apply)

Market Rate Apartment: ☐ 1 Bedrm ☐ 2 Bedrm ☐ 1 Bedrm w/den
Federally Assisted Apartment: ☐ 1 Bedrm ☐ Efficiency
Assisted Living: ☐ Market Rate ☐ Maine Care ☐ Standard ☐ Deluxe

How did you hear about The Park Danforth? _____

_____

INSURANCE AND FINANCIAL INFORMATION

Applicant 1:

Social Security #: _____ Medicare #: _____

Private Insurance Carrier: _____ Policy #: _____

Other Insurance: (MaineCare?) _____

Applicant 2:

Social Security #: _____ Medicare #: _____

Private Insurance Carrier: _____ Policy #: _____

Other Insurance: (MaineCare?) _____

INCOME:	Applicant 1	Applicant 2	Total / Month	Total / Year
Social Security:	$_____	$_____	$_____	$_____
SSI:	$_____	$_____	$_____	$_____
Pensions:	$_____	$_____	$_____	$_____

Is your pension adjusted periodically for the cost of living increase? ☐ Yes ☐ No

Annuities:	$_____	$_____	$_____	$_____
Wages:	$_____	$_____	$_____	$_____
Interest/Dividends:	$_____	$_____	$_____	$_____
Trust Fund:	$_____	$_____	$_____	$_____
Property: (Rental Income)	$_____	$_____	$_____	$_____
Other:	$_____	$_____	$_____	$_____

Do you receive any financial assistance from your family? ☐ Yes ☐ No

If yes, please indicate amount and frequency of assistance: $_____ Frequency _____

ASSETS: Please provide the total value of the assets below:

	Applicant 1	Applicant 2	Total
Bank Accounts:			
Savings:	$_____	$_____	$_____
Checking:	$_____	$_____	$_____
Certificates:	$_____	$_____	$_____
Investments:			
Stocks:	$_____	$_____	$_____
Bonds:	$_____	$_____	$_____
Trusts:	$_____	$_____	$_____

Real Estate:
(Estimate the value of your home) _____

MEDICAL EXPENSE INFORMATION

	Applicant 1	Applicant 2	Total / Month	Total / Year
Medical Insurance:	$_____	$_____	$_____	$_____
Medical Bills:	$_____	$_____	$_____	$_____
Prescriptions:	$_____	$_____	$_____	$_____
Physician Fees:	$_____	$_____	$_____	$_____
Dental Expense:	$_____	$_____	$_____	$_____
Hospital Expense:	$_____	$_____	$_____	$_____
Other:	$_____	$_____	$_____	$_____

PREVIOUS LANDLORDS:

Please list the names and addresses of landlords you have rented from over the past 3 years.

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

APPLICATION AFFIDAVIT

To the best of my knowledge, all the information on this application is complete and accurate. I understand that this information will be kept confidential and will be used only for the purpose of determining eligibility for residence, suitability of unit assignment, and to aid The Park Danforth in assisting me in financial planning:

Signature of Applicant 1:

_____

Date: _____

Signature of Applicant 2:

_____

Date: _____

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EQUAL HOUSING OPPORTUNITY