



**EXHIBIT VI.C**

**(RESPITE) ADDENDUM**

**TEMPORARY RESIDENTIAL CARE ADDENDUM TO ADMISSION/RESIDENCY AGREEMENT**

\_\_\_\_\_ "You" or "Resident" has requested to stay in Rochester Presbyterian Home, Inc. \_\_\_\_\_ ("Community") until DATE: \_\_\_\_\_ (the "Respite Stay"). This Respite Stay is limited to no longer than 120 days

in any 12 months. In connection with the Respite Stay, you and the Community have entered into the Community's Adult Care Facility Admission/Residency Agreement, a copy of which is attached to this addendum. The Community holds the following licenses and certifications

- Adult Home                       Enriched Housing Program                       Assisted Living Residence  
 Special Needs Assisted Living Residence    Enhanced Assisted Living Residence

The purpose of this Addendum is to amend certain provisions of the Admission/Residency Agreement to reflect your Respite Stay.

1. During your Respite Stay, the rate you will be charged for each day of the Respite Stay will be \$\_\_\_\_\_ ("Daily Rate"), inclusive of all services that the Community will provide to you.
2. During your Respite Stay, you may terminate your Respite Stay, this Addendum, and the Admission/Residency Agreement early by delivering to the Community notice of termination at least three days prior to the date you intend to vacate your Room/Apartment. If you paid for the Respite Stay in advance and you elect under this Section to shorten the Respite Stay, the Community will refund to you an amount equal to the amount you repaid minus the product of the number of days you actually stayed multiplied by your Daily Rate.
3. The Community may also terminate your Respite Stay upon three days' written notice on the grounds set for in the Termination procedure provided in the Admission Agreement.
4. After your Respite Stay expires, this Addendum shall expire and be of no further force and effect. You will continue to be bound by the terms of the Admission/Residency Agreement, including any payments that need to be made by the terms of that Agreement, and which have not been made during the term of your Respite Stay.

APPROVED BY	
DIVISION OF ADULT CARE FACILITY & ASSISTED LIVING SURVEILLANCE	
NYSDOH REGIONAL OFFICE	
INITIALS	DATE
<u>SJW</u>	<u>4/21/2026</u>

