



CITY OF
Vancouver
WASHINGTON

**Police
Pension Board
Meeting Schedule
June 1, 2026**

**Police Pension Board
1:30pm**

Aspen Conference Room, 1st Floor City Hall

Call In: 1 347-941-5324

Phone Conference ID: 964 012 408#

Teams Meeting ID: 230 089 155 216 09

Passcode: vT7VP97V

Please contact April Stinson at (360) 487-8403 or

April.Stinson@cityofvancouver.us

if you are unable to attend.

Thank you!



Police Pension Board

Anne McEnerny-Ogle, Chair
Sarah Fox - Anthony Glenn - Lisa Brandl -
August Lehto - Kit Abernathy - Jeffrey Dong

Police Pension Board Meeting Agenda

June 01, 2026

1:30 PM

Vancouver City Hall

Aspen Conference Room

415 W 6th St

Vancouver, WA 98668-1995

In accordance with the Open Public Meetings Act (OPMA), the Police Pension Board meeting will be open to in-person attendance. Options for viewing and/or participating in the meeting remotely will also be accommodated (see details below).

MEETING ACCESS INFORMATION

[Click here to join the meeting](#)

To access by phone (audio only), call: 1-347-941-5324

Phone Conference ID: 964 012 408#

- 1. Call to Order and Roll Call – McEnerny-Ogle**
- 2. Approval of Minutes – McEnerny-Ogle**
 - a. December 1, 2025, Minutes
- 3. Communications - Stinson**
 - a. Introduce New Board Members
 - b. Pensioner Death
- 4. Reports – Glenn**
 - a. Budget Report
 - b. Approval of Expenses for November 2025 – April 2026
- 5. Old Business - Stinson**
 - a. None
- 6. New Business – Stinson**
 - a. Request for Payment of Deposit for Long Term Care Waitlist Placement – Claimant A
- 7. Public Comment* – 3 minutes each**

*The public is invited to speak regarding any New or Old Business item. Members of the public testifying are asked to limit testimony to three minutes. There are three ways to provide comments:

- In Writing: Public comments can be submitted in writing (name, address, contact information and comments) via email to April.Stinson@cityofvancouver.us by 5pm the day before the meeting.
- Remotely: Pre-register by phone at 360-487-8403 or email April.Stinson@cityofvancouver.us by 5pm the day before the meeting
- In Person: Pre-register by phone at 360-487-8403 or email April.Stinson@cityofvancouver.us by 5pm the day before the meeting or fill out a Public Comment form in person prior to the start of the Communications portion of the meeting.

City Hall is served by C-TRAN. Route information and schedules are available online at www.c-tran.com. You also may reach C-TRAN at (360) 695-0123 for more information on times, fares, and routes.

Anyone needing language interpretation services or accommodations with a disability may contact the Human Resources staff at (360) 487-8403 (RELAY: 711). Assistive listening devices and live Closed Captioning are available for the deaf, hard of hearing and public use. Please notify a staff person if you wish to use one of the devices. Every attempt at reasonable accommodation will be made. To request this agenda in another format, please also contact the phone numbers listed above.

Meeting Minutes

Monday, December 1, 2025

2:00 p.m.

Vancouver City Hall

Aspen Conference Room

415 W. 6th Street

Vancouver, WA 98660

Board Members Present:

Anne McEnery-Ogle, Chair; Erik Paulsen, Mayor Pro Tempore; Natasha Ramras, CFO/Board Secretary; Anthony Glenn, Treasurer; August Lehto, Police Retiree; Kit Abernathy, Police Retiree; Jeffrey Dong, Police Retiree

Board Members Absent:

None

Staff Present:

Tricia Juettemeyer, Assistant City Attorney; April Stinson, Human Resources; Cindy Matchett, Human Resources

Guests:

None

Item 1: Call to Order

The December 01, 2025, meeting of the Police Pension Board was called to order at 2:00 p.m. by Chair Mayor McEnery-Ogle in Aspen Conference Room at Vancouver City Hall and via Microsoft Teams.

Item 2: Approval of Minutes

Motion by Dong, seconded by Abernathy, and approved unanimously to adopt the minutes from October 06, 2025, as written.

Item 3: Communications

None

Item 4: Reports

Glenn reported that total expenditures through October 2025 were 72% of budget. Total revenues through October 2025 were 102% of budget. The budget report is on track and no adjustments are needed from the Accounting department.

Members

Anne McEnery-Ogle
Chair

Erik Paulsen, Mayor Pro
Tempore

Anthony Glenn, City Treasurer
Natasha Ramras, CFO Board
Secretary

August Lehto, Police Retiree
Kit Abernathy, Police Retiree
Jeffrey Dong, Police Retiree

Human Resources
Department

P.O. Box 1995
Vancouver, WA 98668
360-487-8403
TTY: 711
cityofvancouver.us

To request accommodation or other formats, please contact:

Caylee Tashiro | 360-487-8403 | TTY: 711 | Caylee.Tashiro@cityofvancouver.us

Expenses for September through October 2025 totaled \$ 139,417.44

Motion by Glenn, seconded by Abernathy, and approved unanimously to accept the expenses as presented.

Item 5: Old Business

None

Item 6: New Business

a) Request for Speech Generating Device – Claimant A

Attached for Board review is a request for payment of a Speech Generating Device for Claimant A and Section II.3 of the Board’s Rules and Regulations requires:

“Medical services or supplies that are not covered by Medical Insurance or other source may be considered for reimbursement on a case-by-case basis if the member seeks prior Board approval and the medical services or supplies are prescribed by a health care provider and deemed medically necessary.”

According to the evaluation Claimant A has a history of CVA (cerebrovascular accident, commonly known as a stroke) and resides in a long-term care facility and uses a wheelchair. He has severe expressive aphasia, preventing effective verbal communication, though receptive language skills remain strong. Despite prolonged speech therapy, expressive speech has not improved enough for functional daily communication, and the aphasia is considered permanent. The assessment shows Claimant A can understand spoken language, attend and learn new tasks, and interact appropriately, indicating sufficient cognitive ability to use a speech-generating device (SGD). Physically, Claimant A has limited use of the right arm, none of the left, and cannot reliably use switches or direct touch selection. Vision and hearing are adequate for SGD use. Claimant A must communicate a broad range of daily needs with family, caregivers, and medical staff. Non-SGD methods (speech therapy alone, sign language, writing, communication boards/PECS) are not viable due to motor, language, and functional limitations.

Claimant A is requesting payment for the Tobii Dynavox TD Navio Midi Speech Generating Device and a Wireless Apple Magic Mouse. According to the evaluation, the Tobii Dynavox TD Navio Midi (10.9" screen) is recommended as Claimant A’s SGD due to its user-friendly and functional features: it runs TD Snap, supporting literacy and communication; has a built-in stand, durable design, and compatibility with mounting systems; and is lightweight (2.8 lbs). The device has powerful speakers, 20-hour battery life, and runs iOS, which reduces update interruptions and leverages familiarity for the client, family, and caregivers. As a dedicated speech-generating device, it restricts access to communication functions only. Because Claimant A cannot use direct touch or switches, a mouse with dwell function will be used for access.

Section II.3 of the Board’s Rules and Regulations states:

“Members must submit the following required documents needed for Board review and pre-approval of costs not considered copay:

- a. Denial of benefits coverage letter from medical insurance provider or Explanation of Benefits (EOB), and
- b. Letter from healthcare provider explaining the medical necessity of services, and
- c. Quotes from at least two (2) providers, and
- d. Letter explaining the need for the Board’s consideration for payment.”

Claimant A provided a prescription from his physician, an evaluation for a speech-generating device, and a quote for the recommended device along with a wireless mouse accessory. The funding consultant contacted his insurance company, which confirmed that custodial care facilities are considered an excluded place of service. Therefore, the insurance company will not cover the requested equipment.

Items for consideration by the Board:

\$7,295.00	Tobii Dynavox TD Navio Midi Speech Generating Device
\$99.00	Wireless Apple Magic Mouse

Action Requested

Consider the request from Claimant A for payment of a Tobii Dynavox TD Navio Midi Speech Generating Device and a Wireless Apple Magic Mouse.

Motion by Lehto to approve Claimant A's request for payment of a Tobii Dynavox TD Navio Midi Speech Generating Device and a Wireless Apple Magic Mouse, with the stipulation that both items will be returned to the City of Vancouver Police Pension Board when they are no longer required for Claimant A's use. Seconded by Dong and approved unanimously.

Item 7: Public Comment

None

Adjourned:

This meeting adjourned at 2:10 p.m.



MEMORANDUM

DATE: June 1, 2026
TO: Police Pension Board
FROM: April Stinson, Pension Board Coordinator
RE: **Introduce New Board Members**

Sarah Fox was elected Mayor Pro-Tempore on January 6, 2026, and is now a member of the Police Pension Board.

By statute, the City Clerk serves as Board Secretary and must be a Board member. Effective January 15, 2026, Natasha Ramras, who served as Board Secretary, is no longer with the City of Vancouver. Going forward, Lisa Brandl, the current City Clerk, will serve as Board Secretary of the Police Pension Board.

Action Requested

Communication only; No official action required by the Board.



MEMORANDUM

DATE: June 1, 2026
TO: Police Pension Board
FROM: April Stinson, Pension Board Coordinator
RE: Pensioner Death

Police Retiree, Terrence Popravak, passed away on January 7, 2026, at 83 years of age.

“41.20.090 Lump sum payment on death before or after retirement. *“Whenever any member of the police department of such city shall, after five years of service in said department, die, his surviving spouse or, if there is no surviving spouse, the child or children under the age of eighteen years, or if there is no surviving spouse or child or children, then his parents or unmarried sister or sisters, minor brother or brothers, dependent upon him for support, shall be entitled to the sum of one thousand dollars from such fund. This section to apply to members who shall have been retired, for any reason, from active service under the provisions of this chapter.”*

A check will be prepared for the funeral benefit and delivered to the estate of Terrence Popravak.

Action Requested

Communications only; No official action required by the Board.

COV - Composite Department Budget vs Actuals by Fund

Period FY 2026 - Apr

Fund 617 Police Pension Trust Fund

Ledger Account Expenditures

Fund	Department	Cost Center	Ledger Account	Current Year							Prior Year				
				Budget	Pre-Encumbrance	Encumbrance	Actuals	Actuals + Total Encumbrance	Available Budget	% Spent	Budget	Actuals (Years End)	Variance (Budget - Actual)	Actuals (PTD)	% Spent
617 Police Pension Trust Fund	Budget - Human Resources	CC0131 HR-Pension Admin	540000:Services	0	580	0	0	580	(580)	0%	0	580	(580)	0	0%
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	520000:Employee Benefits	1,513,200	0	0	341,642	341,642	1,171,558	23%	1,513,200	1,319,315	193,885	409,995	27%
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	540000:Services	22,608	0	695	4,061	4,756	17,852	21%	22,608	8,880	13,728	6,190	27%
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	550000:Intergovernmental Services and Payments	210	0	0	0	0	210	0%	210	0	210	0	0%
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	590000:Interfund Services	19,458	0	0	6,510	6,510	12,948	33%	13,369	14,150	(781)	5,026	38%
Total				1,555,476	580	695	352,213	353,488	1,201,988	23%	1,549,387	1,342,925	206,462	421,211	27%

05/21/2026 07:35 PM stinsona / April Stinson

COV - Composite Department Budget vs Actuals by Fund

Period FY 2026 - Apr

Fund 617 Police Pension Trust Fund

Ledger Account Revenues

Fund	Department	Cost Center	Ledger Account	Current Year							Prior Year				
				Budget	Pre-Encumbrance	Encumbrance	Actuals	Actuals + Total Encumbrance	Available Budget	% Spent	Budget	Actuals (Years End)	Variance (Budget - Actual)	Actuals (PTD)	% Spent
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	369910:Miscellaneous Other Operating Revenues	0	0	0	(807,284)	(807,284)	807,284	0%	0	(1,613,942)	1,613,942	(801,220)	0%
617 Police Pension Trust Fund		(Blank)	361110:Investment Earnings	(121,990)	0	0	(74,158)	(74,158)	(47,832)	61%	(154,417)	(218,367)	63,950	(68,174)	44%
617 Police Pension Trust Fund		(Blank)	369910:Miscellaneous Other Operating Revenues	(1,600,000)	0	0	0	0	(1,600,000)	0%	(1,600,000)	0	(1,600,000)	0	0%
Total				(1,721,990)	0	0	(881,442)	(881,442)	(840,548)	51%	(1,754,417)	(1,832,310)	77,893	(869,394)	50%

05/21/2026 07:38 PM stinsona / April Stinson

ITEM IV.b.

**Police Pension Board
November 2025 - April 2026**

EXPENSES:

November	2025 Pensions Paid	\$13,784.96
December	2025 Pensions Paid	\$13,784.96
January	2026 Pensions Paid	\$13,784.96
February	2026 Pensions Paid	\$13,784.96
March	2026 Pensions Paid	\$13,784.96
April	2026 Pensions Paid	\$12,560.99
November	2025 Claims paid by HRPro	\$0.00
December	2025 Claims paid by HRPro	\$9,293.00
January	2026 Claims paid by HRPro	\$2,273.00
February	2026 Claims paid by HRPro	\$1,190.00
March	2026 Claims paid by HRPro	\$326.98
April	2026 Claims paid by HRPro	\$0.00
November	2025 Claims paid by CoV	\$53,176.00
December	2025 Claims paid by CoV	\$56,234.95
January	2026 Claims paid by CoV	\$55,334.95
February	2026 Claims paid by CoV	\$52,300.60
March	2026 Claims paid by CoV	\$55,353.45
April	2026 Claims paid by CoV	\$56,088.00
November	2025 HRPro Admin Fees	\$220.00
December	2025 HRPro Admin Fees	\$220.00
January	2026 HRPro Admin Fees	\$220.00
February	2026 HRPro Admin Fees	\$217.25
March	2026 HRPro Admin Fees	\$217.25
April	2026 HRPro Admin Fees	\$211.75
November	2025 Medicare B Reimbursements	\$0.00
December	2025 Medicare B Reimbursements	\$791.40
January	2026 Medicare B Reimbursements	\$26,424.00
February	2026 Medicare B Reimbursements	\$2,220.00
March	2026 Medicare B Reimbursements	\$791.40
April	2026 Medicare B Reimbursements	\$0.00
TOTAL EXPENSES FOR APPROVAL:		\$454,589.77

APPROVAL OF EXPENSES

The City of Vancouver Police Pension Board approves the above expenses totaling \$454,589.77 this 1st day of June 2026.



MEMORANDUM

DATE: June 1, 2026

TO: Police Pension Board

FROM: April Stinson, Pension Board Coordinator

RE: **Request for Payment of Deposit for Long Term Care Waitlist Placement- Claimant A**

Attached for Board review is a Long-Term Care Application, Physician's Statement, and a request for payment of a \$5,000 deposit for long-term care waitlist placement for Claimant A.

Claimant A was previously approved for Home Health Care services at the May 06, 2024, meeting up to the current daily cost for a semi-private room.

According to documentation provided by Claimant A, his spouse, and his physician, he is experiencing a progressive decline due to multiple serious medical conditions, including spinal stenosis, chronic pain, mobility impairment, and complications associated with ongoing Lupron therapy for prostate cancer. He is now largely immobile, experiences frequent falls, and demonstrates worsening physical and cognitive weakness. His spouse is no longer able to safely provide care. Based on these circumstances, long-term care placement is reported to be medically necessary due to increased safety risks and care needs.

Section III.11.e of the Board rules for long term care requires:

"The Board requires quotes from at least two (2) comparable facilities/providers in the county for which the member is requesting services, if outside of Clark County Washington."

Claimant A has not provided two quotes. Claimant A is instead requesting payment for placement at Brookdale Stanwood due to proximity to his primary care physician, specialists, clinic, pharmacy, and existing support network, thereby supporting continuity of care. Claimant A resides in Snohomish County and reports being unable to identify another suitable facility at this time.

To secure placement, Claimant A must first be placed on the Brookdale Stanwood waitlist. The facility requires a \$5,000 payment to be added to the waitlist. This amount is fully refundable if Claimant A does not ultimately move into the facility. If he does move in, the

deposit will be applied toward the upfront move-in costs, including the first month's rent and care charges, which may be prorated, as well as the one-time community fee.

Section III.11.a of the Board rules limits:

"The Board does not provide benefits for the following... Charges for reports or records; transportation; bed holds; move in fees;"

The one-time community fee is separate from monthly rent and care charges and is not credited toward ongoing housing costs. According to the facility, this fee covers apartment preparation expenses and administrative costs associated with assessments and paperwork. This fee is not a security deposit and does not go toward any care costs. As such, the Board rules do not allow for payment of this fee. The amount of the community fee is equal to one month's rent for the selected apartment.

Section III.11.d of the Board rules for long-term care costs:

"Total daily cost allowed shall not exceed the semi-private room rate in a skilled nursing facility. This allowance will be determined using the latest annual Genworth Cost of Care Survey for Nursing Home Care services in the state of Washington."

The current average daily cost for a semi-private room in Washington State is \$443/day or about \$13,290/month.

Claimant A has expressed a preference for a one- or two-bedroom unit and is not interested in a studio apartment. He is concerned that if approval is limited to only one unit type, he may experience delays or be repeatedly returned to the waitlist when only two-bedroom units are available.

Current monthly rates at Brookdale Stanwood are as follows:

- Studio apartment: approximately \$4,780 to \$5,400 per month.
- One-bedroom apartment: approximately \$5,210 to \$8,305 per month.
- Two-bedroom apartment: Starting at \$6,675 per month

The cost of care has not yet been assessed by the facility at this time, as Claimant A is pending placement on the waitlist.

Items for consideration by the Board:

\$5,000 - Waitlist Deposit (applied toward community fee and/or move-in costs if admitted)

Action Requested

Consider Claimant A's request for payment of a \$5,000 waitlist deposit for long-term care waitlist placement.

STATEMENT OF RETIREE

Enclosed herein are statements from my primary physician, Dr Mark Litton and my wife, [REDACTED], who is a retired RN. Thru their eyes they pass on a condensed opinion of all the other medical professionals that have been or are currently involved with my care. That would include my oncologist, radiologist, surgeon, pain clinic physicians, radiation oncologist, physical therapist, spine specialist physician, and others along the way.

However, still being of sound mind (arguably) I have my own view of my current situation and opinion of what the future holds. The past 6 to 8 months I have observed a constant decline in my physical and cognitive abilities.

On the physical side, the spinal stenosis has become worse, not unexpected as there is nothing doctors can do. The pain level is constant, and I am now pretty much immobile. I cannot get up from a chair and take one step without a walker or mobility unit. Breaking my left foot 3 years ago then breaking my left leg 2 years ago really aggravated the stenosis. First with surgery, then wearing casts, was like loading too much weight in a boat, I listed to one side.

The prostate cancer I had was successfully arrested with 6 weeks, five days a week, of radiation. However, every six months I am injected with a HUGE syringe is loaded with a very expensive drug known as Lupron. That drug comes with a whole host of complications: Fatigue: constant fatigue; brain fog, where you feel like you have had too much to drink 24 hours a day, then horrible joint pain which further aggravates my already challenged mobility. I have experienced several

falls in the last year. The frequency of which is increasing. These effects from the Lupron do not dissipate like other drugs. For example it has been 4 months from the last injection and I still feel these complications today. Not only that, but in one month I will be receiving my next injection. The 6 month cycle is likely to continue for ever.

It is time for me to accept the fact it is time for me to move to assisted care. My loving, caring wife has health issues, in particular physical limitations. I will be 80 years old this year. [REDACTED] is 72 years old. Not many choices left.

The only question left for me is where do I go? It is probably going to be here in Stanwood, or Vancouver. I am going to need some guidance in that regard. I wont accept a studio unit, as these facilities want to stick you into what they call a studio apartment when it is really an over sized closet. I will wait until we can find a one bedroom unit. They want you there now, promising to move a person into a one bedroom unit when available. Yeah, Ive heard all about that. The wait could be a year or more.

I hereby certify under penalty of perjury in the State of Washington, that my statement is true and correct to the best of my knowledge and belief.

Signature

[REDACTED]

Date

2/19/2026

Printed Name

[REDACTED]

Relationship

WIFE



CITY OF VANCOUVER HUMAN RESOURCES
 415 W Sixth St – 3rd Floor/P.O. Box 1995
 Vancouver WA 98668-1995
 360.487.8403 phone 360.487.8418 fax
 E-Mail – Caylee.Tashiro@cityofvancouver.us

Application Request

(To Be Completed by Member, Family Member or Legal Rep – please check one)

Home Health Care Skilled Nursing Home Care Services Other _____

Name: [REDACTED]	SSN: [REDACTED]	Telephone Number: [REDACTED]
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Complete address including zip code: [REDACTED]	Pension Board: <input checked="" type="checkbox"/> Police <input type="checkbox"/> Fire	Status: <input type="checkbox"/> Active <input checked="" type="checkbox"/> Retired
--	---	---

Medical Insurance: <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Kaiser Permanente <input checked="" type="checkbox"/> Blue Cross <input type="checkbox"/> Other _____	Veteran? [REDACTED]
--	------------------------

QUICK PERSONAL ASSESSMENT TOOL

(TO BE COMPLETED BY MEMBER, FAMILY MEMBER OR LEGAL REPRESENTATIVE)

Assistance Needed:	Full Assistance	Some Assistance	No Assistance
Taking Medications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bathing or Showering	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transferring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shaving, Hair Care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preparing Meals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Laundry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current Living Situation: Home (alone) Home (with services) Lives with family
 Hospital Other _____

Walking Ability: Independent Walker Cane Wheelchair Not Mobile

Memory Loss: Frequent loss Occasional loss No memory loss
 Dementia Diagnosis Alzheimer's Diagnosis



City of Vancouver Human Resources
 415 W 6th St - 3rd Floor/P.O. Box 1995
 Vancouver, WA 98668-1995
 P: 360.487.8403 F: 360.487.8418
 Email: April.Stinson@cityofvancouver.us

Application Request

(To Be Completed by Member, Family Member or Legal Rep - please check one)

- Home Health Care
 Skilled Nursing Home Care Services
 Other ASST. Living

Name: [REDACTED]	SSN: [REDACTED]	Telephone Number: [REDACTED]
Complete address including zip code: [REDACTED]	Pension Board: <input checked="" type="checkbox"/> Police <input type="checkbox"/> Fire	Status: <input type="checkbox"/> Active <input checked="" type="checkbox"/> Retired
Medical Insurance: <input type="checkbox"/> Kaiser Permanente <input checked="" type="checkbox"/> Blue Cross <input type="checkbox"/> Other _____	Veteran? [REDACTED]	

QUICK PERSONAL ASSESSMENT TOOL

(TO BE COMPLETED BY MEMBER, FAMILY MEMBER OR LEGAL REPRESENTATIVE)

Assistance Needed:	Full Assistance	Some Assistance	No Assistance
Taking Medications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bathing or Showering	<input type="checkbox"/>	<u>stand by</u> <input checked="" type="checkbox"/> <u>ASSIST</u>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Transferring	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Contenance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Shaving, Hair Care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preparing Meals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Laundry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current Living Situation:
 Home (alone)
 Home (with services)
 Lives with family
 Hospital
 Other _____

Walking Ability:
 Independent
 Walker
 Cane
 Wheelchair
 Not Mobile

Memory Loss:
 Frequent loss
 Occasional loss
 No memory loss
 Dementia Diagnosis
 Alzheimer's Diagnosis

ADDITIONAL INFORMATION

What recent conditions or events have occurred causing you to consider a change in your circumstance?
Please be specific.

██████████ WAS DIAGNOSED WITH WERNICKE Syndrome 6 yrs ago. Since that diagnosis he has lost muscle coordination and has balance problems. In the last year he has had difficulty with his memory. Two years ago he sustained a very bad fall, resulting with complete fracture of his tibia and fibula, with complicated fracture of foot and ankle. He can no longer ambulate without full use of a walker. Nor can he stand alone. He also was diagnosed with prostate cancer. He was treated with radiation x 5 wks daily. He remains with incontinence and dysuria.

██████████ was diagnosed with spinal stenosis and other spinal injuries as a result of an old horse riding accident. He has at times intense arthritic pain, making him unable to lie supine. He remains in a recliner 22 hrs out of 24. He has no ability to do any ADL's. This includes prep of food, laundry nor any household chores. At this time he needs assisted living in an effort to maintain any stability of living safely. Safety is a big concern due to his inability to walk or stand alone without the use of a constant walker. He cannot be left alone in a home without caregivers available to him. My physical health issues no longer allows me to care for him as his wife without jeopardizes both of us.

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misstatements and is true and complete to the best of my knowledge and belief.

Signature

Date: 12/15/2025

Print Name

Relationship to Member: Spouse

Based on the needs of this patient, I would recommend the following level of care (please check one):

- Skilled Care:** nursing care performed under the orders of a doctor, supervised by a licensed registered nurse or practical nurse available around the clock on a daily basis. A person with professional training or skills must perform most daily procedures.
- Intermediate Care:** nursing care performed under the orders of a doctor and under supervision of a licensed registered nurse or practical nurse. The patient is provided with skilled care on a periodic basis. These periodic procedures cannot be done without professional training or skill.
- Custodial Care:** primarily meets the personal needs of the patient and can be provided by a person without professional training or skill.

Frequency of Need: 3 (#) hours a day, ~~3~~⁴ (#) days a week (FOUR Days Per week)

Duration (how long do you anticipate need): Less than 2 weeks 3 - 4 weeks
 1 - 3 months 4 - 6 months over 6 months not sure other _____

ADDITIONAL INFORMATION

Please provide any additional opinions on the specific medical and other assistance this patient needs: PRIOR TO THIS INJURY (fractures LEFT Leg) PATIENT WAS AWAITING APPEAL OF A MOBILITY CART DUE TO SEVERE CASE OF SPINAL STENOSIS WHERE TREATMENT FOR PAIN HAS NOT BEEN SUCCESSFUL

Physician's Signature: [Signature]

Date: 3/20/24

Typed or Printed Name Mark Litton, DO

Phone: 360 629 1600

Physical Address, including zip code:
9631 269th Street NW
Stanwood, WA 98292

Mailing Address, including zip code:
same

Based on the needs of this patient, I would recommend the following type of service (please check one):

- Home Health Care Assisted Living Long Term Custodial Care Skilled Nursing
 Other _____

Based on the needs of this patient, I would recommend the following level of care (please check one):

- Skilled Care: nursing care performed under the orders of a doctor, supervised by a licensed registered nurse or practical nurse available around the clock on a daily basis. A person with professional training or skills must perform most daily procedures.
- Intermediate Care: nursing care performed under the orders of a doctor and under supervision of a licensed registered nurse or practical nurse. The patient is provided with skilled care on a periodic basis. These periodic procedures cannot be done without professional training or skill.
- Custodial Care: primarily meets the personal needs of the patient and can be provided by a person without professional training or skill.

Frequency of Need: 24 (#) hours a day, 7 (#) days a week

Duration (how long do you anticipate need): Less than 2 weeks 3 - 4 weeks
 1 - 3 months 4 - 6 months over 6 months not sure other _____

ADDITIONAL INFORMATION

Please provide any additional opinions on the specific medical and other assistance this patient needs:

Agree with ptr wifes letter and assessment.

ICD Code:

E51.2

C61

M48.062

N39.42

Physician's Signature: _____

Date: 12/23/2025

Typed or Printed Name: Dr. Mark Litton

Phone: 360-629-1600

Physical Address, including zip code:

*9631 269th St NW
Sturwood WA 98292*

Mailing Address, including zip code:

Stinson, April

From: [REDACTED]
Sent: Monday, March 23, 2026 11:39 AM
To: Stinson, April
Subject: FW: Assisted Living

From: [REDACTED]
Sent: Saturday, March 21, 2026 12:11 PM
To: 'Stinson, April' <April.stinson@cityofvancouver.us>
Subject: RE: Assisted Living

.April; I am a decision point about securing a local facility here in Stanwood. I have determined why no one returned your call or mine. I had previously made it clear I was not interested in a Studio Apartment. I have since learned they are currently full and all they have is a studio unit. There is a current waiting list for a 1 or 2 bedroom unit and they expect some to be come available months down the road. However there is a waiting list for units when they become available. That is the same thing I am hearing from other facilities. However if I were a current resident (studio apartment) I would move to the head of the waiting list. Thus that is my only option.

I want to be in the one here in Stanwood (Brookdale). The reason being, it is close to my primary care doctor, the clinic, my pharmacy and the doctors I have been seeing are 15 minutes away. I cant drive at night nor long trips. When we sell our home [REDACTED] is going to stay here as well in either an apartment or we buy a condo. She needs to be nearby because [REDACTED]

MY IT GUY SHOWED UP AND I HAD TO CLOSE THIS.....SO I WILL CONTINUE HERE

I have been contacted by My new case manager nurse from Regence. Her name is Breezee (sp?) her phone number is 800-543-8848 ext:5327. She has been extremely helpful. Trying to figure out why Brookdale Retirement home has not called you or me back. I did get a call from the Director of this local facility and she pretty much explained that they are booked and there is a waiting list. The only way to get moved up the waiting list (those who do not currently live there) is to become a current a resident. Well they knew I didn't want a Studio Apartment as that was the only option. I did talk to her a bit about that \$5,000 deposit. I told her that might be a problem. She explained that deposit is a deposit but after arrival it is applied to rent, additional items they need to provide for individual items for a individual specific needs.

So I am forced to bite the bullet and take the glorified closet called a Studio. What I am asking Breezee to do is to confirm what position on the waiting list I would be placed, head of the line they say, but how many are a head of me in that line.

Then the 2nd challenge will be how long will it be for a 1 or 2 bedroom unit? If after waiting 3 or 4 months and all that comes available is a 2 bedroom? You said the board will not approve a 2 bedroom, I would fall back in line, and wait for another unit that comes available, what if it is also a 2 bedroom. I could be

on this waiting list forever. That wont work. Candidly I don't think I will be around that long. If this has any chance of success I/we need to be prepared to take what ever comes up first a 1 or 2 bedroom unit.

Digest this problem, if need be discuss with the pension board to get prior approval.

Thanks in advance.

[REDACTED]

Stinson, April

From: [REDACTED]
Sent: Thursday, April 23, 2026 1:30 PM
To: Stinson, April
Cc: David Broggel
Subject: Questions about Deposit on Assisted Care Facility
Attachments: Scan2026-04-23_131341(2).pdf

You don't often get email from [REDACTED]. [Learn why this is important](#)

This letter/email from Brookdale pretty much explains what the deposit is for. As you can see the deposit is completely refundable. Without a deposit, nothing changes, we will wait until next Christmas or longer. As he explained the deposit goes towards the rent once a room is available. He mentions would also include incidentals. Well, what are the incidentals? I have enclosed a 6 page detail of possible incidentals. They list just about every variable about a patient needs. As you can see none of them apply to me. The only item I saw was "meal assistance". I don't think this refers to preparing meals. I think it refers to helping someone actual sit down receive help feeding themselves. I do not need help eating. My situation (mobility) is declining rapidly. I can get around within the house with a walker, but even that has created some challenges. I am going to need a smaller mobility cart to navigate hallways and prevent falls.

I respectfully request the board move this along by at least getting placed on the waiting list and even then we have no way to know how long that will be.

Stinson, April

From: David Broggel <David.Broggel@brookdale.com>
Sent: Thursday, May 21, 2026 1:08 PM
To: Stinson, April
Subject: RE: From Brookdale Stanwod

The one-time community fee doesn't include anything other than the cost of getting the apartment ready and then the administration cost of assessment and paperwork. It's not applied to rent or care. It's a separate fee.

Thanks,

David Broggel

Director, Sales & Marketing
Brookdale Stanwood (BU 24755)
7212 265th ST NW
Stanwood, WA 98292
O: (360) 629-3445
D: (360) 630-1201



From: Stinson, April <April.stinson@cityofvancouver.us>
Sent: Thursday, May 21, 2026 1:07 PM
To: David Broggel <David.Broggel@brookdale.com>
Subject: [EXTERNAL] RE: From Brookdale Stanwod

Hi David,

Could you please provide a detailed breakdown of what the One-Time Community Fee includes?

Thank you,

April Stinson (she/her) | Benefits Specialist
City of Vancouver
Human Resources
Office: 360-487-8486

From: David Broggel <David.Broggel@brookdale.com>
Sent: Wednesday, May 20, 2026 4:02 PM
To: Stinson, April <April.stinson@cityofvancouver.us>
Subject: RE: From Brookdale Stanwod

Hello April,

See Below. Attached, please find our rate sheet which outlines *starting prices* for our apartments offered and indicates that the community fee is equal to one month's rent. I hope this helps, please let me know what else you need.

David

David Broggel

Director, Sales & Marketing
Brookdale Stanwood (BU 24755)
7212 265th ST NW
Stanwood, WA 98292
O: (360) 629-3445
D: (360) 630-1201



From: Stinson, April <April.stinson@cityofvancouver.us>
Sent: Wednesday, May 20, 2026 3:47 PM
To: David Broggel <David.Broggel@brookdale.com>
Subject: [EXTERNAL] RE: From Brookdale Stanwod

Hi David,

Thank you for outlining the waitlist process and explaining how the \$5,000 deposit is applied at Brookdale Stanwood Senior Living.

To help us better understand the anticipated costs, could you please provide additional details regarding the following:

- A breakdown of how the \$5,000 deposit would be allocated, including the amount applied toward the one-time community fee—***The \$5,000 deposit would be applied to the total of the upfront costs. These costs consist of the onetime community (equal to one month's rent for the chosen apartment), and first month's rent and care (these can be pro-rated). Please note that we don't apply the \$5,000 deposit to a specific part of these upfront costs, we simply total up the costs it takes to move in as outlined and take a check for a lump sum***
- The current monthly rate for a studio apartment- ***\$4,780- \$5,400/month***
- The current monthly rate for a one-bedroom apartment- ***\$5,210 - \$8,305/month***

Thank you for your time and assistance.

Thank you,

April Stinson (she/her) | Benefits Specialist
City of Vancouver
Human Resources
Office: 360-487-8486

From: [REDACTED]
Sent: Tuesday, April 21, 2026 10:52 AM
To: Stinson, April <April.stinson@cityofvancouver.us>
Subject: FW: From Brookdale Stanwod

You don't often get email from [g \[REDACTED\]](#). [Learn why this is important](#)

Sent from my Galaxy

----- Original message -----

From: David Broggel <David.Broggel@brookdale.com>
Date: 4/21/26 10:45 AM (GMT-08:00)
To: [REDACTED]
Subject: From Brookdale Stanwod

Hello [REDACTED],

For [REDACTED] to move in, he needs to join our waitlist. The cost for the waitlist is \$5,000. If he moves in, it will be applied to the upfront costs (First months rent and care if applicable and our onetime community fee). If he doesn't move in, the \$5,000 refundable but it does take a couple of weeks to return.

Attached is our fee schedule for a la carte care, please let me know what else you need.

David

David Broggel

Director, Sales & Marketing

Brookdale Stanwood (BU 24755)

7212 265th ST NW

Price Schedule

Run Date/Time: 4/21/2026 12:44:18 PM

As of Date: 04/21/2026

Community: **Brookdale Stanwood**

Pricing Code: AL-v2-C

Identify the last question in each section that is answered "YES" and is associated with a Monthly Price other than zero. Sum the Monthly Prices identified in each section to determine the Total Monthly Price.

Medications		Monthly Price
1.	Do you or your physician believe you need help to manage your medications?	\$0
1a.	Do you or your physician believe you need help with any of the following? (ordering and coordinating meds, staff attention or physical assistance taking meds, storage of meds)	
-	Ordering and coordinating medications between family, health care providers and pharmacy	\$1,269
-	Staff attention or physical assistance with taking medications	\$1,269
-	Storage of medications	\$1,269
1b.	Has your physician prescribed the following medications? (daily liquid fiber supplements, medicated lotions/creams/ointments, ear/eye drops or nasal spray, inhalers, medication patches an/or suppositories two or more times per week)	
-	Daily liquid fiber supplements - For example: Metamucil or Citrucel	\$1,269
-	Daily medicated lotions, creams or ointments	\$1,269
-	Daily ear drops, eye drops or nasal spray	\$1,269
-	Daily inhalers	\$1,269
-	Daily medication patches	\$1,269
-	Suppositories two or more times per week	\$1,269
1c.	Does your physician require any of the following because of the medications you take? (daily pulse/blood pressure/weight/bruising or bleeding monitoring)	
-	Daily pulse monitoring	\$1,269
-	Daily blood pressure monitoring	\$1,269
-	Daily weight monitoring	\$1,269
-	Daily monitoring for bruising or bleeding	\$1,269
1d.	Do you or your physician believe you need help, such as additional preparation of medications due to swallowing difficulties? Examples include crushing and mixing with food.	\$0
2.	Do you take 7 or more medications?	\$0
3.	Do you take any of the following medications? (narcotic, antipsychotic and/or benzodiazepine)	
-	Narcotic medication(s)	\$0
-	Antipsychotic medication(s)	\$0
-	Benzodiazepine medication(s)	\$0
4.	Are you undergoing chemotherapy, radiation therapy or dialysis treatment?	\$0
4a.	Do you or your physician believe you need help, such as specific care and/or monitoring because of the medications or treatments?	\$1,776

Chronic Condition Management		Monthly Price
5.	Has your physician diagnosed any of the following chronic conditions? (COPD, HF, Parkinson's, Chronic Persistent Pain, Diabetes)	
-	Chronic Obstructive Pulmonary Disease (COPD)	\$0
-	Heart Failure (HF)	\$0
-	Parkinson's Disease	\$0
-	Chronic Persistent Pain	\$0

Exhibit Z

-	Diabetes	\$0
5a.	Do you or your physician believe you need help, such as specific care and/or monitoring because of any of the above chronic conditions? Examples include skin observation, edema and activity tolerance.	\$254
5b.	Do you have insulin-dependent diabetes?	\$0
5c.	Do you or your physician believe you need help with any of the following? (supervise or perform blood sugar monitoring three or more times per week, staff attention while you administer or administration of insulin injections)	
-	Supervise or perform blood sugar monitoring three or more times per week	\$1,776
-	Staff attention while you administer your insulin injections	\$1,776
-	Administration of insulin injections	\$1,776
5d.	Do you need help with your insulin management AND is your insulin dose adjusted based on your glucose readings (i.e. sliding scale)?	\$2,284
Respiratory Equipment		Monthly Price
6.	Do you use oxygen or respiratory equipment?	\$381
6a.	Do you or your physician believe you need help, such as staff attention or physical assistance with the use of oxygen or respiratory equipment?	\$1,396
Nebulizer		Monthly Price
7.	Do you need help with the setup and cleaning of your scheduled nebulizer treatments?	\$888
7a.	Do you need help such as staff attention or physical assistance during your scheduled nebulizer treatments?	\$3,299
Nutrition		Monthly Price
8.	Do you believe you need dining help while eating?	\$0
9.	Do you or your physician believe you have any nutritional needs other than regular, low fat, low cholesterol, and no added salt diets?	
-	Carbohydrate controlled diet	\$381
-	Finger foods	\$381
-	Delivery of nutritional supplements (Excludes cost of supplement)	\$381
-	Consistency modified diets, such as texture modified, pureed, or thickened liquids	\$888
-	Special Diets, such as limited potassium, limited phosphorus, limited protein, vegetarian, or lactose controlled diet	\$888
10.	Do you use adaptive equipment while eating?	\$0
11.	Do you or your physician believe you need help, such as direct staff attention or direct physical assistance while eating?	\$2,284
12.	Do you need help, such as staff attention or physical assistance with a gastro-intestinal or other type of feeding tube?	\$2,918
Dressing & Grooming		Monthly Price
13.	Do you need help with dressing and grooming?	\$0
13a.	Do you need help with the set-up, selection, or laying out of clothes or grooming toiletries? Examples of grooming toiletries include toothpaste, shaving cream and deodorant.	\$254
13b.	Do you need help, such as staff attention or physical assistance with any dressing tasks?	\$1,015
13c.	Do you need help, such as staff attention or physical assistance with any grooming tasks? Examples of grooming tasks include putting on deodorant, combing hair, washing face, shaving and brushing teeth/dentures.	\$1,015
13d.	Are you unable to stand independently during dressing or grooming tasks needing weight-bearing or balance assistance from one associate?	\$1,776
Showering or Bathing		Monthly Price
14.	Do you need help with showering and bathing?	\$0
14a.	Is showering set-up what you need? Examples of supplies include shampoo, soap, towels and safety devices.	\$127
14b.	Is bathing set-up what you need? Examples of supplies include shampoo, soap, towels and safety devices.	\$127
14c.	Is showering help what you need? Examples include staff attention or physical assistance.	\$254
14d.	Is bathing help what you need? Examples include staff attention or physical assistance.	\$381
14e.	Do you require help more than two (2) times per week?	\$0

Exhibit Z

-	3 to 4 times per week	\$508
-	5 to 6 times per week	\$761
-	Daily (7 times a week)	\$888

Bathroom Assistance	Monthly Price
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15.	Do you need help to use the bathroom?	\$0
15a.	Do you need help, such as reminders to get to the bathroom but are able to use the bathroom on your own?	\$254
15b.	Do you need help because you are unable to use the bathroom on your own? Examples include pulling up and down pants, handling toilet paper, wiping, changing protective undergarments and getting onto and off of toilet.	\$888
15c.	Does the help you need in the bathroom require a schedule?	\$1,523
15d.	Do you need help with routine urinary catheter or ostomy care? Examples may include non-nursing tasks such as emptying or cleaning catheter and/or ostomy bag.	\$1,523
15e.	Do you need additional help because of uncontained bladder or bowel accidents? Examples may include washing and cleaning up (includes showering) after accidents, changing clothes, laundering soiled clothes and linens.	\$2,030
15f.	Are you unable to stand independently while using the bathroom needing weight-bearing or balance assistance from one associate?	\$2,030
16.	Do you use incontinence products?	\$0

Escort & Mobility	Monthly Price
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17.	Do you need help going to and from the dining room and/or community activities?	\$634
18.	Have you fallen in the past twelve months?	\$0
19.	Do you use a mobility aid? Examples include cane, walker, wheelchair and scooter.	\$0
20.	Do you use a bedside mobility device?	\$0

Two Person or Mechanical Lift	Monthly Price
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21.	Do you need a second person or a mechanical lift to help you with transfers? Examples include assistance moving between bed, chair, wheelchair and toilet.	\$2,664
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Cognitive / Psychosocial	Monthly Price
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22.	Do you have memory loss or cognitive impairment?	\$0
22a.	Do you need help, such as structure, attention or assistance to accomplish and/or participate in daily routines due to memory loss or cognitive impairment? Daily routines include dressing/grooming, showering/bathing, bathroom help and resident programs.	\$761
22b.	Do you engage in any of the following behaviors? (wandering requiring redirection, removing personal property of others, sleep/wake disturbances)	
-	Wandering requiring redirection	\$1,142
-	Removing personal property of others	\$1,142
-	Sleep/wake disturbances	\$1,142

Reluctance to Accept Care	Monthly Price
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23.	Do you need additional staff involvement because you are verbally or physically reluctant to accept care? (assistance with medications, meals, dressing or grooming, showering or bathing, bathroom, escort)	
-	Medication Assistance	\$1,015
-	Meal Assistance	\$1,015
-	Dressing or Grooming Assistance	\$1,015
-	Showering or Bathing Assistance	\$1,015
-	Bathroom Assistance	\$1,015
-	Escort Assistance	\$1,015

Exhibit Z

Behavior Management		Monthly Price
24.	Do you engage in any of the following behaviors? (dress or undress requiring additional attention, urinate in inappropriate places, demonstrate anxious/disruptive/obsessive behavior requiring additional attention, attempt to exit a building without needed supervision)	
-	Dress or undress requiring additional attention	\$0
-	Urinate in inappropriate places	\$0
-	Demonstrate anxious, disruptive or obsessive behavior requiring additional attention	\$0
-	Attempt to exit a building without needed supervision	\$0
	One of the above behaviors are checked.	\$634
	Two of the above behaviors are checked.	\$1,396
	Three or more of the above behaviors are checked.	\$2,411

Skin Care		Monthly Price
25.	Do you have a wound(s)?	\$0
25a.	Is the wound complex AND who will provide wound care?	
-	One complex wound AND wound care is provided by Home Health.	\$0
-	One complex wound AND wound care is to be provided by the community.	Exhibit Y
-	Two or more complex wounds AND wound care is provided by Home Health.	\$0
-	Two or more complex wounds AND wound care is to be provided by the community.	Exhibit Y

Service Coordination		Monthly Price
26.	Do you need help to coordinate non-Brookdale services, such as doctor or dentist appointments, or scheduled lab services? Excludes transportation fees and companion fees.	\$127
27.	Are you using or have you used other services such as private companion, therapy, home health or hospice in the last three months?	\$0

Smoking Assistance		Monthly Price
28.	Do you smoke or use other forms of tobacco?	\$127
28a.	Do you need help with set-up or storage of smoking materials or other tobacco products?	\$254
28b.	Do you need help, such as staff attention or physical assistance while smoking or using other tobacco products?	\$1,269

Pet Care		Monthly Price
29.	Do you have a pet?	\$0
29a.	What kind of pet do you have and do you need pet care assistance from Brookdale staff?	
-	Resident has a pet other than a cat or dog AND cares for it on their own.	\$0
-	Resident has a pet other than a cat or dog AND needs pet care assistance.	\$508
-	Resident has a cat AND cares for it on their own.	\$0
-	Resident has a cat AND needs pet care assistance.	\$508
-	Resident has a dog AND cares for it on their own.	\$0
-	Resident has a dog AND needs pet care assistance.	\$1,015

- Depending on licensure requirements and Brookdale policy, not all services listed may be available at the community.
- Contact the Executive Director to verify if a listed service is available or for more information.
- Additional service and care options exist through defined Select and Therapeutic Services.
- The Personal Service Rate does not include the cost of medications and/or supplies.
- Prices are subject to change in accordance with the terms of the Residency Agreement.