

Assisted Living Price Comparison

PRICE COMPARISON – FACILITY #1	PRICE COMPARISON – FACILITY #2	PRICE COMPARISON – FACILITY #3
FACILITY NAME _____	FACILITY NAME _____	FACILITY NAME _____
Address: _____	Address: _____	Address: _____
Phone Number: _____	Phone Number: _____	Phone Number: _____
Number of Beds: _____	Number of Beds: _____	Number of Beds: _____
BASE RENT: \$ _____ <input type="checkbox"/> DEPOSITS: Refundable _____ \$ _____ _____ \$ _____	BASE RENT: \$ _____ <input type="checkbox"/> DEPOSITS: Refundable _____ \$ _____ _____ \$ _____	BASE RENT: \$ _____ <input type="checkbox"/> DEPOSITS: Refundable _____ \$ _____ _____ \$ _____
ADD – ONS: MEALS: \$ _____ LAUNDRY: \$ _____ MEDICATION REMINDERS: \$ _____	ADD – ONS: MEALS: \$ _____ LAUNDRY: \$ _____ MEDICATION REMINDERS: \$ _____	ADD – ONS: MEALS: \$ _____ LAUNDRY: \$ _____ MEDICATION REMINDERS: \$ _____
OTHER ADD-ONS: _____ \$ _____ _____ \$ _____	OTHER ADD-ONS: _____ \$ _____ _____ \$ _____	OTHER ADD-ONS: _____ \$ _____ _____ \$ _____
TYPICAL RENT INCREASE AMOUNT? _____	TYPICAL RENT INCREASE AMOUNT? _____	TYPICAL RENT INCREASE AMOUNT? _____
HOW OFTEN? _____	HOW OFTEN? _____	HOW OFTEN? _____
% OF INCREASE? _____	% OF INCREASE? _____	% OF INCREASE? _____
Is Medicaid Accepted? _____	Is Medicaid Accepted? _____	Is Medicaid Accepted? _____
Any other fees? _____	Any other fees? _____	Any other fees? _____
POSSIBLE TOTAL RENT WITH ADD-ONS: \$ _____	POSSIBLE TOTAL RENT WITH ADD-ONS: \$ _____	POSSIBLE TOTAL RENT WITH ADD-ONS: \$ _____

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