

Assisted Living Community – Cost Worksheet

Use this handy worksheet to estimate your costs.

Community Information

Community Name:

Contact:

E-Mail:

Phone:

Costs	Included?		Amount	Notes
	Yes	No		
Waiting list deposit	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Move-in fee(s)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Initial assessment fee	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Preferred unit and basic service package	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Meals	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Personal laundry service	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Linen service (bed linens, towels)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Cable television	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Private phone line	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Utilities (gas, electricity, sewer, water)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Resident call system with 24-hr. response	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Internet Access	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Medication management/assistance	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Personal care assistance (bathing, dressing, eating, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Field trips/Planned outings	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Wellness Program	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Storage	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Total Estimated Cost per Month:			\$	

Additional Questions	Notes
What are the contract options available?	
What are the entrance fees?	
What are the policies for refunding entrance or waiting list deposit fees?	
What is the pet deposit?	
What services are included in the monthly rate? List:	
What additional fees are charged for care, services and supplies?	
What are the billing, payment and credit policies?	
What is the policy for fee increases?	
Under what conditions can a contract be terminated?	
Is insurance required to cover personal property and possessions?	
What is the policy if a resident is no longer able to pay with private funds and is Medicaid eligible?	
What programs are available to help cover the cost of services such as government, corporate, or private programs? (e.g., Veteran’s Administration, Life Settlement, Bridge loans)	

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