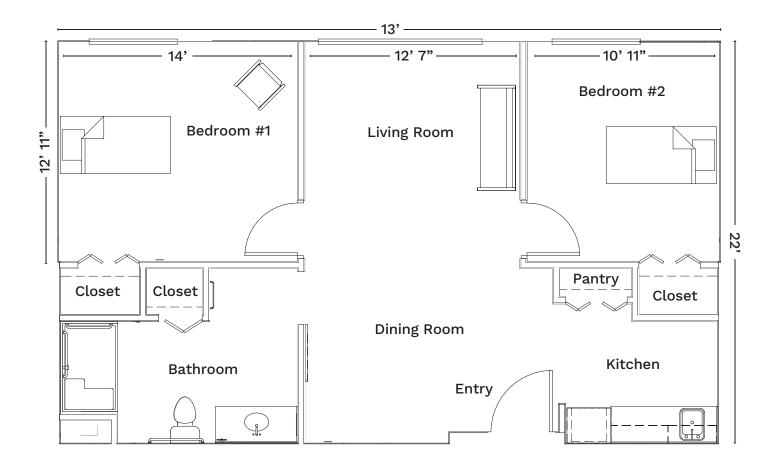


Two Bedroom

863 SQ. FT.



DATE	RESIDENCE NUMBER	PREPARED BY	
ONE-TIME COMMUNITY FEE	MONTHLY FEE	SECOND-PERSON FEE \$	ESTIMATED LEVEL OF CARE*
OTHER \$	TOTAL MONTHLY FEE		*To be determined based upon clinical assessment

Managed by Life Care Services*

