

Consumer Comparison Guide

SERVICES/FEES	ACTIVCARE LOCATION	COMMUNITY #1	COMMUNITY #2	COMMUNITY #3	COMMENTS/NOTES
Room & Board Private Semi-Private	Monthly Fee \$ _____ \$ _____	Monthly Fee \$ _____ \$ _____	Monthly Fee \$ _____ \$ _____	Monthly Fee \$ _____ \$ _____	Consider these areas in your comparison: <ul style="list-style-type: none"> • Community Appearance • Activity Schedule • Medical Team Availability • Staff Friendliness • Family Support Programs _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Incontinence Care (briefs, wipes, gloves, additional assistance)	Monthly Fee _____	Monthly Fee _____	Monthly Fee _____	Monthly Fee _____	
Licensed Nurse On-site	24 hours a day/ 7 days a week	_____	_____	_____	
Medication Management (Storage & Administration)	INCLUDED	Monthly Fee _____	Monthly Fee _____	Monthly Fee _____	
Assistance with Activities of Daily Living (bathing, dressing, grooming, etc.)	INCLUDED	Monthly Fee _____	Monthly Fee _____	Monthly Fee _____	
Weekly Linen Service	INCLUDED	Monthly Fee _____	Monthly Fee _____	Monthly Fee _____	
Personal Laundry Service	INCLUDED	Monthly Fee _____	Monthly Fee _____	Monthly Fee _____	
Reservation/Admission Fee	_____	_____	_____	_____	
MONTHLY TOTAL Private Semi-Private	Total of Base Rate & Additional Fees: \$ _____ Monthly Fee	Total of Base Rate & Additional Fees: \$ _____ Monthly Fee	Total of Base Rate & Additional Fees: \$ _____ Monthly Fee	Total of Base Rate & Additional Fees: \$ _____ Monthly Fee	

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