

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 \$ _____ Monthly Fee	Total of Base Rate & Additional Fees: \$ _____ Monthly Fee \$ _____ Monthly Fee	Total of Base Rate & Additional Fees: \$ _____ Monthly Fee \$ _____ Monthly Fee	Total of Base Rate & Additional Fees: \$ _____ Monthly Fee \$ _____ Monthly Fee	_____ _____ _____ _____

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