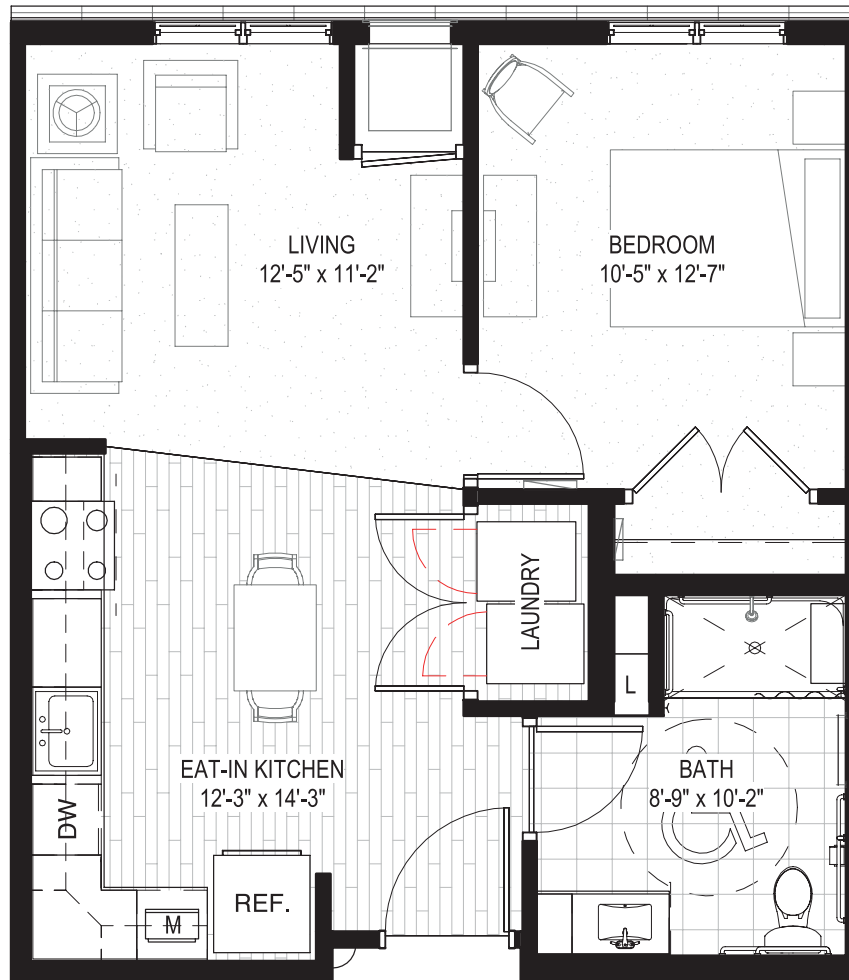


Fletcher

1 BEDROOM · 651 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