



## ACTIVCARE® Consumer Comparison Guide

SERVICES/FEEES	ACTIVCARE® _____	FACILITY #1 _____	FACILITY #2 _____	FACILITY #3 _____	COMMENTS
	Location				
Room & Board Private	\$_____ Monthly Fee	\$_____ Monthly Fee	\$_____ Monthly Fee	\$_____ Monthly Fee	_____
Semi-Private	\$_____ Monthly Fee	\$_____ Monthly Fee	\$_____ Monthly Fee	\$_____ Monthly Fee	_____
Incontinency Care Briefs, wipes, gloves, additional assistance	_____ Monthly Fee	_____ Monthly Fee	_____ Monthly Fee	_____ Monthly Fee	_____
Medication Management Storage & disbursement	INCLUDED _____ Monthly Fee	_____ Monthly Fee	_____ Monthly Fee	_____ Monthly Fee	_____
Assistance with Daily Living Bathing, dressing, grooming	INCLUDED _____ Monthly Fee	_____ Monthly Fee	_____ Monthly Fee	_____ Monthly Fee	_____
Weekly Linen Service	INCLUDED _____ Monthly Fee	_____ Monthly Fee	_____ Monthly Fee	_____ Monthly Fee	_____
Personal Laundry Service	INCLUDED _____ Monthly Fee	_____ Monthly Fee	_____ Monthly Fee	_____ Monthly Fee	_____
Entrance or Community Fee at Admission	NONE				_____
Private	Total: Base rate plus additional fees \$_____ Monthly Fee	Total: Base rate plus additional fees \$_____ Monthly Fee	Total: Base rate plus additional fees \$_____ Monthly Fee	Total: Base rate plus additional fees \$_____ Monthly Fee	_____
Semi-Private	\$_____ Monthly Fee	\$_____ Monthly Fee	\$_____ Monthly Fee	\$_____ Monthly Fee	_____