

COST ANALYSIS

SERVICE/AMENITY	MILL STREET RESIDENCE	OPTION #2	OPTION #3
Rent	\$ _____	\$ _____	\$ _____
Meals (2 per day)*	INCLUDED	\$ _____	\$ _____
Afternoon snack	INCLUDED	\$ _____	\$ _____
Emergency call	INCLUDED	\$ _____	\$ _____
24-hour access to on-site staff	INCLUDED	\$ _____	\$ _____
Weekly housekeeping	INCLUDED	\$ _____	\$ _____
Laundering of linens & towels*	INCLUDED	\$ _____	\$ _____
Transportation to medical appointments & shopping*	INCLUDED	\$ _____	\$ _____
Complimentary laundry facilities	INCLUDED	\$ _____	\$ _____
Basic cable TV service*	INCLUDED	\$ _____	\$ _____
Activities/Entertainment*	INCLUDED	\$ _____	\$ _____
Heath, electricity, air conditioning	INCLUDED	\$ _____	\$ _____
Controlled access to building	INCLUDED	\$ _____	\$ _____
Daily "I'm OK" check	INCLUDED	\$ _____	\$ _____
Water, sewer, garbage	INCLUDED	\$ _____	\$ _____
Off-street parking with electrical plug-ins	INCLUDED	\$ _____	\$ _____
Valet service*	INCLUDED	\$ _____	\$ _____
Health care monitoring and assistance*	\$ _____	\$ _____	\$ _____
TOTAL COST	\$ _____	\$ _____	\$ _____

*See services description page