

Checklist for Index Listings

--- Community information and contact as it is to appear ---

(please attach a list of all locations or complete a form for each location).

RETURN TO: Artwork@AlternativesforSeniors.com or fax to: (800) 350-0771

Company: _____

Contact: _____ Title: _____

Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

Telephone: (_____) _____ Fax: (_____) _____

Email Address: _____

Please complete checklists using the legend below, identifying your services for each type of care ordered.

✓ : Available

BLANK or ☐ : Not Available

● : Optional

◆ : Call for Information

Senior Apartments	Independent Living	Assisted Living / Residential Care	Memory Care
_____ Total Number of Units # of Units: _____	_____ Total Number of Units # of Units: _____	_____ License # _____	_____ Total Number of Units # of Units: _____
_____ Government Assisted	_____ Medical / Personal Care	_____ Total Number of Units # of Units: _____	_____ 24-Hour Nursing Staff
_____ Age Restriction Age: _____	_____ Housekeeping / Laundry	_____ Medication Management	_____ Medication Management
_____ On-Site Meal Program	_____ Pets Allowed Weight Limit: _____ lbs.	_____ Housekeeping / Laundry	_____ Incontinence Care
_____ Fitness Room	_____ Transportation Service	_____ Respite Care	_____ Respite Care
_____ Laundry Facilities	_____ Studio	_____ Alzheimer's / Dementia	_____ Secure Environment
_____ Transportation	_____ One Bedroom	_____ Transportation Service	_____ Transportation Services
_____ Handicap / Barrier Free Apts.	_____ Two Bedroom	_____ Private	_____ Private Room
_____ Studio	_____ Daily Meals Included # of Meals _____	_____ Semi-Private	_____ Semi-Private Room
_____ One Bedroom	_____ Utilities Included	_____ Apartments <input type="checkbox"/> Studio <input type="checkbox"/> One Bedroom <input type="checkbox"/> Two Bedroom	_____ Skilled Care
_____ Two Bedroom	_____ Social Activities	_____ Daily Meals Included # of Meals _____	_____ Pets Allowed Weight Limit: _____ lbs.
_____ Social Activities		_____ Pets Allowed Weight Limit: _____ lbs.	_____ Daily Meals Included # of Meals _____
_____ Community Room		_____ Supportive Living (Chicago Only)	_____ Social Activities
_____ Specialty Trained Staff			_____ Specialty Trained Staff
MUST SUBMIT PRICING	MUST SUBMIT PRICING	MUST SUBMIT PRICING	MUST SUBMIT PRICING
Starting Rates (per month) for:	Starting Rates (per month) for:	Starting Rates (per month) for:	Starting Rates (per month) for:
Studio: \$ _____	Studio: \$ _____	Private Room: \$ _____	Private Room: \$ _____
One Bedroom: \$ _____	One Bedroom: \$ _____	Semi-Private: \$ _____	Semi-Private: \$ _____
Two Bedroom: \$ _____	Two Bedroom: \$ _____	Studio: \$ _____	Studio: \$ _____
		One Bedroom: \$ _____	One Bedroom: \$ _____
		Two Bedroom: \$ _____	Two Bedroom: \$ _____