

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