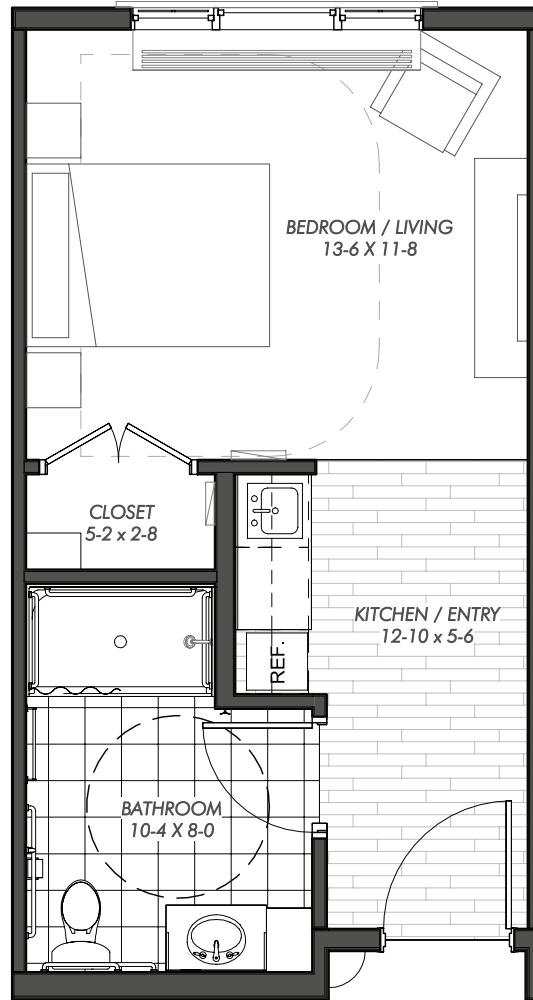


White Elm

STUDIO · 385 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