

Facility Name:			
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Type of Facility:		Specialty License:	
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Contact person:			
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Phone number:		Fax number:	
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Email:			
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Address:			
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Shared room Rates:		Private room Rates:	
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Semi private Rates:		Studios Rates:	
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Bathroom private Rates:		Bathroom shared Rates:	
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Administration Fee:		Move in Fee:		Annual Fee:	
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Do you accept Long Term Care Program?			
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Which LTC companies are you contracted with?			
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Will you be willing to accept someone below the desire rate and if yes what would be that amount.			
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If you charge additional cost for Level of Care. Please indicate below what each tier level offers and the cost.			
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Tier levels			
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Tier levels			
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Tier levels			
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Tier levels			
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Provide a brief description of your community

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