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CALCULATOR

January 2001

# Assisted-living cost calculator

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Use this worksheet to get a rough idea of the services and what they will cost at the facility you select.

**Step 1: Check the type of rate structure.**

Flat or bundled rate (includes some services)	<input type="checkbox"/>
Tiered rate (varies according to the amount of assistance needed)	<input type="checkbox"/>
Flat rate (plus additional charges for assistance)	<input type="checkbox"/>

**Step 2: List the community or other onetime charge.**

	\$	<input type="text" value="0.00"/>
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**Step 3: List the monthly rate for the type of unit you select.**

Studio	\$	<input type="text" value="0.00"/>
One bedroom	\$	<input type="text" value="0.00"/>
Two bedroom	\$	<input type="text" value="0.00"/>
Other	\$	<input type="text" value="0.00"/>
Second-person fee	\$	<input type="text" value="0.00"/>

**Step 4: Check which other services are included in the monthly fee, and add the cost of services that require an extra charge.**

	Included services	Additional services
<b>MEALS</b>		
Breakfast	<input type="checkbox"/>	\$ <input type="text" value="0.00"/>
Lunch	<input type="checkbox"/>	\$ <input type="text" value="0.00"/>
Dinner	<input type="checkbox"/>	\$ <input type="text" value="0.00"/>
Snacks	<input type="checkbox"/>	\$ <input type="text" value="0.00"/>
Special diets	<input type="checkbox"/>	\$ <input type="text" value="0.00"/>
Guest meals	<input type="checkbox"/>	\$ <input type="text" value="0.00"/>
Room service	<input type="checkbox"/>	\$ <input type="text" value="0.00"/>
Escorts to meals	<input type="checkbox"/>	\$ <input type="text" value="0.00"/>
<b>HOUSEKEEPING</b>		
Daily	<input type="checkbox"/>	\$ <input type="text" value="0.00"/>
Times per week	<input type="checkbox"/>	\$ <input type="text" value="0.00"/>
<b>LAUNDRY SERVICES</b>		
Personal (loads per week)	<input type="checkbox"/>	\$ <input type="text" value="0.00"/>

Linens	<input type="checkbox"/>	\$	0.00
<b>APARTMENT AMENITIES</b>			
Emergency response system	<input type="checkbox"/>	\$	0.00
Bathroom (sink, shower/bathtub, toilet)	<input type="checkbox"/>	\$	0.00
Bathroom (toilet & sink only)	<input type="checkbox"/>	\$	0.00
Fully furnished unit	<input type="checkbox"/>	\$	0.00
Carpeting	<input type="checkbox"/>	\$	0.00
Cable-TV hookup	<input type="checkbox"/>	\$	0.00
Mini-refrigerator	<input type="checkbox"/>	\$	0.00
Lockable door	<input type="checkbox"/>	\$	0.00
Gas/electric/water	<input type="checkbox"/>	\$	0.00
Window treatments	<input type="checkbox"/>	\$	0.00
Basic cable-TV service	<input type="checkbox"/>	\$	0.00
Microwave oven	<input type="checkbox"/>	\$	0.00
Stovetop burners	<input type="checkbox"/>	\$	0.00
Local phone service	<input type="checkbox"/>	\$	0.00
<b>TRANSPORTATION</b>			
Scheduled	<input type="checkbox"/>	\$	0.00
Unscheduled	<input type="checkbox"/>	\$	0.00
Car	<input type="checkbox"/>	\$	0.00
Van/mini bus with lift	<input type="checkbox"/>	\$	0.00
Other	<input type="checkbox"/>	\$	0.00
<b>SOCIAL/RECREATIONAL ACTIVITES AND SERVICES</b>			
Awake staff on premises 24 hours per day	<input type="checkbox"/>	\$	0.00
On-site licensed nursing staff (hours per day)	<input type="checkbox"/>	\$	0.00
Supervision of self-medication (i.e., reminders)	<input type="checkbox"/>	\$	0.00
Medication administration by licensed professional	<input type="checkbox"/>	\$	0.00
<b>Activities of daily living assistance</b>			
Unlimited	<input type="checkbox"/>	\$	0.00
Limited	<input type="checkbox"/>	\$	0.00
Beauty/barber shop	<input type="checkbox"/>	\$	0.00
“Wander management” system (for dementia patients)	<input type="checkbox"/>	\$	0.00
Shopping assistance	<input type="checkbox"/>	\$	0.00
Incontinence supplies	<input type="checkbox"/>	\$	0.00
Toiletries	<input type="checkbox"/>	\$	0.00
<b>OTHER PERSONAL-CARE SERVICES</b>			
(Maximum text entry 45 characters)		\$	0.00
(Maximum text entry 45 characters)		\$	0.00
(Maximum text entry 45 characters)		\$	0.00

**TOTAL ADDITIONAL CHARGES:**

0.00

**Step 5: Add up your estimated total monthly expenses.**

**Monthly rate**

\$

0.00

**Second-person fee** (if applicable)

\$

0.00

**Cost of additional services required**

\$

0.00

**Total monthly charges**

**Calculate**

\$

0.00

Clear

*Source: Adapted from consumer information statement created by the American Seniors Housing Association and the Assisted Living Federation of America.*

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