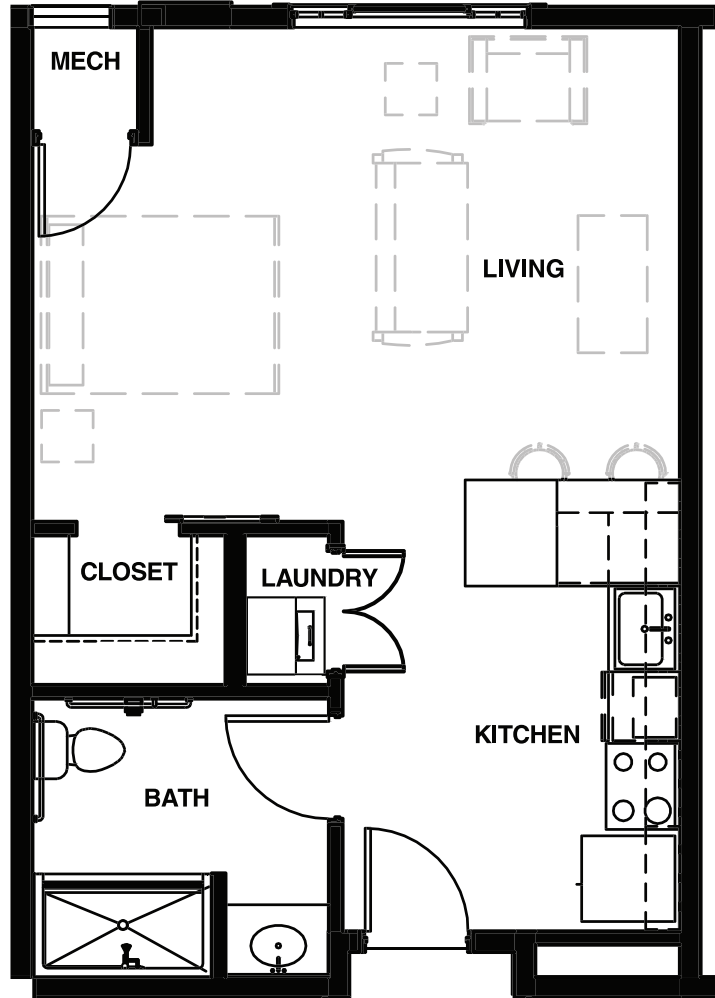


Sanctuary

STUDIO · 560 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