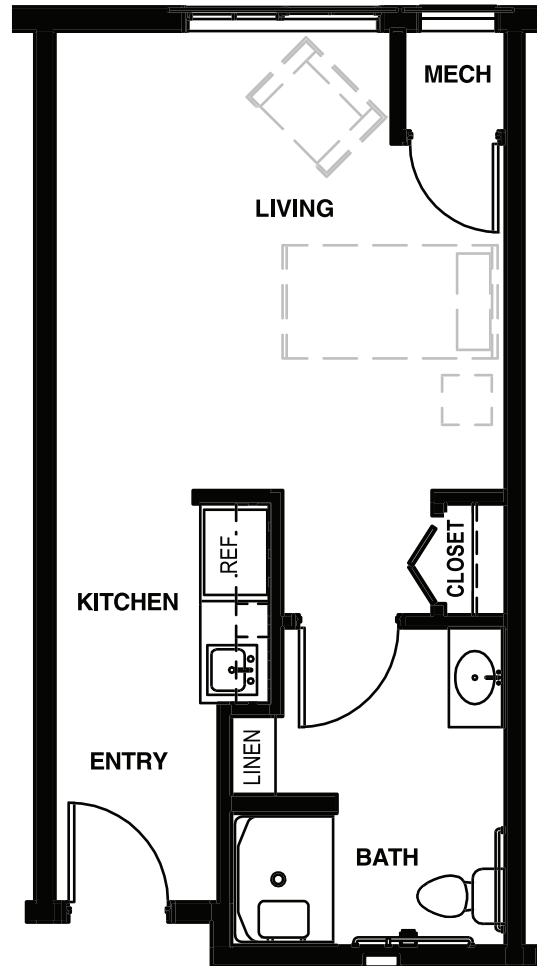


# Oasis

STUDIO · 397 SQ. FT.



|                        |  |                          |          |
|------------------------|--|--------------------------|----------|
| DATE _____             | RESIDENCE NUMBER _____                           | PREPARED BY _____        |          |
| ONE-TIME COMMUNITY FEE | MONTHLY FEE                                      | ESTIMATED LEVEL OF CARE* | OTHER    |
| \$ _____               | \$ _____   | \$ _____                 | \$ _____ |
| TOTAL MONTHLY FEE      |  |                          |          |
| \$ _____               | *To be determined based upon clinical assessment |                          |          |