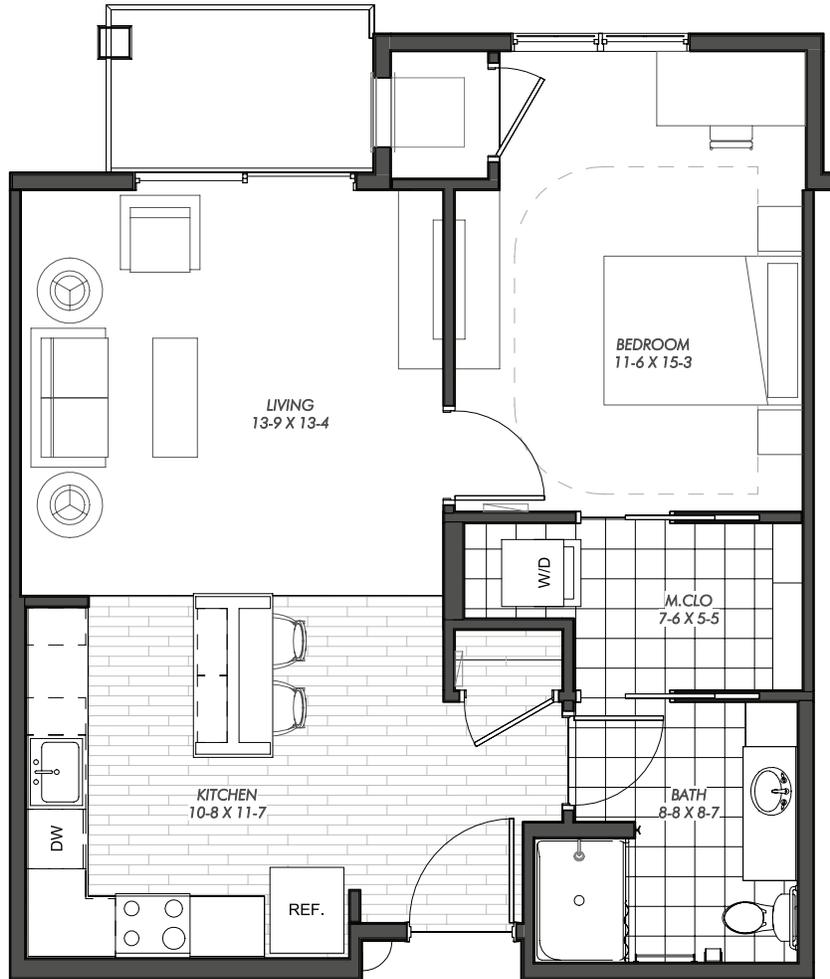


# Ironwood

1 BEDROOM · 794 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