

California Assisted Living Network

Facility Member Fact Sheet

Facility Name:		Fac #:	
Address:		# beds:	
City:	State:	Zip:	
Phone:	Fax:		
Web site:	Email:		
Owner:	Contact:		
Description of Property:			
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>			
Building Description:			
Date Open:		Building Type:	
Model:	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Retirement	
	<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> Independent	
	<input type="checkbox"/> Alzheimer / Dementia	<input type="checkbox"/>	
Common Areas:	<input type="checkbox"/> Living Room	<input type="checkbox"/> Sun Room	<input type="checkbox"/> Exercise Room
	<input type="checkbox"/> Dining Room	<input type="checkbox"/> Beauty/Barber Shop	<input type="checkbox"/> Smoking Room
	<input type="checkbox"/> Library	<input type="checkbox"/> Resident Kitchen	<input type="checkbox"/> Storage Room
Unit Sizes	1)	2)	3)
Unit Amenities:	<input type="checkbox"/> Emergency Response	<input type="checkbox"/> Telephone Jack	<input type="checkbox"/> Shower
	<input type="checkbox"/> Microwave/Stove	<input type="checkbox"/> Cable TV Jack	<input type="checkbox"/> Refrigerator
Price: _____			
Services (Y = Yes included in price, A = Available)			
<input type="checkbox"/> Daily Meals	<input type="checkbox"/> Scheduled Transportation	<input type="checkbox"/> Dementia Care	
<input type="checkbox"/> Special Diets	<input type="checkbox"/> Personal Transportation	<input type="checkbox"/> Wellness Program	
<input type="checkbox"/> Personal Laundry	<input type="checkbox"/> Personal Care	<input type="checkbox"/> Respite Care	
<input type="checkbox"/> Lines / Towels Laundry	<input type="checkbox"/> Medication Monitoring	<input type="checkbox"/> Housekeeping	
<input type="checkbox"/> Activities	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/>	
Primary Market Area:			