



CONSUMER SUMMARY

Facility Posting

Instructions: Please complete the information in the FACILITY RESPONSE table.

EXAMPLE

Facility Operating Certificate Name	<i>(hypothetical example)</i> <i>Awesome Assisted Living Residence (Operating Certificate #)</i>
Full Address	<i>1234 Hayes Lane, Somewhere, NY 12345</i>
Website link Facility	<i>LINK</i>
Website link DOH	<i>DOH LINK</i>
Starting rent for each license and certification	<i>ALR \$5,000 per month private, \$4300 Semi-private SNALR \$10,000 per month private, \$9000 Semi-private EALR \$15,000 per month, private (no Semi-private available)</i>
Summary of Services (consistent language)	<i>NOTE: Every Assisted Living Residence offers meals, some assistance with personal care, like bathing, dressing and grooming, medication assistance, supervision and monitoring, a program of activities, case management, housekeeping and laundry service.</i> <ul style="list-style-type: none"><i>Facility provided Transportation (listing additional services)</i> <i>Disclaimer: This list is a summary and not exhaustive. Additional Details can be found in the Link below for Approved Residency Agreement.</i>
Cost for Additional Services – Tier billing or other	<i>Cost for Additional Services – Tier billing Model applies</i> <i>Tier Billing for higher support needs.</i> <i>Please see link below for Residency Agreement that would provide additional details.</i>

FACILITY RESPONSE

Facility Operating Certificate Name	
Full Address	
Website link Facility	
Website link DOH	
Starting rent for each license and certification	

Summary of Services (consistent language)	
Cost for Additional Services – Tier billing or other	