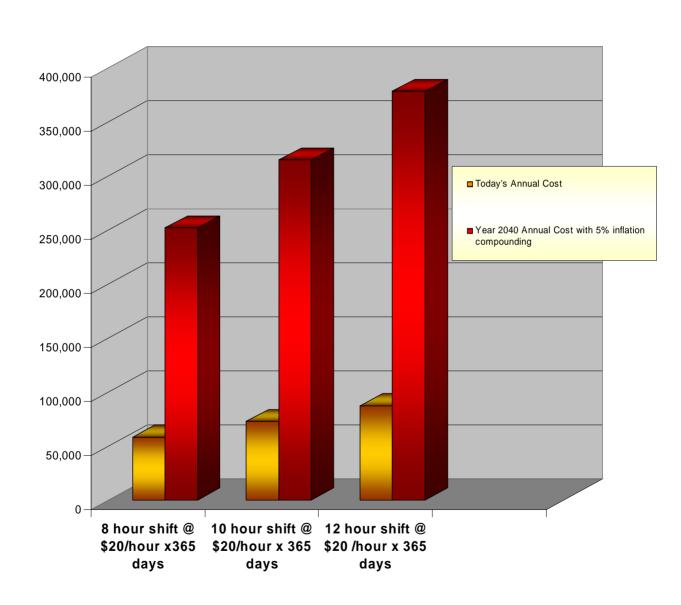


What is your plan?

PROJECTED COST OF HOME HEALTH CARE



FAMILY CARE SCHEDULE

(PLEASE FILL IN NAMES <u>BEFORE</u> ANYONE NEEDS CARE)

| Тіме | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---------------------------|--------|--------|---------|-----------|----------|--------|----------|
| 12:00 am to 8:00 am | | | | | | | |
| 8:00am to 4:00 pm | | | | | | | |
| 4:00 pm to 12:00 pm | | | | | | | |
| | | | | | | | |
| | | | | | | | |

PLAN OF CARE...

Home Care

Assisted Living



 Continuing Care Retirement Community (CCRC)