ROOM PROCESSING FEE FORM
GLEN-PARK RETIREMENT COMMUNITIES

NAME: _____
LAST FIRST INTL.

ADDRESS: _____
_____
_____

PHONE NUMBER: _____

RELATIVE'S NAME: _____

ROOM NUMBER: _____ ETA _____

LEVEL OF CARE : _____
(OPTIONS)

1. INDEPENDENT LIVING
2. MEDICINE MANAGEMENT
3. PERSONAL CARE MANAGEMENT
4. INCONTINENCE MANAGEMENT
5. ALZHEIMER/DEMENTIA CARE
6. ALZHEIMER/DEMENTIA with INCONTINENCE MANAGEMENT
7. HOSPICE CARE
8. WHEELCHAIR MANAGEMENT
9. AMBULATION MANAGEMENT
10. COMPANION CARE

MONTHLY RATE $ _____ PROCESSING FEE_____

BALANCE DUE: _____

NOTE: PROCESSING FEE IS NON-REFUNDABLE