

**Continuing Care Provider Registration and Disclosure Act
Disclosure Statement Summary**

1. Name and address of facility:

2. Name and address of provider:

3. Admissions contact:

Name:
Location:

Telephone: () - **Extension:**

4. Description of facility:

Residential Area: Urban

Number of Acres:

Types of residential units available:

5. Minimum age for admission:

6. Affiliation with religious, fraternal, charitable, or other nonprofit organizations:

7. Current resident population:

8. Sample of fees for a standard one bedroom unit:

	Entrance Fee	Periodic Fee (Monthly)
One Person:		
Two Persons:		