

AgingInPlace

ESTIMATING WORKSHEET

Assisted Living Costs

Monthly cost of residence: \$ _____

Living expenses: \$ _____

Food (if not included): \$ _____

Housekeeping: \$ _____

Drug management: \$ _____

Personal care: \$ _____

Other living expenses: \$ _____

Storage (if applicable): \$ _____

Transportation (if not provided): \$ _____

Moving cost: \$ _____

Total monthly expenses during the first year: \$