Appendix C Availability and Cost of Long-Term Care

Use this worksheet to record information when investigating which agencies and facilities provide long-term care services in your area (or in the area where you would be most likely to receive care) and what the costs are for these services.

Home Health Agency	
Name of one Home Health Agency you might use	Name of another Home Health Agency you might use
Address	Address
Phone number	Phone number
Contact Person	Contact Person
Check which types of care	are available and list the cost
☐ Skilled Nursing Care	☐ Skilled Nursing Care
Cost/Visit \$	Cost/Visit \$
☐ Home Health Care	☐ Home Health Care
Cost/Visit \$	Cost/Visit \$
☐ Personal/Custodial Care	Personal/Custodial Care
☐ Personal/Custodial Care Cost/Visit \$	
	□ Personal/Custodial Care Cost/Visit \$ □ Home Care Services

Appendix C Availability and Cost of Long-Term Care (cont.)

Nursing Facility	
Name of one Nursing Facility	Name of another Nursing Facility
Address	Address
Phone number	Phone number
Contact Person	Contact Person
Check which types of care	are available and list the cost
☐ Skilled Nursing Care	☐ Skilled Nursing Care
Cost/Month \$	Cost/Month \$
☐ Personal/Custodial Care	☐ Personal/Custodial Care
Cost/Month \$	Cost/Month \$
Other	Facility
Other Facility or Service you might use (e.g. adult day care center, assisted living, etc.)	Other Facility or Service you might use (e.g. adult day care center, assisted living, etc.)
Address	Address
Contact Person	Contact Person
What services are available?	What services are available?
What are the costs for these services?	What are the costs for these services?
·	