

Printable Orange County Assisted Living Cost Comparison Worksheet

A financial planning worksheet for comparing full projected assisted living costs in Orange County

How to use this worksheet

Use one worksheet per community. Complete the same care needs summary for each community so the comparison reflects actual cost differences, not just the base rate. Where answers are incomplete or unclear, note them and request written confirmation before making a final decision. This worksheet is an editable planning tool, not financial advice.

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Community and Quote Details

Community name:

Date reviewed:

Staff/contact:

Quote valid through:

Phone/email:

Follow-up date:

My Loved One's Current Care Needs

Complete this once, then present the same care needs scenario to each community so the pricing comparison is consistent.

Personal care assistance needed:

Medication management or medication assistance:

Incontinence care:

Mobility assistance:

Memory care or cognitive support:

Other specific needs:

Cost Structure

Cost item or question	Amount, answer or notes
<input type="checkbox"/> Pricing model: bundled or base-plus-care-level?	_____
<input type="checkbox"/> Base monthly rate	_____
<input type="checkbox"/> Services included in base rate, list what is confirmed in writing	_____
<input type="checkbox"/> Personal care add-on or care level charge based on current needs	_____
<input type="checkbox"/> Medication management or medication assistance charge	_____
<input type="checkbox"/> Incontinence care charge, if applicable	_____
<input type="checkbox"/> Mobility assistance charge, if applicable	_____
<input type="checkbox"/> Memory care or cognitive support charge, if applicable	_____
<input type="checkbox"/> Laundry charge, if not included	_____
<input type="checkbox"/> Transportation charge, if applicable	_____
<input type="checkbox"/> Other anticipated add-on charges	_____
<input type="checkbox"/> Projected full monthly cost based on current care needs	_____
<input type="checkbox"/> Projected full monthly cost at next care level tier	_____
Notes / written confirmation needed: _____ _____	

Rate Increase History and Policy

Cost item or question	Amount, answer or notes
<input type="checkbox"/> Actual rate increases in past three to five years, ask directly	_____

<input type="checkbox"/> Rate increase cap in admission agreement	_____
<input type="checkbox"/> Notice required before rate increase	_____
<input type="checkbox"/> Care level adjustment notice period	_____
Notes / written confirmation needed: _____ _____	

Deposit and Refund Terms

Cost item or question	Amount, answer or notes
<input type="checkbox"/> Deposit amount	_____
<input type="checkbox"/> Refundable portion and conditions	_____
<input type="checkbox"/> Refund timeline	_____
Notes / written confirmation needed: _____ _____	

Contract and Discharge Provisions

Cost item or question	Amount, answer or notes
<input type="checkbox"/> Circumstances under which a resident can be asked to leave	_____
<input type="checkbox"/> Notice required before discharge	_____
<input type="checkbox"/> Policy if resident's financial resources are depleted	_____
<input type="checkbox"/> Admission agreement taken home for review before signing	_____
Notes / written confirmation needed: _____ _____	

Financial Program Availability

Cost item or question	Amount, answer or notes
<input type="checkbox"/> Medi-Cal ALW participation: yes, no or waitlist status	_____
<input type="checkbox"/> Long-term care insurance acceptance	_____
<input type="checkbox"/> Insurers currently accepted	_____
Notes / written confirmation needed:	

Long-Term Cost Projection

Cost item or question	Amount, answer or notes
<input type="checkbox"/> Estimated projected full monthly cost in year one	_____
<input type="checkbox"/> Estimated projected full monthly cost in year two, based on rate history	_____
<input type="checkbox"/> Estimated projected full monthly cost in year three, based on rate history	_____
<input type="checkbox"/> Estimated total two-year cost	_____
<input type="checkbox"/> Primary funding source identified and confirmed	_____
<input type="checkbox"/> Estimated runway at projected full monthly cost	_____
<input type="checkbox"/> Contingency plan if primary funding is depleted	_____
Calculation notes / assumptions:	

Using This Worksheet

A fair cost comparison requires the same care needs scenario applied consistently at each community. Base rates alone are not a useful comparison. The communities with the clearest, most specific answers to these questions are demonstrating financial transparency that is in itself meaningful. This worksheet

is a planning tool, not financial advice. Families should consult a qualified financial advisor, elder law attorney or benefits counselor for guidance specific to their financial situation.

Important Disclaimer

This worksheet is provided for general informational and organizational purposes only. It is not medical, legal, financial, benefits, clinical, regulatory, emergency or other professional advice.

It should not replace a personalized care plan, physician evaluation, licensed professional guidance, legal or financial advice, benefits counseling, facility-specific documentation or emergency services. Assisted living costs, medication-related needs, care options, safety risks, licensing requirements, program eligibility and family circumstances vary by individual, community and time.

Families should verify current pricing, fee schedules, admission agreements, refund terms, rate-change policies, Medi-Cal Assisted Living Waiver participation, Medicare coverage, long-term care insurance terms and regulatory requirements directly with the appropriate community, agency, insurer or licensed professional before making financial planning decisions.

Medicare, Medi-Cal, ALW, SSI, SSP, VA benefits and long-term care insurance rules can change. Consult a qualified financial advisor, elder law attorney, licensed benefits counselor, Care Coordination Agency or appropriate government program before relying on any benefit or funding source.

For sudden confusion, chest pain, serious injury, suspected stroke symptoms, suicidal statements or immediate danger, call 911 or seek urgent medical care. If this worksheet is reprinted, shared or republished online, please credit Raya's Paradise at rayasparadise.com.

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Assisted Living · Memory Care · Respite Care · Hospice Support

Raya's Paradise is a licensed senior living community in San Clemente, CA, serving Orange County families with assisted living, memory care, respite care and hospice support. Boutique coastal care with more than 30 years of experience behind it.

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