

FORM 1-1
RESIDENT POPULATION

<u>Line</u>	<u>Continuing Care Residents</u>	<u>TOTAL</u>
[1]	Number at beginning of fiscal year	_____
[2]	Number at end of fiscal year	_____
[3]	Total Lines 1 and 2	_____
[4]	Multiply Line 3 by “.50” and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
All Residents		
[6]	Number at beginning of fiscal year	_____
[7]	Number at end of fiscal year	_____
[8]	Total Lines 6 and 7	_____
[9]	Multiply Line 8 by “.50” and enter result on Line 10.	x .50
[10]	Mean number of <i>all</i> residents	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
[11]	Divide the mean number of continuing care residents (Line 5) by the mean number of <i>all</i> residents (Line 10) and enter the result (round to two decimal places).	<div style="border: 1px solid black; width: 100px; height: 40px;"></div>

FORM 1-2
ANNUAL PROVIDER FEE

<u>Line</u>	<u>TOTAL</u>
[1] Total Operating Expenses (including depreciation and debt service – interest only)	_____
[a] Depreciation	_____
[b] Debt Service (Interest Only)	_____
[2] Subtotal (add Line 1a and 1b)	_____
[3] Subtract Line 2 from Line 1 and enter result.	_____
[4] Percentage allocated to continuing care residents (Form 1-1, Line 11)	_____
[5] Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	_____
[6] Total Amount Due (multiply Line 5 by .001)	x .001 _____

PROVIDER: _____
COMMUNITY: _____