

**HOUSE OF THE GOOD SHEPHERD
RESIDENT CHARGE FORM**

Additional Charge for: _____
Name of Resident

Description of Charge:

YES NO

Cable Television

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billed monthly at \$ 28

Pet Deposit

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one time charge of \$ 200

Pendant Alert

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one time charge of \$ 150

Telephone Service

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billed monthly at \$ 13

Village Dinner Plan

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billed monthly at \$ 200

Resident/Resident Representative signature

Date

Print name if Representative _____

Completed form to be returned to Hollie in the Business Office
 Charge will be posted to resident's account and form filed in resident's billing file