

Short Form
AVERAGE COST OF CARE
Some members receive care at an outside facility

Enter the appropriate amounts from your institute's financial statements in the blue shaded boxes. The other lines have formulas to calculate the cost of care.

When you have completed the worksheet, transfer the numbers from lines I, M and N to the Cost of Care tab on the Direct Care Assistance Application.

| WORKSHEET FOR CALCULATING COST OF CARE | | | |
|---|--|---------|---------------|
| | | | Sample |
| A | Total Expenses for Fiscal Year (Less Expenses that apply only to the elderly) | | 35,000 |
| B | Excluded Items: Education, Formation/Vocation, Development, Charity, Ministry expenses (e.g. altar breads, prayer enrollments, fruit cakes, etc.), FICA payments, mortgage and loan payments. | | 5,000 |
| C | Total Cost of Living for all members (A minus B) | \$ - | 30,000 |
| D | Total Census (excluding those in nursing facilities) | | 15 |
| E | Average Cost of Care (C divided by D) | #DIV/0! | 2,000 |
| F | Cost of Direct Care of Elderly in Own Facility (e.g. Home Health) (Do not include this amount on Line A.) | | 3,000 |
| G | Census of members Age 70 and over (excluding those in skilled nursing facilities). | | 10 |
| H | Average Direct Care Cost in Own Facility (F divided by G) | #DIV/0! | 300 |
| I | Average Total Cost for Members over 70 in Own Facility (E plus H) | #DIV/0! | 2,300 |
| J | Total Cost of Care for Members Age 70 & over (I times G) | #DIV/0! | 23,000 |
| K | Total Cost of Care for those receiving skilled nursing care at an outside facility. (Do not include this amount on Line A.) | | 25,000 |
| L | Census of members receiving skilled nursing care. | | 1 |
| M | Average Cost of Care for Skilled Nursing (K divided by L) | #DIV/0! | 25,000 |
| N | Weighted Average Cost of Care (J+K) / (G+L) | #DIV/0! | 4,364 |