

For NALA Use Only  
Survey Number \_\_\_\_\_  
Survey Reviewed \_\_\_\_\_  
NHCA District \_\_\_\_\_  
Facility Bed Size \_\_\_\_\_  
Access \_\_\_\_\_

**2011 Assisted Living Wage Survey Response Form**  
**Please Read Instructions Prior To Completing This Survey Form**

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Person Completing the Survey \_\_\_\_\_

Direct Phone Number \_\_\_\_\_

**E-mail**

Number Of Assisted Living Licensed Beds: \_\_\_\_\_ Total Number of FTE's \_\_\_\_\_

**(Please do not include acute care, swing, or nursing facility beds in this survey)**

**Surveys are due Monday, March 14, 2011**

1 Position	2 Number of FTE's	3 Starting Monthly Salary	4 Current Monthly Salary	5 Starting Hourly Wages	6 Current Average Hourly Wages	7 Minimum Experience Factor			8 Maximum Experience Factor			
If a manager is a partial FTE, enter the monthly salary the manager would make at a full FTE							\$	OR	%	\$	OR	%
Manager												
Asst Manager/Dir of Resident Serv												
Office Manager/Bookkeeper												
Secretary												
Receptionist												
Admissions/Marketing Director												
Medication Aide												
Personal Care Assistant												
Social Director												
Social Assistant												
Dietary Manager												
Dietary Superv/Food Serv Superv												
Cook												
Dietary Assistant												

To guarantee the accuracy of the statistics drawn from this survey, PLEASE RESPOND TO ALL PERTINENT CATEGORIES. If a particular category does not apply to your facility, **then leave the appropriate response area blank**. Your cooperation in responding to all areas is appreciated since unanswered sections could lead to skewed statistics. Please keep in mind that all surveys returned to NHCA will be kept **STRICTLY CONFIDENTIAL**.

Position	9 Shift Differential In Dollars			10 Benefits									
	Evening \$	Night \$	Weekends	PTO Days		Vacation Days		Holiday	Rate	Sick	Employer Paid Health Insurance - Single Rate (per month)		
				1st Yr.	Most	1st Yr.	Most	# of days	1.5/2.0	Leave Days	\$	OR	%
Manager													
Asst Manager/Dir of Resident Serv													
Office Manager/Bookkeeper													
Secretary													
Receptionist													
Admissions/Marketing Director													
Medication Aide													
Personal Care Assistant													
Social Director													
Social Assistant													
Dietary Manager													
Dietary Superv/Food Serv Superv													
Cook													
Dietary Assistant													

1 Position	2 Number of FTE's	3 Starting Monthly Salary	4 Current Monthly Salary	5 Starting Hourly Wages	6 Current Average Hourly Wages	7 Minimum Experience Factor			8 Maximum Experience Factor		
						\$	OR	%	\$	OR	%
Housekeeping Supervisor											
Housekeeper											
Laundry Supervisor											
Laundry Assistant											
Maintenance Supervisor											
Maintenance Assistant											
Transportation/Escort/Driver											

Position	9 Shift Differential In Dollars			10 Benefits								Employer Paid Health Insurance - Single Rate (per month)	
	Evening \$	Night \$	Weekends	PTO Days		Vacation Days		Holiday	Rate	Sick	\$	OR	%
				1st Yr.	Most	1st Yr.	Most	# of days	1.5/2.0	Leave Days			
Housekeeping Supervisor													
Housekeeper													
Laundry Supervisor													
Laundry Assistant													
Maintenance Supervisor													
Maintenance Assistant													
Transportation/Escort/Driver													