

Assisted Living Community Checklist #2

General Questions

Home name: _____ Phone _____

Home address: _____

Is this location convenient for your family? Yes No

Does the community have a memory care unit? Yes No

Can physical, occupational, speech therapies be arranged? Yes No

Religious services on site or transportation to services available? Yes No

Quality of Life

1. Is the facility affiliated with a hospital or skilled nursing home? _____

2. Are residents treated respectfully by staff and encouraged to interact socially? _____

3. How are medications managed? _____

4. What happens if a person needs a higher level of care? _____

5. What happens in the case of a medical emergency? _____

6. How much space for personal possessions is available? Closet size? _____

7. Are there community connections with schools/ cultural organizations? _____

8. Are medical and administrative personnel available 24 hours a day? _____

9. Does the community have a care manager available? _____

10. Do the residents look well cared for? _____

Remember to . . .

11. Talk to a few residents.

12. Pick up a monthly activities list.

13. Sample a meal or pick up a menu.

14. Check for cleanliness and odors.

Cost of Care

Yes **No**

15. In a case of private pay, is there a required time period? Yes No

16. Does the facility accept SSI as payment after funds are depleted? Yes No

17. What's included in the basic cost? _____

Included?	Service	Extra fee?
	Housekeeping	
	Laundry service	
	Beautician	
	Aide service – employed by community? agency contract?	
	Transportation to medical appointments & activities	
	Meal plans	
	Recreational activities	
	Medical	

Assisted Living Community Checklist #3

General Questions

Home name: _____ Phone _____

Home address: _____

Is this location convenient for your family? Yes No

Does the community have a memory care unit? Yes No

Can physical, occupational, speech therapies be arranged? Yes No

Religious services on site or transportation to services available? Yes No

Quality of Life

1. Is the facility affiliated with a hospital or skilled nursing home? _____

2. Are residents treated respectfully by staff and encouraged to interact socially? _____

3. How are medications managed? _____

4. What happens if a person needs a higher level of care? _____

5. What happens in the case of a medical emergency? _____

6. How much space for personal possessions is available? Closet size? _____

7. Are there community connections with schools/ cultural organizations? _____

8. Are medical and administrative personnel available 24 hours a day? _____

9. Does the community have a care manager available? _____

10. Do the residents look well cared for? _____

Remember to . . .

11. Talk to a few residents.

12. Pick up a monthly activities list.

13. Sample a meal or pick up a menu.

14. Check for cleanliness and odors.

Cost of Care

Yes **No**

15. In a case of private pay, is there a required time period? Yes No

16. Does the facility accept SSI as payment after funds are depleted? Yes No

17. What's included in the basic cost? _____

Included?	Service	Extra fee?
	Housekeeping	
	Laundry service	
	Beautician	
	Aide service – employed by community? agency contract?	
	Transportation to medical appointments & activities	
	Meal plans	
	Recreational activities	
	Medical	