



Independent or Assisted Community Checklist and Cost Worksheet

A: _____ **B:** _____ **C:** _____
Monthly Cost: \$ _____ **Monthly Cost: \$** _____ **Monthly Cost: \$** _____

	A	B	C	Notes:
General & First Impressions				
Licensed				
Good location				
Clean, inviting, well maintained				
Residents appear to be content and cared for				
Staff seems friendly, helpful and accommodating				
Services Available				
24-hour supervision				
24-hour personal emergency response system				
RN on Staff				
Private duty nursing				
Medication supervision				
Medication administration				
Visiting or on-call physician				
Visiting professional services (dental, lab, podiatrist, physical therapy)				
Personal Care Assistance				
Alzheimer's/Dementia Care Program				
Three daily meals and snacks included				
Special diet accommodations				
Tray service to suites				
Daily housekeeping				
Weekly housekeeping				
Linens/towel laundry				

Personal laundry				
Respite/convalescent care				
Social and recreational program				
Building Amenities & Features				
Smoke alarms and sprinkler throughout				
Wheelchair accessible				
Wheelchair/walker allowed dining area				
Central dining room				
Private dining area				
Comfortable and welcoming lounge areas				
Resident and guest parking				
Convenience store				
Banking on-premises				
Barber/beauty shop				
Multi-purpose activity room				
Dedicated chapel				
Computer area/internet				
Fitness/exercise room				
Library				
Therapeutic whirlpool				
Greenhouse area				
Patio/gardens				
Other Amenities and Features				
Smoke alarms and sprinkler system in each suite				
Individually controlled heating/air conditioning				
Private bathroom				
Kitchenette				
Patio or balcony				
Furnishings provided				
Personal belongings allowed				
Carpeting				
Pets allowed? Weight limit?				
Cable TV and telephone				

Community Cost Worksheet

	A Included/ Cost	B Included/ Cost	C Included/ Cost	Notes:
Waiting list deposit?	Y/N \$ _____	Y/N \$ _____	Y/N \$ _____	
Move-in/Entrance Fee?	Y/N \$ _____	Y/N \$ _____	Y/N \$ _____	
Initial assessment fee?	Y/N \$ _____	Y/N \$ _____	Y/N \$ _____	
How many meals included?	#____ \$ _____	#____ \$ _____	#____ \$ _____	
Housekeeping included?	Y/N \$ _____	Y/N \$ _____	Y/N \$ _____	
Personal laundry service included?	Y/N \$ _____	Y/N \$ _____	Y/N \$ _____	
Linen service (bed linens, towels)	Y/N \$ _____	Y/N \$ _____	Y/N \$ _____	
Cable television?	Y/N \$ _____	Y/N \$ _____	Y/N \$ _____	
Phone line included?	Y/N \$ _____	Y/N \$ _____	Y/N \$ _____	
Utilities included?	Y/N \$ _____	Y/N \$ _____	Y/N \$ _____	
Resident call system with 24-hour response?	Y/N \$ _____	Y/N \$ _____	Y/N \$ _____	
Internet Access?	Y/N \$ _____	Y/N \$ _____	Y/N \$ _____	
Medication management/assistance?	Y/N \$ _____	Y/N \$ _____	Y/N \$ _____	
Personal care assistance? (bathing, dressing)	Y/N \$ _____	Y/N \$ _____	Y/N \$ _____	
Transportation?	Y/N \$ _____	Y/N \$ _____	Y/N \$ _____	
Planned outings?	Y/N \$ _____	Y/N \$ _____	Y/N \$ _____	

Wellness Program	Y/N \$ _____	Y/N \$ _____	Y/N \$ _____	
Storage	Y/N \$ _____	Y/N \$ _____	Y/N \$ _____	
Other: _____	Y/N \$ _____	Y/N \$ _____	Y/N \$ _____	
Other: _____	Y/N \$ _____	Y/N \$ _____	Y/N \$ _____	
Other: _____	Y/N \$ _____	Y/N \$ _____	Y/N \$ _____	
Other: _____	Y/N \$ _____	Y/N \$ _____	Y/N \$ _____	
Total <u>extra</u> estimated cost per month:	\$: _____	\$: _____	\$: _____	

Additional Questions

	A	B	C
What contract options are available?			
Refunding of entrance or waiting list deposit fee?			
Pet deposit?			
Services included in the monthly rate:			
Any additional fees for care, services and supplies?			
Billing, payment and credit policies?			
Policy for fee increases?			
Under what conditions can a contract be terminated by resident or community?			
Is insurance required for personal and possessions?			
Other:			
Other:			

