

Important Questions to Ask on Your Assisted Living Tour

**DOES THIS COMMUNITY OFFER
EVERYTHING MY LOVED ONE NEEDS?**

Use this helpful checklist to compare the community features that are most important to you, and to ensure you are getting at the true cost of each community.

*The **(\$\$)** symbol is there to help remind you to ask if the community charges an extra fee for these services.*

ASSISTED LIVING COMMUNITIES VISITED:

#1 _____

#2 _____

#3 _____

UNDERSTANDING COST & VALUE

1. WHAT IS YOUR PRICING STRUCTURE?

Care Options / Packages
Minute-by-Minute
Points Based Pricing
All-Inclusive Care

#1

#2

#3

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2. WHAT UPFRONT FEES CAN I EXPECT?

Entrance Fee / Buy-In
Community Fee
Application Fee
Deposit
First/Last Month

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3. HOW WILL MY BILL CHANGE IN THE FIRST YEAR?

(Ask for a list of anticipated fees.)

1.

2.

3.

4. HOW OFTEN CAN I EXPECT RATE INCREASES?

3 Months _____
6 Months _____
1 Year _____
OTHER: _____
OTHER: _____

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5. WHAT HAPPENS WHEN MY LOVED ONE USES UP THE TIME ALLOTTED WITHIN THEIR TIER?

(For points system pricing)

1.

2.

3.

6. WHAT (IF ANY) FINANCIAL PROGRAMS MAY I BE ELIGIBLE FOR?

Low Income Housing Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Scholarships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Adult Foster Care Program (GAFC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited Subsidies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care Insurance (LTCI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mass Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program of All-inclusive Care for the Elderly (PACE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Whole Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelter Plus Care Subsidies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Security Income (SSIG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterans Aid and Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. IF MY LOVED ONE TRANSITIONS FROM PRIVATE PAY TO A FINANCIAL PROGRAM, DO THEY HAVE TO MOVE TO A DIFFERENT APARTMENT?

1.

2.

3.

Additional Notes:

DOES THIS COMMUNITY OFFER THE SERVICES MY LOVED ONE NEEDS?

		#1	#2	#3
8. IS THERE A SHORT-TERM OR TRIAL STAY OPTION? <i>Be sure to ask if there a minimum length of stay for short term & trial stay options!</i>	1. 2. 3.			
9. WHAT IS INCLUDED IN MY MONTHLY FEE? <i>Be sure to ask for a list of optional services that are either not included in any kind of package and/or are on an à la carte basis.</i>	Personal care (Help w/ daily activities) Medication Management Service Overnight safety checks Safety Escorts Enhanced therapeutic dietary service Laundry service Weekly housekeeping Routine transferring Health Assessment Development of Individual Service Plan Phone & Cable Internet	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10. WHAT TYPES OF MEDICATION ADMINISTRATION OPTIONS DOES THIS COMMUNITY OFFER? <i>Be sure to ask what type of medication delivery options are available through the community.</i>	Resident managed Family filled Caregiver Assistance Nurse Administration Outside provider	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10. WHAT SERVICES COULD A RESIDENT NEED THAT WE WOULD HAVE TO BRING IN FROM OUTSIDE?	Temporary Agency Skilled Nursing Podiatry Physical Therapy Occupational Therapy Speech Therapy OTHER: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11. DOES THIS COMMUNITY OFFER PROGRAMS / SERVICES TO HELP RESIDENTS AGE IN PLACE?	Specialized Diets Medication Management Continence Management Memory Care / Special Care	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12. WHAT ACCESSIBILITY FEATURES DOES THE COMMUNITY OFFER FOR	Elevators Ramps	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

**INDIVIDUALS WITH DISABILITIES,
SHOULD MY LOVED ONE NEED IT?**

Safety Grab Bars in the Bathroom

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**13. WHAT KIND OF TRAINING PROGRAMS
DO YOU HAVE FOR STAFF?**

1.

2.

3.

**14. DO RESIDENTS LOOK HAPPY AND
ENGAGED?**

1.

2.

3.

YOUR APARTMENT, PROGRAMMING & DINING

**15. WHAT APARTMENT TYPES DOES THIS
COMMUNITY OFFER?**

Studio

One Bedroom

Two Bedroom

Companion / Shared

Memory Support / Special Care

#1

#2

#3

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**16. DOES THE COMMUNITY HAVE ALL THE
LATEST SAFETY & SECURITY FEATURES?**

Pull cord

Pendant (included)

Pendant (\$\$)

Cameras

Guest Sign-in

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**17. WHAT MEALS ARE INCLUDED IN MY
PACKAGE?**

Breakfast

Lunch

Dinner

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**18. DOES THE DINING PROGRAM SUIT MY
LOVED ONE'S NEEDS AND PREFERENCES?**

Menu Variety

Chef-Created Recipes & Menus

Special Diet (included)

Special Diet (\$\$)

Anytime Dining

Physician Ordered/Therapeutic Diet (\$\$)

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**19. DOES THE COMMUNITY OFFER
TRANSPORTATION SERVICES?**

Community Activities

Medical Appointments

On-Demand Transportation (\$\$)

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20. **SPECIALIZED PROGRAMMING,
SOCIAL GROUPS, EXERCISE CLASSES
& ENTERTAINMENT**

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21. **DESCRIBE THIS COMMUNITY'S
OUTDOOR AMENITIES**

1.

2.

3.

22. **WHAT MAKES THIS COMMUNITY STAND
OUT FROM OTHERS?**

1.

2.

3.

ADDITIONAL QUESTIONS

23.

Notes:

24.

Notes:

25.

Notes:

26.

Notes:

27.

Notes:

28.

Notes:

29.

Notes:

30.

Notes:

ADDITIONAL NOTES:

Assisted Living #1:

Assisted Living #2:

Assisted Living #3:
