

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	#2	#3	
1. WHAT IS YOUR PRICING STRUCTURE?	Care Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Minute-by-Minute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Points Based Pricing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Inclusive Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. WHAT UPFRONT FEES CAN I EXPECT?	Entrance Fee / Buy-In	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Community Fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Application Fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Deposit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	First/Last Month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. HOW WILL MY BILL CHANGE IN THE FIRST YEAR? <i>(Ask for a list of anticipated fees.)</i>	1.			
	2.			
	3.			
4. HOW OFTEN CAN I EXPECT RATE INCREASES?	3 Months _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6 Months _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 Year _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OTHER: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OTHER: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. WHAT HAPPENS WHEN MY LOVED ONE USES UP THE TIME ALLOTTED WITHIN THEIR TIER? <i>(For points system pricing)</i>	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>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Medication Management Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Overnight safety checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Safety Escorts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Enhanced therapeutic dietary service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Laundry service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weekly housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Routine transferring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Health Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Development of Individual Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone & Cable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. WHAT TYPES OF MEDICATION ADMINISTRATION OPTIONS DOES THIS COMMUNITY OFFER?				
	Resident managed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Family filled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Caregiver Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Nurse Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Outside provider	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Podiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OTHER: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. DOES THIS COMMUNITY OFFER PROGRAMS / SERVICES TO HELP RESIDENTS AGE IN PLACE?				
	Specialized Diets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Memory Care / Special Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. WHAT ACCESSIBILITY FEATURES DOES THE COMMUNITY OFFER FOR INDIVIDUALS WITH DISABILITIES, SHOULD MY LOVED ONE NEED IT?				
	Elevators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Safety Grab Bars in the bathroom			
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?

	#1	#2	#3
Studio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Companion / Shared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory Support / Special Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	#1	#2	#3
Pull cord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pendant (included)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pendant (\$\$)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cameras	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guest Sign-in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. WHAT MEALS ARE INCLUDED IN MY PACKAGE?

	#1	#2	#3
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	#1	#2	#3
Menu Variety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chef-Created Recipes & Menus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Diet (included)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Diet (\$\$)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anytime Dining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician Ordered/Therapeutic Diet (\$\$)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. DOES THE COMMUNITY OFFER TRANSPORTATION SERVICES?

	#1	#2	#3
Community Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-Demand Transportation (\$\$)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

1.

2.

3.

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:
