Assisted Living Checklist

Community Name_________________________________________________________

Address_________________________________________________________________

________________________________________________________________________

Telephone Number________________________ Fax Number_____________________

Contact Person __________________________ Direct Number__________________

□ Location to health care system (hospital)  □ Receptionist/Information Center

□ In-house lab services  □ Climate Control

□ Parking  □ Dining Services

□ Availability of maintenance staff  □ Activities

□ Security System  □ Profit or not-for-profit

□ Call System – How does resident call for help  □ Nurses available to residents

________________________________________________________________________

________________________________________________________________________
Additional Observations:

🌟 How is the overall look and feel of the community?

🌟 Floor plans are accommodating to seniors?

🌟 Are you able to talk to residents or families for references?

🌟 What is your overall feeling, can you imagine your loved one living there?

🌟 Are staff friendly and welcoming?

🌟 Are staff able to adequately answer your questions or concerns?