COMPARISON SHOPPING CHECKLIST

Making notes and keeping track of the important aspects of each community is a great way to evaluate each one later. Here's a tool to help you weigh your options and determine the best fit for your family.



CARE SERVICES			
	COMMUNITY NAME	COMMUNITY NAME	COMMUNITY NAME
CARE DELIVERY			
Do residents have individualized care plans?			
What care services are offered?			
How often are residents' care needs assessed?			
What happens when a resident's level of care changes?			
How many levels of care are offered and what is included?			
How are medications delivered to residents?			
Are there on-site physical and/or occupational therapy and other specialists?			
Are there on-site telehealth services?			
Is there specialized care for residents with memory issues?			



AMENITIES AND SERVICES			
	COMMUNITY NAME	COMMUNITY NAME	COMMUNITY NAME
ENVIRONMENT			
24-hour staff			
Dining (quality and variety, three meals per day, accommodations for special diets, etc.	\ /		
Calendar of activities and events			
Scheduled transportation			
Utilities paid			
Housekeeping and linen services			
Laundry provided			
Parking (guests and residents)			
Beauty salon and/or barber shop			
Pet-friendly			
Security camera system			
Elevator(s)			
Handicap accessibility			
Religious services/observances			
APARTMENT			
Studio, 1-bedroom, 2-bedroom			
Private, locking door			
Kitchenette or full kitchen			
Emergency alert system or pull cords			
Easily accessible cabinets, closets and storage			
Handrails in restrooms			
Individual climate controls			
Clean carpets, walls and countertops			
Walking surfaces are carpeted or non-skid			

COSTS AND FINANCIALS	COMMUNITY NAME	COMMUNITY NAME	COMMUNITY NAME
CONTRACT AND FEES CHECKLIST			
Buy-in fee?	\$	\$	\$
Security deposit?	\$	\$	\$
Second-occupant fee?	\$	\$	\$
Are there recurring monthly fees (for meals, etc.)?			
Do fees change? How often?			
Length of lease (long-term or month-to-month)			
2nd person fee?	\$	\$	\$
Monthly pet fee?	\$	\$	\$
Move-out policy			
What are the billing and payment options?			
Notes	•		

OTHER CONSIDERATIONS	COMMUNITY NAME	COMMUNITY NAME	COMMUNITY NAME
Does the community follow state care and training guidelines?	NO YES	○ NO ○ YES	NO YES
How does the community help older adults make the transition to their new home?			
What aspects of the community or tour stood out to you the most?			
What are your thoughts, feelings and observations after your visit? Was your overall impression positive or negative?			
Notes			