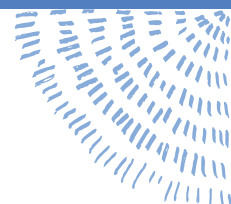


# COMPARISON SHOPPING CHECKLIST

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   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dining (quality and variety, three meals per day, accommodations for special diets, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Calendar of activities and events   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Scheduled transportation  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Utilities paid  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Housekeeping and linen services   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Laundry provided  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Parking (guests and residents)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Beauty salon and/or barber shop   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pet-friendly  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Security camera system  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Elevator(s)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Handicap accessibility  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Religious services/observances  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### APARTMENT

|   |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|
| Studio, 1-bedroom, 2-bedroom                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Private, locking door                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Kitchenette or full kitchen                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Emergency alert system or pull cords            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Easily accessible cabinets, closets and storage | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Handrails in restrooms                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Individual climate controls                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Clean carpets, walls and countertops            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Walking surfaces are carpeted or non-skid       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## 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<br>(for meals, etc.)? | _____    | _____    | _____    |
| Do fees change?<br>How often?                          | _____    | _____    | _____    |
| Length of lease<br>(long-term or month-to-month)       | _____    | _____    | _____    |
| 2nd person fee?  | \$ _____ | \$ _____ | \$ _____ |
| Monthly pet fee?                                       | \$ _____ | \$ _____ | \$ _____ |
| Move-out policy  | _____    | _____    | _____    |
| What are the billing and<br>payment options?           | _____    | _____    | _____    |

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## OTHER CONSIDERATIONS

|   | COMMUNITY NAME  | COMMUNITY NAME  | COMMUNITY NAME  |
|---|---|---|---|
| Does the community follow state care and training guidelines?   | <input type="radio"/> NO<br><input type="radio"/> YES | <input type="radio"/> NO<br><input type="radio"/> YES | <input type="radio"/> NO<br><input type="radio"/> 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

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, providing a template for writing or drawing. The margins are consistent on all sides.