

INDEPENDENT LIVING CHECKLIST Questions to ask when viewing a facility

- As you arrive at the residence, do you like its location and outward appearance?
- Is the décor attractive and homelike?
- Did you receive a warm greeting from staff welcoming you to the residence?
- Is the residence clean, free of odors, and appropriately heated/cooled?
- Are the staff members friendly to you?
- Is staff appropriately dressed, personable, and outgoing?
- *****
- Do residents appear happy and comfortable?
- Do residents seem to be appropriate housemates for you or your loved one?
- Are visits with the resident welcome at any time?
- Are doorways, hallways, and rooms accommodating to wheelchairs and walkers?
- If your loved one wanders, does the residence have a means of security?
- Is staff available to meet scheduled and unscheduled needs?
- Is staff available to provide 24-hour assistance with activities of daily living if needed?
- Is there evidence of organized activity programs?
- Do residents participate in activities outside of the facility?
- Does the residence have a pet policy?
- Does the residence provide special diets if needed?
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- Are Licensing and Inspection Reports Posted?
- What are the policies for refunds and transfers?
- When and how may you terminate the contract?
- Is there an application fee?
- Are there any nonrefundable community fees?
- What services are part of the monthly rent?
- What services would be an additional cost (i.e., medication assistance, dressing, and/or bathing)?
- Can the residence provide a list of services available?
- Does the residence provide transportation to doctors appointments and/or other?
- Are residents able to bring their own furnishings if they choose?
- Is there a smoking policy? And, if so, any additional deposits?

Independent Living Facility 1:

Name: _____

Address: _____

City: _____ Phone #: _____

Contact Person: _____

Comments: _____

Independent Living Facility 2:

Name: _____

Address: _____

City: _____ Phone #: _____

Contact Person: _____

Comments: _____

Independent Living Facility 3:

Name: _____

Address: _____

City: _____ Phone #: _____

Contact Person: _____

Comments: _____
