

SENIORS' SUPPORTIVE LIVING INFORMATION CHECKLIST

Name of Facility:

Manager's Name:

Address:

Phone:Fax:

E-Mail Address:Web Address:

Pre-admission requirements:

☐ Application Form ☐ Deposit Amount: \$.....

BUILDING

Who owns the building?Year built:

Name of Organization that manages the building?

Location of Facility Office:Office hours:

Minimum age for residents: Average age of residents:

Elevators: Number:Capacity:Location:

Number of Floors:Stairs(location & width):

Number of Units:Number occupied:

Smoking: ☐ Permitted If permitted, where.....☐ Not Permitted

Rental increases:

Dates of last increases: Amounts and %

Date of next increase: Amount and %

Amount of notice usually given:

Length of contract: ☐ Month to Month ☐ Annual ☐ Other (specify)

Amount of notice required when vacating unit:

Penalty for ending contract early:

Rental arrangement and charge if resident changes to another unit:

Parking: ☐ Yes☐ No

☐ Surface – uncovered☐ Extra cost? \$.....

☐ Surface – covered.....☐ Extra cost? \$.....

☐ Plug-in☐ Extra cost? \$.....

☐ Underground,☐ Extra cost? \$.....

APARTMENTS/UNITS

	Studio	1 Bedroom	2 bedroom	Loft & Others
Number of Suites				
Number Barrier Free				
Square Feet or Square Metres				
Damage Deposit				
Rent or Condo Fees				

*Ask for a Brochure showing floor plans*Utilities: ☐ Included in rent ☐ Not Included in rent \$Cable: ☐ Included in rent ☐ Not Included in rent \$High Speed Internet available? ☐ Yes ☐ No ☐ Included in rent ☐ Yes ☐ NoLaundry ☐ Included in rent ☐ Not Included in rent \$

Location of laundry area:

Other Occupancy Costs:

Item:\$

Item:\$

Kitchen

Appliances included in base cost:

☐ Refrigerator ☐ Stove/Oven ☐ Dishwasher ☐ Microwave ☐ Washer ☐ Dryer

Appliances available at extra cost:

☐ Refrigerator \$ ☐ Stove/Oven \$☐ Dishwasher \$ ☐ Microwave \$☐ Washer \$ ☐ Dryer \$☐ Other \$

Kitchen (open design, type of counter tops, etc.)

BathroomsBathroom 1: ☐ Shower ☐ Tub ☐ NeitherBathroom 2: ☐ Shower ☐ Tub ☐ Neither

Living Areas

Fireplace: ☐ Yes ☐ No

Balcony: ☐ Yes ☐ No

Type of flooring in suite:

Entrance: (Carpet, tile, hardwood, linoleum)

Hallway:

Livingroom:

Bedroom(s):

Bathroom(s):

Wheelchair/Walker Accessible Suites:

Bathroom: ☐ Yes ☐ No

Kitchen: ☐ Yes ☐ No

Doorway Widths:

Other: (e.g. Ramps) Specify

Safety features:

Grab bars: ☐ Yes Cost \$ ☐ No

Grab Bar Installation: ☐ Yes Cost \$ ☐ No

Emergency call system: ☐ Yes Cost \$ ☐ No

Other:Cost \$

AMENITIES WITHIN BUILDING

Amenities on site:

☐ Beauty parlour/barber shop ☐ Chapel ☐ Library ☐ Mail drop

☐ Computer, internet and e-mail facilities in complex

☐ Convenience store ☐ Exercise room ☐ Games room ☐ Gardening

☐ Guest Suite with bathroom

Cost of Guest Suite: \$

Maximum length of stay:

Limitations? (young children, pets)

☐ Parking for guests

Where:Costs: \$

☐ Piano in complex ☐ Allowed in suite? ☐ Pool ☐ Sauna

☐ TV room ☐ Whirlpool ☐ Workshop ☐ Other

PETS

Are Pets permitted? ☐ Yes ☐ No

Dogs? ☐ Yes ☐ No Number permitted:

Cats? ☐ Yes ☐ No Number permitted:

Birds? ☐ Yes ☐ No Number permitted:

Others? ☐ Yes ☐ No Specify:

Is there an additional charge for pets? ☐ Yes ☐ No \$.....

Any limitations?

FOOD

Dietician available on site? ☐ Yes ☐ No Cafeteria: ☐ Yes ☐ No

Dining room: ☐ One ☐ More than one ☐ Private dining room for special occasions

Sample meal before moving in? ☐ Yes ☐ No

Meals: Included in Rent? ☐ Yes Number of meals per day included

☐ No Minimum required to purchase per month:

Breakfasts: at \$

Lunches: at \$

Dinners: at \$

Number of sittings at main meal:Number of entrees offered at main meal:

Meal service to room when necessary? ☐ Yes ☐ No Cost \$

What is the policy for paying for meals during prolonged absences

(adjustment, refund)?

Will special diets be accommodated (diabetic, kosher, vegetarian, ethnic) ☐ Yes ☐ No

If Yes, what diets?

What is the usual charge for guests? Lunch: \$Dinner: \$

Will guests' special diets be accommodated? ☐ Yes ☐ No

SERVICES

Cleaning of Apartment: FrequencyperCost \$

Recycling Facilities? ☐ Yes ☐ No If Yes, where?

Garbage Disposal on each floor? ☐ Yes ☐ No

Laundry Service:

Change LinenFrequencyper Cost \$

Personal Laundry ..Frequencyper Cost \$

On-Site Banking Services: ☐ Yes How often?☐ No
Dry cleaning pick up and delivery: ☐ Yes How often?☐ No
Additional services:
Assistance/Transporting to meals ☐ Yes Cost \$.....☐ No
Other (specify)Cost \$

HEALTH CARE

Is there a health office? ☐ Yes If Yes, where?☐ No
Is there 24 hour on-site emergency response service? ☐ Yes ☐ No
Is there an RN on call 24 hours? ☐ Yes ☐ No
Who arranges Home Care? ☐ On-site health professional ☐ Resident
Number of Professional Staff: RNsLPNs.....PCAs
Recreation TherapistsOther (specify)
Doctor available on site? ☐ Yes Frequency of Visits:☐ No
Dentist available on site? ☐ Yes Frequency of Visits:☐ No
Podiatrist (foot care)? ☐ Yes Frequency of Visits:☐ No
Pharmacy on site? ☐ Yes ☐ No

What health services are offered?

Service	Cost
	(per hour/day/week/month/event?)
Provision of medications	\$per.....
Bathing	\$per.....
Feeding	\$per.....
Dressing	\$per.....
Other	\$per.....
	\$per.....
	\$per.....

Is there a charge for calling an ambulance? ☐ Yes Cost \$.....☐ No
If health deteriorates, how is the decision made for re-location?
.....
Does the building have a contract with Alberta Health Services for Home care?

TRANSPORTATION

How close is the nearest bus stop?

How close is the LRT?

Transportation to:

Doctor: ☐ Yes Cost \$..... ☐ NoDentist: ☐ Yes Cost \$..... ☐ NoOther medical appointments ☐ Yes Cost \$..... ☐ NoShopping ☐ Yes Cost \$..... ☐ NoPrivate van service to other destinations within Edmonton? ☐ Yes ☐ No

Frequency

Destinations

Restrictions

Cost \$.....

RESIDENT PARTICIPATIONIs there a Resident Council? ☐ Yes ☐ No

If Yes, what is it responsible for?

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Are there organized social activities that take place in the building?☐ Yes ☐ No

If Yes, how frequently?

Is there a charge for participation? ☐ Yes Cost \$.....☐ NoAre there organized outings (theatre, restaurants, etc)? ☐ Yes ☐ NoIf Yes, is transportation provided? ☐ YesCost?☐ NoIs there a Program Coordinator/Recreation Therapist? ☐ Yes ☐ No

Qualifications:

Hours per week:

SECURITY

Daily checks on clients? ☐ Yes By whom?.....☐ No
Type of door locks in units? (Key, number pad, electronic card)
Is there video surveillance in the lobby? ☐ Yes ☐ No
Can the resident view who is at the front door on their TV? ☐ Yes ☐ No
Is there security staff / concierge on site? ☐ Yes Number of hours per day:.....☐ No
How often are Fire Drills held?

GENERAL IMPRESSIONS

Type of neighbourhood (residential, business etc.)
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Overall outside appearance and environment (attractiveness, quietness, etc):.....
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Appearance and upkeep of lobby, halls, etc
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Social Atmosphere (friendliness of staff, other residents, etc):.....
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Adapted from: *Checklist for Seniors' Residences*, M. Engelmann. Seniors' Issues Interest Group, Association of Professors Emeriti, University of Alberta, April/01. Revised, October, 2004 and January, 2005