

SUPPORTIVE LIVING INFORMATION CHECKLIST

Sage has developed the Supportive Living Information Checklist for you to use as you investigate the different facilities that may be able to provide accommodation and services that you require (now and in the future). We have tried to include all areas important to a successful relocation.

There are many facilities in the community and it can become confusing with the amount of information that you will be given. The Seniors Supportive Living Information checklist is designed to help you get all the information you need.

To make the search easier we suggest:

1. Consider the area of the city that will provide the best access to services, amenities, and family supports.
2. Consider any services or activities that are very important to you (place of wor-ship, gardening, library, etc).
3. Use the checklist to learn the types of questions to ask and prevent issues that may arise after you move in.
4. Call the buildings that you are interested in and schedule a tour to view the building and individual suites.
5. As you are touring a building, ask the manager as many questions as you need to become an informed “shopper”. You don’t need to ask every question. Just those you think apply to your situation, now and in the future.
6. Use a separate checklist for each building.
7. When you have toured all the buildings that you are interested in, compare the completed checklists.
8. Eliminate the facilities that do not meet the specifications that are important to you.
9. Make your informed decision for your new home.

Download the checklist at www.mysage.ca/help/housing.

SENIORS' SUPPORTIVE LIVING INFORMATION CHECKLIST

Name of Facility:

Manager's Name:

Address:

Phone:Fax:

E-Mail Address:Web Address:

Pre-admission requirements:

Application Form Medical 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 No

Laundry 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.)

Bathrooms

Bathroom 1: Shower Tub Neither

Bathroom 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?

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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 \$..... No

Dentist: Yes Cost \$..... No

Other medical appointments Yes Cost \$..... No

Shopping Yes Cost \$..... No

Private van service to other destinations within Edmonton? Yes No

Frequency

Destinations

Restrictions

Cost \$.....

RESIDENT PARTICIPATION

Is 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 \$..... No

Are there organized outings (theatre, restaurants, etc)? Yes No

If Yes, is transportation provided? YesCost? No

Is 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

