



Assisted Living Consumer Information Checklist

Assisted living is a special combination of housing and personalized supportive services in a home-like setting, designed to respond to the individual needs of those requiring help in activities of daily living (ADL), but who do not require the skilled medical care provided in a nursing home. Residences featured in this book offer a wide range of services, which can make the evaluation process complicated. To simplify your process of information gathering, Mass-ALA has compiled the following checklist. To compare multiple facilities, we invite you to make copies of this checklist to complete while meeting with representatives of prospective assisted living residences.

RESIDENCE INFORMATION

Date Completed: _____

NAME OF RESIDENCE _____

RESIDENCE EXECUTIVE DIRECTOR/CONTACT NAME _____

RESIDENCE STREET ADDRESS _____

MANAGEMENT COMPANY (if applicable) _____

CITY _____

STATE _____

ZIP _____

OWNER (if applicable) _____

() _____

Does the residence have a common smoking area? YES NO

RESIDENCE PHONE _____

NUMBER OF LIVING UNITS _____

Is smoking allowed in the unit? YES NO

RESIDENT FEES & SERVICES (Please note that fees and services may change over time.)

1. What type of rate structure is offered by this residence?

- Flat Monthly Rate (all-inclusive)
- Flat Daily Rate (all-inclusive)
- Tiered Daily Rate (varies on amount of services)
- Other Rate Type _____

2. List the average base fee for the types of available units (single occupancy):

Unit Type	Avg. base fee PER DAY	Avg. base fee PER MONTH
Studio	\$ _____	\$ _____
1 bedroom	\$ _____	\$ _____
2 bedroom	\$ _____	\$ _____
Other type of unit	\$ _____	\$ _____
2nd person fee	\$ _____	\$ _____

3. Additional fees

- Application Fee or Assessment Fee \$ _____
- Last Month's Fee \$ _____
- Community Fee \$ _____
(one-time fee upon move-in)
- Security Deposit \$ _____
- Other Fee Type \$ _____

Are additional fees refundable? YES NO

Under what conditions are fees refunded? Describe:

4. Third-party payments or subsidies

The Residence participates in:

- Massachusetts Medicaid Program YES NO
- Group Adult Foster Care YES NO

Does the residence:

- have a program for those residents who exhaust their funds? YES NO
- offer affordable apartments for qualified low/moderate income residents? YES NO

Are there any costs of residency not covered by other sources of payment and that are the responsibility of the resident or his/her family? YES NO

If “Yes,” describe these non-covered costs of residency:

5. Which of the following services listed are INCLUDED in the residence’s daily/base rate?

• **Meals** (*minimum requirement of one meal per day*):

- Breakfast Lunch Dinner Snacks

• **Housekeeping:**

- Daily _____ Times per week

• **Laundry Services**

- Linens Towels Personal Laundry

• **Apartment Amenities**

- Emergency Response System Lockable Door
- Gas/Electric/Water Fully Furnished Unit
- Half Bathroom (*toilet and sink only*) Carpeting
- Full Bathroom (*sink, shower/tub, toilet*) Basic Cable TV Service
- Window Treatments Refrigerator
- Cable TV hookup Microwave Oven
- Local Phone Service Other Amenities: _____
- Stovetop Burners _____

• **Transportation Services**

- Scheduled Unscheduled, within _____ mile radius
- Van/Bus with lift Van/Bus without lift Car
- Other _____

• **Social or Recreational Activities** (*list below*):

• **Medication Management**

- Self-Administered Medication Management (SAMM)
This is a required service.
- Limited Medication Management (LMA)

• **Activities of Daily Living (ADL) Assistance**

Check which ADLs are offered by the residence and whether the assistance is unlimited or limited:

Activity	ADLs included in the daily/base rate		NOT offered
Bathing	<input type="checkbox"/> Unlimited	<input type="checkbox"/> Limited	<input type="checkbox"/>
Ambulation	<input type="checkbox"/> Unlimited	<input type="checkbox"/> Limited	<input type="checkbox"/>
Toileting	<input type="checkbox"/> Unlimited	<input type="checkbox"/> Limited	<input type="checkbox"/>
Dressing/Grooming	<input type="checkbox"/> Unlimited	<input type="checkbox"/> Limited	<input type="checkbox"/>
Eating	<input type="checkbox"/> Unlimited	<input type="checkbox"/> Limited	<input type="checkbox"/>

If ADL Assistance is limited by time or service, describe:

• **Additional Services Available** (*extra charge*)

Schedule of fees is available: YES NO

- Additional Personal Care Incontinence Supplies
- Toiletries Personal Laundry
- Personal Transportation Shopping Assistance
- Respite Care Room Service
- Guest Meals Beauty Shop/Barber
- Wander Management Escort Services
- Other _____

MOVING OUT OF A RESIDENCE

Below is a list of some possible reasons that an assisted living Residence may use if it elects to terminate the Resident's tenancy. In all cases of possible move-out, additional information and clarification should be obtained by the consumer from the Residence's staff.

- | | |
|--|---|
| <input type="checkbox"/> Your continued residency endangers the safety, health or welfare of others | <input type="checkbox"/> You require more services than the Residence provides and you do not supplement services to ensure health and safety |
| <input type="checkbox"/> You fail to observe and abide by the Residence's rules and regulations | <input type="checkbox"/> Other conditions _____ |
| <input type="checkbox"/> You fail to meet your contractual obligations under the Residency Agreement | |

In this Residence is there family involvement in the termination process? YES NO

In this Residence does the provider assist families in termination plans? YES NO

PHYSICAL ENVIRONMENT

The following features are present in the Residence:

- Wander Management System
Describe: _____
- Security System
Describe: _____
- Other _____

NOTES

This checklist is not provided as a contract or guarantee of any type. This information is subject to change with the passage of time and may be different at the time of move in to the Residence. This information is offered as a general guide only, and is not intended to supercede or replace the specific terms of the Residency Agreement between the Residence and a Resident.