



## Assisted Living Consumer Information Checklist

The Massachusetts Assisted Living Association (Mass-ALA) has developed this form for consumers to use in the State of Massachusetts. Mass-ALA is distributing this information statement for voluntary use to Assisted Living providers for prospective residents and their families. It is intended to supplement other consumer information related to the choice of selecting an Assisted Living residence. **This consumer information checklist is not intended to replace any written residency agreement or contract.**

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Date Completed: \_\_\_\_\_

### Part One: Residence Information

Name of Residence: \_\_\_\_\_

Residence Administrator/Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Residence Size (# of units): \_\_\_\_\_ Management Company (if applicable): \_\_\_\_\_

Owner (if applicable): \_\_\_\_\_

### Part Two: Resident Fees & Services (Please note that fees and services may change over time.)

#### 1) Rate Structure

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

#### Additional Fees

- Application Fee
- Community Fee (one-time fee upon move-in)
- Prepaid Monthly Fee
- Last Month's Rent
- Security Deposit
- Other Fee Type \_\_\_\_\_

Are fees refundable      Yes      No      Under what conditions? \_\_\_\_\_

Do you have a health and wellness assessment process preceding move-in?  Yes  No

#### 2) Resident Subsidies

Does the residence participate in the Massachusetts Medicaid Program (Group Adult Foster Care)?     Yes     No

Does the residence have a program for residents who exhaust their funds?     Yes     No

Does the residence have apartments that are designated affordable for qualified low/moderate income residents?     Yes     No

3) **Monthly Fee by Unit Type (single occupancy)**

<u>Unit Type</u>	<u>Average Fee Per Day</u>
Studio	\$ _____
1 bedroom	\$ _____
2 bedroom	\$ _____
Other _____	\$ _____
2 <sup>nd</sup> person fee	\$ _____

4) **Is a written fee schedule provided?**  Yes  No

5) **You will be given the following written notice before a change in the base rate occurs:**

30 days  45 days  60 days  Other \_\_\_\_\_

6) **Services Included in the Daily/Base Rate**

**Meals** (*minimum requirement of 1 (one) meal per day*)

Breakfast  Lunch  Dinner  Snacks  Special Diets

**Housekeeping**

Daily  \_\_\_\_\_ Times per week

**Laundry Services**

Linens  Towels  Personal Laundry

**Apartment Amenities**

<input type="checkbox"/> Emergency Response System	<input type="checkbox"/> Lockable Door	<input type="checkbox"/> Gas/Electric/Water
<input type="checkbox"/> Full Bathroom (sink, shower/bathtub, toilet)	<input type="checkbox"/> Half Bathroom (toilet and sink only)	
<input type="checkbox"/> Fully Furnished Unit	<input type="checkbox"/> Window Treatments	<input type="checkbox"/> Carpeting
<input type="checkbox"/> Cable TV hookup	<input type="checkbox"/> Basic Cable TV Service	<input type="checkbox"/> Local Phone Service
<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Stovetop Burners	<input type="checkbox"/> Microwave Oven
<input type="checkbox"/> Other Amenities _____		

**Transportation**

Scheduled  Unscheduled within \_\_\_\_\_ mile radius  
 Car  Van/Bus with lift  Van/Bus without lift

**Social/Recreational Activities**

**Services**

Awake staff on premises 24-hours per day  
 On-site licensed nursing \_\_\_\_\_ hours per day  
 Self-Administered Medication Management (SAMM) [*required service*]  
 ADL Assistance ( Unlimited  Limited)

Explanation of ADL Assistance: \_\_\_\_\_

Other Services \_\_\_\_\_

**7) Additional Services Available (for an extra charge):**

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

Is a Schedule of Fees for Additional Services available?     Yes     No

**Part Three: Move-Out**

**1) If you choose to move out, you must give the following written notice before lease termination:**

- 30 days       45 days       60 days       Other \_\_\_\_\_

**2) Below is a list of some possible reasons that could necessitate move-out from this Assisted Living residence. In all cases of possible move-out, additional information and clarification should be obtained by the consumer from the residence's staff.**

- You require a higher level of care than the residence is allowed to provide
- Your continued residency endangers the safety, health or welfare of others
- You fail to observe and abide by the residence's rules and regulations
- You fail to meet your contractual obligations under the Residency Agreement
- Other conditions: \_\_\_\_\_

**3) You will be given the following written notice before lease termination by the provider (except where delay might cause harm to person or property):**

- 30 days       45 days       60 days       Other \_\_\_\_\_

4) **Is there family involvement in the lease termination process?**       Yes     No

5) **Does the provider assist families in lease termination plans?**       Yes     No

**Part Four: Staffing Information**

Below is a general description of the residence's staffing patterns:

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**Part Five: Physical Environment**

The following safety features are present in the residence:

- Automatic Fire Alarm System       Automatic Sprinklers       Emergency Response System
- Wander Management System       Other \_\_\_\_\_