Checklist Provided by ***GetCare.com***

Supported Housing Checklist

Carry this checklist with you when you visit a supported housing facility (simply print out one checklist per facility you plan to review). The checklist is designed to help you know what to look for and to remember what you saw. Use the back of the checklist to write down any additional comments. After visiting the facilities use the checklists to compare one provider with another.

Facility Name: _____

Owner/Director: _____

Address: _____

Phone: _____ **Website or E-Mail :**_____

Who is Served?

Yes	No	
❑	❑	Can the facility provide the level of assistance you require, given your medical condition?
❑	❑	Are there medical conditions the facility will not accept? If yes, what are these conditions? _____
❑	❑	Is there a waiting list?
❑	❑	Are pets allowed?

Services

❑	❑	Are meals provided at convenient times?
❑	❑	Can special diets be taken into consideration when meals are prepared?
❑	❑	Is it possible to have meals delivered to your room?
❑	❑	Are snacks available between meals?
❑	❑	Is there assigned seating in the dining room?
❑	❑	Can medication reminders be given, if needed?
❑	❑	May you use a pharmacy of your choice?
❑	❑	Is there a hospital close by? How far is the nearest hospital? _____

Yes	No	
❑	❑	Are housekeeping services provided?

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❑ ❑ Is there a barber/beauty shop?
❑ ❑ Does the residence offer social and recreational activities that you enjoy?
❑ ❑ Are there health promotion and exercise programs?
❑ ❑ Are residents active in planning activities and events?
❑ ❑ Is transportation available to community activities that you enjoy?
❑ ❑ Are other services available?
If yes, what are they? _____

Staff

❑ ❑ Do there appear to be an adequate number of staff?
What is the staff to resident ratio? _____
❑ ❑ Is the staff trained in emergency procedures, including CPR?
❑ ❑ Does the facility require criminal record checks for employees?
❑ ❑ Are staff bonded?

Physical Environment

❑ ❑ Do the units (apartments) have private full bathrooms?
❑ ❑ Is there a kitchenette within each unit?
❑ ❑ Can you choose the unit you'll live in?
❑ ❑ Is it possible to have your unit adapted or to change units within the facility as your care needs change?
❑ ❑ Can you furnish the unit with your own furniture?
❑ ❑ Is the unit large enough that you feel comfortable?
❑ ❑ Are there outside areas that residents may use?
❑ ❑ Are there plenty of handrails and grab bars, especially in the bathrooms?
❑ ❑ Is the facility wheelchair accessible?
❑ ❑ Is there an automatic fire alarm system and sprinklers?
❑ ❑ Is there an emergency response system or call buttons?
❑ ❑ Is there adequate security?

Credentials/Licensing

Yes No

❑ ❑ Is the facility licensed or certified (if required in your state)?
❑ ❑ Is the facility a member of any professional organizations? If yes, which? (Contact these organizations to check accreditation standards.)
_____
❑ ❑ Are staff members credentialed?

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If yes, what are these credentials? _____

How many years has the facility been in operation? _____

Cost

❑ ❑ Is a written fee schedule provided?
Approximately, what would the basic monthly or daily rate be for you?
_____

❑ ❑ Do you know what the basic monthly or daily rate does and doesn't include? Includes: _____
Doesn't include: _____

❑ ❑ Can the basic monthly rate be raised monthly or annually?

❑ ❑ Is there a cap on how much the rate can be raised?

❑ ❑ Will you be required to pay an entrance, application or deposit fee?
If yes, how much? _____

❑ ❑ Will these fees be refunded (at least partially) in the event that you need to leave the facility?

❑ ❑ Do you know what you will be charged for add-ons such as cable, telephone, newspaper delivery?

❑ ❑ Are you comfortable with the rules and regulations stipulated in the residency agreement?

❑ ❑ Are there medical conditions or other criteria that might require you to leave at some point?

❑ ❑ What procedures are in place if you can no longer afford the fees?

Overall Quality

Rate the supported housing facility in the following areas on a scale from one to ten, with ten being a perfect score:

Are the facility and its grounds well-maintained?	1 2 3 4 5 6 7 8 9 10
Is the facility nicely furnished and homey?	1 2 3 4 5 6 7 8 9 10
Is the food tasty and served attractively?	1 2 3 4 5 6 7 8 9 10
Is the kitchen clean and well-stocked?	1 2 3 4 5 6 7 8 9 10
Do staff seem pleasant and responsive to your special needs?	1 2 3 4 5 6 7 8 9 10
Is the location close to your family and friends?	1 2 3 4 5 6 7 8 9 10

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