

SUPPORTIVE LIVING INFORMATION CHECKLIST

Sage has created a checklist to help you investigate residential facilities that may provide the accommodation and services you need. The checklist is also available at www.mysage.ca/help/housing or by request at Sage.

We've included key areas and issues important for a successful relocation. With several facility options in the community, collecting and comparing information can be overwhelming. This checklist will help you gather all the necessary details.

To simplify your search, we suggest you:

1. Choose a location with good access to services, amenities, and family support.
2. Identify any essential services or activities (ex. place of worship, gardening, library).
3. Use the checklist to formulate questions to avoid future issues after moving in.
4. Contact the buildings of interest to schedule tours of the facilities and suites.
5. During tours, ask the manager any questions relevant to your situation—there's no need to cover everything.
6. Use a separate checklist for each building.
7. After touring, compare your completed checklists.
8. Eliminate facilities that don't meet your criteria.
9. Make an informed decision for your new home.

BUILDING DETAILS

Facility Name: _____

Manager's Name: _____ Phone: _____

Address: _____

E-Mail Address: _____ Fax: _____

Website: _____

Pre-admission requirements:

Application Form Medical Deposit Amount: \$ _____

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: _____

Appliances available at extra cost:

- Refrigerator \$ _____
- Dishwasher \$ _____
- Washer \$ _____
- Stove/Oven \$ _____
- Microwave \$ _____
- Dryer \$ _____
- Other \$ _____

Kitchen layout: _____ (ex. open design, galley, u-shape)

Type of countertops: _____ Appliance finish: _____

Stove type: Electric Gas Induction

Bathrooms

- Standard shower Curbless shower Standard tub Grab bars included

Living Areas

Fireplace: Yes No Balcony: Yes No

Type of flooring in suite: (Carpet, tile, hardwood, linoleum)

Entrance: _____ Hallway: _____

Living room: _____ 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:

Salon/barber shop Chapel Library Mail drop

Computer, internet and e-mail facilities

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

Limitations (type and number): _____

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

FOOD

Dietician available on site? Yes No Cafeteria: Yes No

Dining room: One More than one Private dining room available

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:

of Breakfasts/month: _____ at \$ _____

of Lunches/month: _____ at \$ _____

of Dinners/month: _____ at \$ _____

of Sittings/main meal: _____

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: Frequency _____ per _____ Cost \$ _____

Recycling Facilities? Yes No If Yes, where? _____

Garbage Disposal on each floor? Yes No

Laundry Service:

Change Linen _____ Frequency _____ per _____ Cost \$ _____

Personal Laundry _____ Frequency _____ per _____ 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 \$ _____

Smoking:

Not Permitted Permitted If permitted, where: _____

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				
Size (Sq Ft / Sq Mt)				
Damage Deposit				
Rent or Condo Fees				

Ask for a Brochure showing floor plans

Utilities: Included in rent Not Included in rent \$ _____

Air Conditioning included? Yes No

If not, window or stand alone units permitted? Yes No

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: _____

Kitchen

Appliances included in base cost:

Refrigerator Stove/Oven Dishwasher Microwave Washer Dryer

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

Number of Professional Staff: RNs _____ LPNs _____ PCAs _____

Recreation Therapists: _____ Other: (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

Who arranges Home Care? On-site health professional Resident

Does the building have a contract with Alberta Health Services for Home care?

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 _____

Is there a charge for calling an ambulance? Yes Cost \$ _____ No

If health deteriorates, how is the decision made for re-location? _____

TRANSPORTATION

How close is the nearest bus stop? _____ How close is the LRT? _____

Transportation provided 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 _____ Cost \$ _____

Destinations _____

Restrictions _____

RESIDENT PARTICIPATION

Is there a Resident Council? Yes No

If Yes, what is it responsible for? _____

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

Activity Frequency

_____	_____
_____	_____
_____	_____
_____	_____

Is there a charge for participation? Yes Cost \$ _____ No

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

If Yes, is transportation provided? Yes Cost \$ _____ 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 # of hours per day: _____ No

How often are Fire Drills held? _____

GENERAL IMPRESSIONS

Type of neighbourhood (residential, business etc.) _____

Overall outside appearance and environment (attractiveness, quietness, etc):

Appearance and upkeep of lobby, halls, etc _____

Social Atmosphere (friendliness of staff, other residents, etc): _____

