

## 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 individual needs for help in activities of daily living (ADLs), but not for those who require the skilled medical care provided in a nursing home.

The information provided in 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 supersede or replace the specific terms of the Residency Agreement between the residence and a resident.

### PART ONE: RESIDENCE INFORMATION

Date completed _____	Residence Executive Director/Contact Name _____
Name of Residence _____	Residence Size (# of units) _____
Phone _____	Management Company (if applicable) _____
Residence Address _____	Owner (if applicable) _____
City, State, ZIP _____	Residence has common smoking area: <input type="checkbox"/> Yes <input type="checkbox"/> No
email _____	Smoking in unit: <input type="checkbox"/> Yes <input type="checkbox"/> No

### PART TWO: RESIDENCE FEES & SERVICES *(Please note that fees and services may change over time.)*

#### 1. Rate Structure

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

#### 2. Monthly Fee by Unit Type *(single occupancy)*

Unit Type	Average Base Fee Per Day/Per Month
Studio	\$ _____ / _____
1 bedroom	\$ _____ / _____
2 bedroom	\$ _____ / _____
Other _____	\$ _____ / _____
2nd person fee	\$ _____ / _____

#### 3. Additional Fees

- Application Fee/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?  
\_\_\_\_\_  
\_\_\_\_\_

#### 4. Resident Third-Party Payments/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

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, explain:  
\_\_\_\_\_  
\_\_\_\_\_

#### 5. Services

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

##### Included in the Daily/Base Rate

Breakfast  Lunch  Dinner  Snacks

##### Housekeeping Included in the Daily/Base Rate

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

##### Laundry Services Included in the Daily/Base Rate

Linens  Towels  Personal Laundry

##### Apartment Amenities Included in the Daily/Base Rate

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

##### Transportation Included in the Daily/Base Rate

- Scheduled
- Unscheduled within \_\_\_\_\_ mile radius
- Van/Bus with lift
- Car
- Van/Bus without lift
- Social/Recreational Activities Included in the Daily/Base Rate
- Other Services Included in the Daily/Base Rate

##### Medication Management Included in the Daily/Base Rate

- Self-Administered Medication Management (SAMM) [required to offer service]

##### Activities of Daily Living (ADL) Assistance Included in the Daily/Base Rate

	Provided	Not Provided at All
Bathing	<input type="checkbox"/>	<input type="checkbox"/>
Ambulation	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>
Dressing/Grooming	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>
<b>If ADL Provided</b>	<i>Unlimited</i>	<i>Limited</i>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>
Ambulation	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>
Dressing/Grooming	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>

Explanation of ADL Assistance limited by time or service: \_\_\_\_\_



# MASS·ALA

Massachusetts Assisted Living Association

- Additional Personal Care
- Incontinence Supplies
- Toiletries
- Personal Laundry
- Personal Transportation
- Shopping Assistance
- Respite Care
- Room Service
- Guest Meals

- Beauty Shop/Barber
- Special Meal Assistance
- Escort Services
- Wander Management
- Limited Medication Administration (LMA)
- Other: \_\_\_\_\_

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

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## PART THREE: MOVE-OUT

1. Below is a list of some possible reasons 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.

- 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 require more services than the residence provides and you do not supplement services to ensure health and safety.
- You fail to meet your contractual obligations under the Residency Agreement.
- Other conditions: \_\_\_\_\_

2. In this residence, is there family involvement in the termination process?  Yes  No

3. In this residence, does the provider assist families in termination plans?  Yes  No

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## PART FOUR: PHYSICAL ENVIRONMENT

1. The following features are present in the residence.

- Wander Management System *Describe:* \_\_\_\_\_
- Security System *Describe:* \_\_\_\_\_
- Other *Describe:* \_\_\_\_\_