Alternatives® for Seniors

Helping Seniors and Families Since 1992

– Memory Care –
Online Services & Amenities Checklist

Community: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Fax: (_____) _____

Contact Name: _____ Email: _____

Instructions: Please review all 7 categories. Please indicate which service/amenties are available at your community by placing a checkmark next to the ones that are available **NOTE:** the Fees category, #7, ***enter the lowest rate for all room sizes available***.
Completed form can be faxed to (800) 350-0771

**** You can not add or rename items listed.****

1 Community Information

(Add check mark if item is available)

____ Chapel / Chaplain Services
____ Computer Room
____ Convenience / Gift Store
____ Game Room
____ Hair Salon
____ Indoor Pool
____ Library
____ Lounge Area
____ Outdoor Areas

2 Apartment Features

(Add check mark if item is available)

____ Semi Private Rooms
____ Private Rooms
____ Studios
____ One Bedrooms
____ Two Bedrooms
____ 2 Bedrooms / 2 Bathrooms
____ Building Type
hi-rise, ect:_____
____ Cable TV
____ Furnished Apartments
____ Handicap / Barrier-Free
____ Total Number of Units
# of units / beds: _____
____ Individual Climate Control
____ Kitchenettes
____ Storage Areas
____ Storage Areas in Apartment
____ Secure Environment
____ Pets Allowed
Pet Limitations: _____
____ CCRC
____ Non Profit

3 Services

(Add check mark if item is available)

____ Cafe Snack Area
____ Dietitian
____ Housekeeping
____ Laundry
____ Linen Service
____ Multi-Lingual Staff
____ Specialty Trained Staff
____ Transportation

4 Medical Services

(Add check mark if item is available)

____ 24-Hour Nursing Staff
____ 24-Hour Supervision
____ Incontinence Care
____ Medication Administration
____ Nurse Available
____ Physical / Occupational Therapy
____ Physician Services
____ Podiatry Services
____ Respite Care
____ Skilled Care
____ Speech Therapy

5 Activities

(Add check mark if item is available)

____ Art Therapy
____ Educational Classes
____ Exercise Programs
____ Game Room
____ Intergenerational Programs
____ Movies

Activities - *cont.*

(Add check mark if item is available)

____ Music / Dance Programs
____ Outdoor Activities
____ Pet Therapy
____ Scheduled Trips
____ Social Activities
____ Spiritual Programs

6 Meals

(Add check mark if item is available)

____ Cafe Snack Area
____ Dietitian
____ Kosher Diet
____ Daily Meals
# of meals: _____
____ Restaurant Style Dining
____ Special Diets

7 Fees:

(Add check mark if item is available)

____ Private Insurance
____ Government Assisted
____ Entrance Fee Required

***** Enter the lowest rate for all room sizes available***

Semi Private Rooms from $ _____

Private Rooms from $ _____

Studios from $ _____

One Bedrooms from $ _____

Two Bedrooms from $ _____