Alternatives® for Seniors

Helping Seniors and Families Since 1992

– Nursing / Rehab Centers –
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
____ Convenience / Gift Store
____ Hair Salon
____ Library
____ Lounge Area
____ Outdoor Areas

2 Apartment Features

(Add check mark if item is available)

____ Semi Private Rooms
____ Private Rooms
____ Building Type
hi-rise, ect:_____
Total Number of Beds
# of Beds: _____
Alzheimers Unit
CCRC
Non Profit
Eden Alternative

3 Services

(Add check mark if item is available)

____ Cafe Snack Area
____ Dietitian
Laundry
Multi-Lingual Staff
____ Short-Term Care
____ Special Diets

4 Medical Services

(Add check mark if item is available)

____ Alzheimer's / Dementia Care
Home Infusion Therapy
In-Home Lab / X-Ray Service
In-House Dialysis
Medical Equipment
Medical Supplies
____ Physician Services
Podiatry Services
____ Rehabilitation Therapy
Skilled Care
____ Sub Acute Care Specialty
Therapeutic Activities
____ Tracheotomy Care
Ventilator Care
____ Wound Care

5 Activities

(Add check mark if item is available)

____ Art Therapy
____ Educational Classes
Exercise Programs
____ Intergenerational Programs
____ Movies
____ Music / Dance Programs
____ 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)

____ Medicaid / Medi-Cal
____ Medicare
____ Private Insurance

***** Enter the lowest daily rate available***

Daily Rate from $_____