



Housing Bureau for Seniors

Personal Assessment for Assisted Care

Below is a list of possible care needs, services or amenities that you or family member may be seeking with assisted living care. Check those that are relevant to you. Use this as a discussion tool with each assisted living care setting that you are considering so that you understand the services they can provide to you and what their limitations may be.

Are you or your family member medically stable?				
Do you have any of these special needs?				
<input type="checkbox"/> Diet (e.g. diabetic, celiac, puree)	<input type="checkbox"/> Smoking	<input type="checkbox"/> Hospice care		
<input type="checkbox"/> Tube feedings	<input type="checkbox"/> Tracheotomy care	<input type="checkbox"/> Catheter care		
<input type="checkbox"/> motorized wheel chair use	<input type="checkbox"/> Incontinence care	<input type="checkbox"/> Oxygen Administration		
What are your medication requirements?				
<input type="checkbox"/> Needs IV drugs	<input type="checkbox"/> Can self-administer	<input type="checkbox"/> Need assist with blood sugars/insulin		
<input type="checkbox"/> Needs medication dispensed by a licensed nurse				
Any special mental health or behavioral needs?				
<input type="checkbox"/> Is depressed <input type="checkbox"/> Is anxious <input type="checkbox"/> Has aggressive behavior or other inappropriate behaviors				
Are there memory care needs?				
<input type="checkbox"/> Requires a special program by trained staff				
<input type="checkbox"/> Needs locked unit				
Do you want/need flexibility to go between different levels of care?				
Do you want/need accommodation for spouse with different needs?				
Rate the help needed with each activity by placing the appropriate number by each activity:				
<input type="checkbox"/> Eating	<input type="checkbox"/> Bed making	<input type="checkbox"/> Bathing	<input type="checkbox"/> Preparing meals	<input type="checkbox"/> Laundry
<input type="checkbox"/> Toileting	<input type="checkbox"/> Grooming	<input type="checkbox"/> Walking	<input type="checkbox"/> Shopping	<input type="checkbox"/> Paying bills
<input type="checkbox"/> Transferring	<input type="checkbox"/> Medications	<input type="checkbox"/> Dressing	<input type="checkbox"/> Emotional/Social Support	

* Rating Scale 0 = independent 1= Cueing 2 = Limited Assistance 3= Extensive Assistance 4 = Total Assistance

Prospective Resident's Needs and Interests	
How easy is it for you to walk and move around?	
<input type="checkbox"/> Can exit a room without assistance (e.g., transfer independently, exit an apartment to a hallway, use stairs and exit the building)	
<input type="checkbox"/> Could you or your family member walk the distance to the dining room from a potential apartment?	
What support services to you want?	
<input type="checkbox"/> home care coordination	<input type="checkbox"/> on-site dental & podiatry services
<input type="checkbox"/> hospital discharge planning	<input type="checkbox"/> on-site wellness clinic
<input type="checkbox"/> RN clinical assessments	<input type="checkbox"/> on-site physical therapy an other rehab services
What kind of emergency response system (ERS) would you feel comfortable with?	
<input type="checkbox"/> 24 hr. emergency response system (ERS) by <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> security staff	
<input type="checkbox"/> Will use personal ERS	
What optional services are you interested in?	
<input type="checkbox"/> Hospice care	
<input type="checkbox"/> Scheduled transportation (e.g., events, stores)	
<input type="checkbox"/> Escorts to medical appointments	
<input type="checkbox"/> Meal trays brought to the room	
<input type="checkbox"/> Home care agency services	<input type="checkbox"/> Personal doctor
<input type="checkbox"/> Skilled care services	<input type="checkbox"/> Social work services
Desired Opportunities	
<input type="checkbox"/> Personal Pet	
<input type="checkbox"/> Personal Car (with or with out covered parking)	<input type="checkbox"/> Religious services
<input type="checkbox"/> Access to public transportation	<input type="checkbox"/> Resident council
<input type="checkbox"/> Access to senior cab	<input type="checkbox"/> Community involvement
<input type="checkbox"/> Formal orientation program for new residents	<input type="checkbox"/> Volunteering
<input type="checkbox"/> Assistance with transition (e.g., unpacking)	
Amenities: <input type="checkbox"/> spa <input type="checkbox"/> gift shop <input type="checkbox"/> exercise room <input type="checkbox"/> barber/beauty shop <input type="checkbox"/> library <input type="checkbox"/> computer room	
<input type="checkbox"/> room for family parties <input type="checkbox"/> chapel <input type="checkbox"/> walking trails <input type="checkbox"/> gardens <input type="checkbox"/> patios <input type="checkbox"/> enclosed courtyard	
<input type="checkbox"/> general store	
Education Programs <input type="checkbox"/> on preventative health issues <input type="checkbox"/> general topics <input type="checkbox"/> for families	
Exercise Programs <input type="checkbox"/> to prevent falls <input type="checkbox"/> to maintain strength <input type="checkbox"/> for fun <input type="checkbox"/> outdoor activities	
Trips <input type="checkbox"/> for shopping <input type="checkbox"/> special interests	
Social Gatherings <input type="checkbox"/> large <input type="checkbox"/> small <input type="checkbox"/> clubs	
Support groups <input type="checkbox"/> for families <input type="checkbox"/> resident special concerns/interests <input type="checkbox"/> memory disorders	
Artist expression <input type="checkbox"/> woodworking <input type="checkbox"/> crafts <input type="checkbox"/> music	

Other
