

Community Comparison *Guide*

Choosing the right senior living community can feel overwhelming—this planner is here to help you stay organized, ask the right questions, and feel confident you’re making the best decision for someone you love.

Use it as your guide during tours or phone calls to keep everything in one place.

BEFORE YOU GO: PREP SHEET

My Top Priorities:

- | | |
|---|--|
| <input type="checkbox"/> Location close to family | <input type="checkbox"/> Affordable cost |
| <input type="checkbox"/> Strong medical support | <input type="checkbox"/> Engaging activities |
| <input type="checkbox"/> Safe and clean facility | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Warm community feel | |

Questions I Want to Remember to Ask:

1. _____
2. _____
3. _____

Communities I'm Visiting:

1. _____
2. _____
3. _____

COMMUNITY SNAPSHOT: QUICK COMPARISON

(Fill this once for all 3 communities)

Criteria	Community 1	Community 2	Community 3
Distance from family			
Type of care offered			
Monthly cost range			
Meals included? (Y/N)			
Private rooms available? (Y/N)			
Pet-friendly? (Y/N)			
Visitor policy			
Activities calendar shared? (Y/N)			
Staff friendliness (Y/N)			
Overall Atmosphere (Circle 1 – 5)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

SECTION 1: CARE & MEDICAL SUPPORT

Ask About:

- ☐ Personalized care plans
- ☐ 24/7 nurse or on-call doctor
- ☐ Medication management
- ☐ Emergency response systems
- ☐ Support as care needs change

Criteria	Community 1	Community 2	Community 3
Personalized care plan available	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24/7 nurse or doctor on-site/on-call	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication management offered	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency call system in rooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can transition to higher care later	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Impression (circle 1–5)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

SECTION 2: LIVING SPACES & AMENITIES

Ask About:

- ☐ Cleanliness
- ☐ Private bathrooms
- ☐ Room personalization allowed
- ☐ Accessibility features
- ☐ Beauty salon, laundry, common spaces

Criteria	Community 1	Community 2	Community 3
Overall cleanliness (1–5)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Private bathrooms available	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Furnishing personalization allowed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accessible (ramps, elevators, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Common areas (salon, laundry, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Impression (circle 1–5)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

SECTION 3: ACTIVITIES & DINING

Ask About:

- ☐ Social + fitness programs
- ☐ Dining hours and options
- ☐ Special diets
- ☐ Family events

Criteria	Community 1	Community 2	Community 3
Daily activities available	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fitness / wellness programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flexible dining options	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special dietary accommodations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family events or open invitations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Impression (circle 1–5)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

SECTION 4: COST & FINANCIAL CLARITY

Ask About:

- ☐ Base monthly cost
- ☐ Extra fees
- ☐ Accepted insurance/VA benefits
- ☐ Deposit or move-in fees

Criteria	Community 1	Community 2	Community 3
Base monthly rate explained	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extra fees disclosed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accepts VA, Medicaid, LTC insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Move-in or deposit fees explained	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overall value (circle 1–5)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

SECTION 5: FAMILY INVOLVEMENT

Ask About:

- ☐ Family updates and communication
- ☐ Visitation flexibility
- ☐ Involvement in care planning
- ☐ Family-friendly events

Criteria	Community 1	Community 2	Community 3
Family receives regular updates	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Families included in care planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flexible visitation policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special family-friendly events hosted	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family support groups or resources offered	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Impression (circle 1–5)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

FINAL NOTES & NEXT STEPS

Summary Criteria	Community 1	Community 2	Community 3
Overall Fit (circle 1–5)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Would you feel confident here?	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Maybe</div>	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Maybe</div>	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Maybe</div>

Top Choice:

Runner-Up:

Next Steps:

- ☐ Request a sample contract
- ☐ Schedule second visit
- ☐ Confirm availability
- ☐ Review insurance coverage
- ☐ Discuss with family
- ☐ Begin move-in process