

Senior Living Visit Planner

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 Ton Priorities

| iviy iop i iioiicioo. | |
|---------------------------------|---------------------|
| Location close to family | Affordable cost |
| Strong medical support | Engaging activities |
| Safe and clean facility | Other: |
| 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 | | nergency response some some some some some some some so | |
| Criteria | Community 1 | Community 2 | Community 3 |
| Personalized care plan available | Yes No | Yes No | Yes No |
| 24/7 nurse or doctor on- site/on-call | Yes No | Yes No | Yes No |
| Medication management offered | Yes No | Yes No | Yes No |
| Emergency call system in rooms | Yes No | Yes No | Yes No |
| Can transition to higher care later | Yes No | Yes No | Yes 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 | Ac | cessibility features | |
| Private bathrooms | Bea | auty salon, laundry, | common spaces |
| Room personalization allowed | | | |
| 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 | Yes No | Yes No | Yes No |
| Furnishing personalization allowed | Yes No | Yes No | Yes No |
| Accessible (ramps, elevators, etc.) | Yes No | Yes No | Yes No |
| Common areas (salon, laundry, etc.) | Yes No | Yes No | Yes 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 | Special diets |
| Dining hours and options | Family events |

| Criteria | Community 1 | Community 2 | Community 3 |
|-----------------------------------|-------------|-------------|-------------|
| Daily activities available | Yes No | Yes No | Yes No |
| Fitness / wellness programs | Yes No | Yes No | Yes No |
| Flexible dining options | Yes No | Yes No | Yes No |
| Special dietary accommodations | Yes No | Yes No | Yes No |
| Family events or open invitations | Yes No | Yes No | Yes 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 | Yes No | Yes No | Yes No |
| Extra fees disclosed | Yes No | Yes No | Yes No |
| Accepts VA, Medicaid, LTC insurance | Yes No | Yes No | Yes No |
| Move-in or deposit fees explained | Yes No | Yes No | Yes 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 | Yes No | Yes No | Yes No |
| Families included in care planning | Yes No | Yes No | Yes No |
| Flexible visitation policy | Yes No | Yes No | Yes No |
| Special family-friendly events hosted | Yes No | Yes No | Yes No |
| Family support groups or resources offered | Yes No | Yes No | Yes 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? | Yes No Maybe | Yes No Maybe | Yes No Maybe |
| 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 | | | |