



# COMMUNITY TOUR CHECKLIST

Name of Community \_\_\_\_\_ Date of Tour \_\_\_\_\_

**Housing Options Available:**

- Home Ownership
- Rental Homes
- Manufactured Homes
- Income-Based Rentals
- Assisted Living
- Skilled Nursing
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**Add Ons:**

- On-Site/Easily Accessible Healthcare
- Housekeeping and Dining Add-Ons
- Transportation Services
- Local Shopping
- Clubs, Events and Activities
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_ (add your own)

What security measures are in place? \_\_\_\_\_

\_\_\_\_\_

Are emergency response systems available throughout all levels of care? \_\_\_\_\_

\_\_\_\_\_

Are staff members required to undergo background checks? \_\_\_\_\_

\_\_\_\_\_

Is transportation to off-campus events and appointments available? \_\_\_\_\_

\_\_\_\_\_

Can the community accommodate guests for overnight or weekend visits? \_\_\_\_\_

\_\_\_\_\_

What are visiting hours for friends and family? \_\_\_\_\_

\_\_\_\_\_

What social activities or wellness programs are available \_\_\_\_\_

\_\_\_\_\_

Other Notes: \_\_\_\_\_

\_\_\_\_\_