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Adult Living Facilities Evaluation Form

The following is a suggested guide for you to make copies of and take with you while visiting and evaluating facilities with your loved ones.

Name of Facility: _____

Address: _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Website: _____

Contact Person/Title: _____

Type of Facility: (Check Box)

Adult Day Care ___ Hospice ___

Acute Rehab ___ Nursing Home ___

Alzheimer’s and Dementia ___ Retirement and Independent ___

Assisted Living ___ Respite ___

Continuing Care Retirement Community ___

Size of Facility: (Number of apartments, rooms, etc.) _____

Appearance and Cleanliness of Facility: _____

Appearance and Demeanor of Staff: _____