

What Do I Need or Want?

	Yes	No	Maybe
1. Do I want a place with minimal maintenance and upkeep?	___	___	___
2. Do I need a first floor (no steps) location?	___	___	___
3. Do I need handicap accessibility?	___	___	___
4. Do I need help with any daily living activities? (bathing, dressing, toileting, eating, medication)	___	___	___
5. Do I need/want some meals prepared and provided?	___	___	___
6. Do I need a place that accepts pets?	___	___	___
7. Do I want a place that offers social activities?			
8. LEISURE ACTIVITIES: Which type of activities would suit you the most?			
___ Entertainment brought in to building (sing along, music concert Bingo, bunko, special activities)			
___ Card and board games. (chess, Monopoly, puzzles,)			
___ Outdoor activities: walking area, biking, pool, corn hole, shuttle board			
___ Indoor Activities: Reading, computer games, movies, cooking demonstrations, educational classes, gymnasium			
___ Arts and crafts (knitting, sewing, wood working, painting classes)			
___ Field trips: group trips to see concerts, plays, sporting events, or different activities.			
Other important activities for myself. _____			
9. Do I need a place for my car?	___	___	___
10. Do I need transportation provided for appointments or shopping?	___	___	___

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| 11. Do I want a place with a patio, porch or yard? | _____ | _____ | _____ |
| 12. Do I want access to a pool? | _____ | _____ | _____ |
| 13. Do I want a hair salon or nail salon on site? | _____ | _____ | _____ |
| 14. Do I need something close to: | | | |
| a. Grocery | _____ | _____ | _____ |
| b. Pharmacy | _____ | _____ | _____ |
| c. Doctor | _____ | _____ | _____ |
| d. Employment | _____ | _____ | _____ |
| e. Church | _____ | _____ | _____ |
| f. Bank | _____ | _____ | _____ |
| g. Therapy | _____ | _____ | _____ |
| h. Entertainment | _____ | _____ | _____ |
| i. Other | _____ | _____ | _____ |
| 15. Do I need/want a doctor or nurse onsite? | _____ | _____ | _____ |
| 16. Do I want to | | | |
| a. Own? | _____ | _____ | _____ |
| b. Rent? | _____ | _____ | _____ |
| c. Partially own? | _____ | _____ | _____ |
| 17. Would adult day care or in-home care provide the daytime assistance I need? | _____ | _____ | _____ |
| 18. Would the staff be able to meet the needs of my care onsite? | _____ | _____ | _____ |
| 19. As I need more care, do I want to be able to stay in the same place or
maybe have to move again? | _____ | _____ | _____ |
| 20. What other factors should I consider in looking for a new home? | | | |