



ALL for Seniors™

SENIORS HOUSING QUESTIONNAIRE

Please complete this questionnaire with as much information as you can so ALL for Seniors™ can provide the best available information for potential residents. There is an option to do an on-line questionnaire at www.allforseniors.ca. The more information you provide, the more likely you will be contacted. Thank you!

Your Full Name _____ Title _____

Phone_(_____) _____ Mobile_(_____) _____

Fax_(_____) _____ Email _____

Senior Housing Name _____ Year Opened _____

Chain Affiliation _____

Senior Housing Phone_(_____) _____ Fax_(_____) _____

Senior Housing Website _____

Senior Housing Address _____

City _____ Province _____ Postal Code _____

Please v where appropriate:

About Your Seniors Housing Residence

Describe the level(s) of care offered:

- Independent Living
- Supportive Living
- Assisted Living
- Long Term Care
- Extended Care
- Residential Care
- Complex Care
- Palliative Care
- Respite Care
- Adult Day Care
- Campus of Care

Age requirements: _____ Maximum number of residents: _____

Number of Suites/Units: _____ Is there a Waiting List? Yes No

Management on Site? Yes How many hours/day? _____ No

Accreditations/Membership: (check all that apply)

- Accreditation Canada
- BC Care Providers Association
- BC Hospice Palliative Care Association
- BC Non Profit Housing Association
- BC Seniors Living Association
- Commission on Accreditation of Rehabilitation Facilities

Medical Services

Nursing Care:

Staffed 24 hours: Yes No How many hours/day? _____

Licensed RN/RPN on-site

Medication:

- Administered
- Supervised

Physician Care:

- Visiting
- On-Call

(Medical Services cont'd)

Pharmacy on-site: Yes No

Assisted Daily Living Care: (eg. help with bathing, grooming, dressing, etc.)

Yes

List: _____

No

Outside Professional Services allowed: (eg. dental, optical, physical therapy, etc.)

Yes

List: _____

No

Alzheimer/Dementia Care

Do you provide care for Alzheimer's Disease &/or Dementia? Yes No

If yes, please complete the following:

Describe where residents with Alzheimer's Disease &/or Dementia live at your residence. (e.g. dedicated building or care unit)

What special services are supplied to residents with Alzheimer's Disease &/or Dementia? (e.g. daily planned activities, specialty trained staff, etc.)

Suite Features

Types of suites	Price Range	Number of Units
One bedroom		
One bedroom plus den		
Two bedroom		
Private bedroom & shared bath		
Shared bedroom & shared bath		

Additional Fee: (check all that apply)

- None
- Damage Deposit Type & Amount? _____
- Activation Fees Amount? _____
- Other _____

Can couples room together? Yes No

Temporary or Short Term Option: (check all that apply)

- Respite Care
- Convalescent Care
- Rehab Care
- Palliative Care
- Adult Day Care

Can residents bring their own furniture?

- Yes
- Limitations? _____
- No

Is there Guest Accommodations available? Yes Max. Length of Stay _____
 No

Room Amenities: (check all that apply)

- Air Conditioning
- Thermostat
- Walk-in shower
- Wheel-in shower

(Room Amenities cont'd)

- Private telephone line
- Cable hook-up
- Carpeting
- Patio/balcony
- Smoke alarm
- Sprinkler system
- Personal laundry
- Emergency Response System

Housekeeping/Towel and Linen Service:

- None
- Daily
- Bi-Weekly
- Weekly

Dining Amenities

Central dining area: Yes No

Private dining area: Yes No

Dietary options: (check all that apply)

- Gluten free
- Organic
- Kosher
- Ethnic
- Vegetarian
- Low sugar
- Low sodium

Is there a Dietician on-site or available for counselling? Yes No

How many meals are provided each day? one two or three snacks

Can residents choose to dine in their suite?

- Yes Limitations? _____
- No

Other

Are any of the following extra amenities available at your residence? (check all that apply)

- Area for visiting family/friends
- Beautician/Barber
- Billiard room
- Chapel/Bible study
- Clubhouse/Meeting room
- Computer/Internet access
- Convenience/Tuck shop
- Extra storage
- Fitness centre/Gym
- Games room
- Garden/Personal garden
- Guest dining
- Library
- Pub
- Sauna/Hot tub
- Swimming pool
- Tennis court
- Therapeutic whirlpool
- TV/Media room
- Wheelchair accessible
- Other _____

Pets: Allowed Yes Specifics _____ No

Smoking: Allowed Yes Specifics _____ No

Does your staff require criminal background checks: Yes No

Parking/Travel option: (check all that apply)

- Visitor
- Handicapped
- Resident
- Shuttle bus
- Nearby public transport

Your staff also speaks, other than English: (check all that apply)

- Chinese
- Mandarin
- Punjabi
- French
- American Sign Language
- Other _____

One last thing...

Does your residence offer anything that potential residents may find interesting and unique? If you have a descriptive paragraph used in other advertising (e.g. *the Careguide source for seniors, Senior Living*, etc.), you may put it here and will be posted alongside your contact info on the site.



Thank you so much for your time to complete this questionnaire. It is my intention to provide your potential clients as much information as possible so they will contact you.

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ALL for SeniorsTM