



# Senior Living Workbook *Guidance*

*for Compassionate Care*



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*Your guide at a glance*

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# Welcome

## *to Your Care Journey*

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*This workbook was created to support you and your family as you navigate the journey of senior living. Whether you are just beginning to explore options or are ready to make a decision, these pages will help you organize important information, clarify priorities, and feel confident in the path ahead.*

*Take your time. There are no wrong answers - only steps forward.*

*Prepared with care by Silvia Caravella  
Founder of Elevate Senior Placement  
Owner of Clover Hill Senior Living*



# How to Use This Workbook

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*There is no right or wrong way to use this workbook.*

*Some families choose to complete the entire workbook, while others use only the pages that are most relevant to their situation.*

*You may find it helpful to:*

- Share the Senior Living Quick Family Profile with communities before a tour or consultation.*
- Provide portions of the workbook to healthcare professionals, care managers, attorneys, financial advisors, or other service providers involved in your loved one's care.*
- Share information with siblings or family members to help keep everyone informed and involved in the decision-making process.*
- Use the comparison and note-taking pages to organize your thoughts as you tour communities and evaluate options.*
- Keep personal notes, questions, and observations in the workbook as a private planning tool for your family.*

*Think of this workbook as a flexible resource designed to support you throughout your senior living journey. Use the pages that serve you best, skip the ones that don't, and return to them whenever you need them.*

*My hope is that these tools help bring clarity, confidence, and peace of mind during what can often feel like an overwhelming process.*

# About

*Silvia Caravella*

*Founder, Elevate Senior Placement*

*Owner, Clover Hill Senior Living*

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*"Care with clarity, design with purpose."*

*Hi, I'm Silvia.*

*After helping countless families navigate senior living decisions, I've learned that the process can feel overwhelming, emotional, and confusing.*

*That's exactly why I created this workbook.*

*My goal is to give you a simple place to organize information, compare options, and feel more confident as you make decisions for your loved one. Whether you're just beginning your search or preparing for a move, I hope these pages serve as a helpful guide along the way.*

*Wishing you clarity, peace of mind, and the support you deserve.*

*Silvia Caravella*

*Prepared with care by Silvia Caravella*

*Founder of Elevate Senior Placement*

*Owner of Clover Hill Senior Living*

# Resident Information

*Please complete all fields below*



Full Name

---

Date of Birth

---

Phone Number

---

Emergency Contact

---

Emergency Contact Phone

---

Primary Physician

---

Physician Phone

---

Insurance Provider

---

Policy Number

---

Known Allergies

---

Current Medications

---

Special Needs / Notes

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# Senior Living Quick Family Profile

Please complete this brief profile before your tour so the community can better understand your loved one's needs, preferences, and care level.



## Resident Information

Resident Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Living Situation:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Lives Alone             | <input type="checkbox"/> Lives with Spouse | <input type="checkbox"/> Lives with Family        |
| <input type="checkbox"/> Rehabilitation Facility | <input type="checkbox"/> Assisted Living   | <input type="checkbox"/> Skilled Nursing Facility |
| <input type="checkbox"/> Other: _____            |  |   |

## Primary Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## What Has Prompted Your Search?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Recent Hospitalization | <input type="checkbox"/> Falls or Safety Concerns        | <input type="checkbox"/> Memory Changes       |
| <input type="checkbox"/> Caregiver Burnout      | <input type="checkbox"/> Difficulty Managing Medications | <input type="checkbox"/> Increased Care Needs |
| <input type="checkbox"/> Social Isolation       | <input type="checkbox"/> Looking Ahead / Planning        | <input type="checkbox"/> Other: _____         |

## Current Care Needs

- |  |   |  |                                  |
|--|---|--|----------------------------------|
| <input type="checkbox"/> Bathing               | <input type="checkbox"/> Dressing         | <input type="checkbox"/> Toileting         | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Medication Management | <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> None of the Above |                                  |

## Mobility

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Walks Independently | <input type="checkbox"/> Uses Cane                          | <input type="checkbox"/> Uses Walker |
| <input type="checkbox"/> Uses Wheelchair     | <input type="checkbox"/> Requires Assistance with Transfers |                                      |

## Memory & Cognitive Concerns

- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> No Concerns         | <input type="checkbox"/> Mild Forgetfulness                 | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Wandering / Exit-Seeking Behaviors | <input type="checkbox"/> Unsure   |

## Medical Considerations

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Oxygen Use             | <input type="checkbox"/> Hospice Services  | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Recent Hospitalization | <input type="checkbox"/> None of the Above |  |

## Housing Preferences

Preferred City / County: \_\_\_\_\_

Preferred Room Type:  Private Room  Shared Room  Unsure

## Financial Information

Monthly Budget Range:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Under \$5,000       | <input type="checkbox"/> \$5,000 - \$7,500 | <input type="checkbox"/> \$7,500 - \$10,000 |
| <input type="checkbox"/> \$10,000 - \$15,000 | <input type="checkbox"/> \$15,000+         | <input type="checkbox"/> Unsure             |

Long-Term Care Insurance?  Yes  No  Unsure

Veteran Status?  Yes  No

## Desired Move Timeline

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Immediately     | <input type="checkbox"/> Within 30 Days         | <input type="checkbox"/> Within 3 Months |
| <input type="checkbox"/> Within 6 Months | <input type="checkbox"/> Just Exploring Options |  |

## Anything Else We Should Know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Resident Profile

*A quick snapshot of who your loved one is beyond their care needs.*

Preferred Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Photo:



## About My Loved One

Previous Occupation / Career: \_\_\_\_\_

Favorite Music: \_\_\_\_\_

Favorite Sports Team(s): \_\_\_\_\_

Favorite TV Show or Movie: \_\_\_\_\_

Favorite Meal: \_\_\_\_\_

Favorite Snacks or Treats: \_\_\_\_\_

## Personality

Outgoing

Quiet

Funny

Serious

Independent

Compassionate

Social

Private

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

## Favorite Hobbies & Activities

Reading

Gardening

Music

Cards

Puzzles

Watching Sports

Walking

Church

Movies

Travel

Cooking

Time with Family

Arts & Crafts

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

## Daily Preferences

Early Riser

Night Owl

Preferred Wake-Up Time: \_\_\_\_\_

Preferred Bedtime: \_\_\_\_\_

## Comfort & Connection

What helps them feel comfortable?

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Anything else we should know about your loved one?

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# Comprehensive Care Profile

Key medical, legal, and situational information for care planning

## Current Situation & Family Concerns

Recent Hospitalization \_\_\_\_\_

Falls \_\_\_\_\_

Memory Changes \_\_\_\_\_

Caregiver Burnout \_\_\_\_\_

Medication Concerns \_\_\_\_\_

Safety Concerns \_\_\_\_\_

Social Isolation \_\_\_\_\_

Planning Ahead \_\_\_\_\_

Family's biggest concerns: \_\_\_\_\_

Goals for care: \_\_\_\_\_

## Family, Legal & Decision Makers

Power of Attorney: \_\_\_\_\_

Healthcare Proxy: \_\_\_\_\_

Guardian: \_\_\_\_\_

Living Will: \_\_\_\_\_

DNR: \_\_\_\_\_

POLST: \_\_\_\_\_

Primary Decision Maker: \_\_\_\_\_

Attorney: \_\_\_\_\_

Family Members Involved: \_\_\_\_\_

## Medical History & Healthcare Providers

Primary Diagnoses: \_\_\_\_\_

Allergies: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Cardiologist: \_\_\_\_\_

Neurologist: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_

Pulmonologist: \_\_\_\_\_

Oncologist: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Oxygen Use \_\_\_\_\_

Hospice \_\_\_\_\_

Palliative Care \_\_\_\_\_

## Hospitalizations & Current Services

Hospitalizations in Last 12 Months: \_\_\_\_\_

ER Visits in Last 12 Months: \_\_\_\_\_

Home Care \_\_\_\_\_

Companion Care \_\_\_\_\_

Physical Therapy \_\_\_\_\_

Occupational Therapy \_\_\_\_\_

Speech Therapy \_\_\_\_\_

Visiting Nurse \_\_\_\_\_

Adult Day Program \_\_\_\_\_

Transportation Services \_\_\_\_\_

# Family Questionnaire

*Answer each question in the space provided*



1. What are your loved one's daily routines and preferences?

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2. Are there any dietary restrictions or food preferences?

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3. What activities bring them the most comfort or joy?

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4. How do they prefer to communicate (verbal, written, gestures)?

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5. Are there any behavioral triggers or sensitivities we should know?

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6. What are your primary goals for their care experience?

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7. How often would family like to be involved or visit?

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8. Is there anything else you'd like the care team to know?

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# Activity Independence Chart

*Check the level of assistance needed for each activity*

Activity	Independent	Some Help	Full Help
Bathing / Personal Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating / Meal Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility / Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping / Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





# Care Needs Assessment

Check all that apply in each category



## Mobility, Contenance & Safety

- Walks independently
- Uses a cane
- Uses a walker
- Uses a wheelchair
- One-person assist
- Two-person assist
- Mechanical lift

Bladder:  Continent  Occasional  Frequent  Total

Bowel:  Continent  Occasional  Frequent  Total

Catheter Ostomy

Skin Integrity Concerns: \_\_\_\_\_

## Cognition

- Fully oriented
- Mild forgetfulness
- Needs verbal cues
- Needs visual reminders
- Wanders / exit-seeking
- Sundowning behaviors
- Unable to make decisions

## Vision, Hearing, Nutrition & Swallowing

- Glasses
- Macular Degeneration
- Cataracts
- Glaucoma
- Legally Blind
- Hearing Aid
- Significant Hearing Loss
- Mechanical Soft Diet
- Pureed Diet
- Thickened Liquids
- Difficulty Swallowing
- Choking Risk

## Social & Emotional

- Engages with others easily
- Prefers small groups
- Prefers one-on-one
- Tends to isolate
- Experiences anxiety
- Experiences agitation
- Needs redirection often



# Facility Tour & Evaluation Guide

*For Families: Questions to Ask During a Tour*

## 1. Quality of Care & Staffing

- What is the staff-to-resident ratio (day/night)?
- Is there an RN or Doctor on-site 24/7?
- What is the highest acuity of care provided?
- How often are care plans reviewed?
- Do you provide hospice or palliative care?

## 2. Daily Life & Activities

- What does a typical day look like?
- Are there structured activities or outings?
- Is transportation provided? For a fee?
- Are residents encouraged to participate?
- What services are in-house vs. outsourced?

## 3. Food & Dining

- May I see a sample menu?
- Are dietary restrictions accommodated?
- Are meals restaurant-style, buffet, or in-room?

## 4. Cleanliness, Maintenance & Safety

- How often are rooms/common areas cleaned?
- How do you handle laundry and linens?
- Protocol for bed bugs, pests, or mold?
- What security/safety measures are in place?

## 5. Family Communication & Involvement

- How frequently are care updates shared?
- Is there a family liaison or care coordinator?
- Are family visits flexible? Can we drop in?

## 6. Costs & Contract Terms

- What's included in the monthly fee? What's extra?
- Do you have tiered pricing or a flat rate?
- Can I get your rate sheet and care level breakdown?
- How often do rates increase?

## 7. Availability & Room Types

- Current occupancy and wait list?
- Room types offered (Studio, 1BR, 2BR, Shared)?
- Can residents bring their own furniture?

## 8. Admission Criteria

- Medical, behavioral, or financial thresholds?
- Do you require a pre-admission assessment?
- Typical timeframe from Tour to Move-in?

## 9. Facility Differentiators

- What sets your facility apart from others?
- What are families most happy/unhappy about?
- Profile of longest-standing vs. recently discharged resident?

## 10. Gut Check

- Do residents seem happy? Eye contact, smiles?
- Are staff interacting kindly with residents?
- Would I want to live here?

## Notes

Facility Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Date of Tour: \_\_\_\_\_

Impressions: \_\_\_\_\_



# Community Comparison Worksheet

*Compare up to 3 communities side by side*

	Community 1	Community 2	Community 3
Monthly Cost			
Community Fee			
Location			
Private Room Available			
Memory Care Available			
Staff Ratio			
Nursing Available			
Transportation			
Activities			
Dining Quality			
Overall Feel			



# Contact Us

## *Need Help?*

## Elevate Senior Placement

- ✓ Personalized Guidance
- ✓ Community Recommendations
- ✓ Tour Support
- ✓ No Cost to Families

Phone: 732-649-6412

Email: [info@elevateseniorplacement.com](mailto:info@elevateseniorplacement.com)

Website: [www.elevateseniorplacement.com](http://www.elevateseniorplacement.com)

