

Senior Living Worksheet

	On My Own	I need Help	Villa Assisted Living
Transportation			
I can safely drive my own vehicle.			
I can maintain my own vehicle.			
I can afford/achieve the maintenance on my own vehicle.			
I can get to my medical appointments.			
I can get to visit with family and friends, senior center and other activities when I want.			
I can safely get to the grocery and other shopping when I need to.			
Home			
I can get up and down stairs safely.			
I can manage the housecleaning.			
I can manage the yard maintenance.			
Finances			
I am comfortable handling my bills and finances.			
I am up to date on all of my payments.			
I can afford/maintain my home, medical care, taxes, and and prepared for unexpected expenses.			

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Health			
I get regular exercise.			
I understand all of my medicines and take them as ordered.			
I can manage my chronic health condition as my doctor has ordered.			
I see my physician/care team as scheduled.			
I eat three healthy meals every day.			
Safety			
I have someone close by in an emergency.			
If I fall or am unable to communicate, someone will check on me.			
My home is safe and secure.			
Lifestyle			
I enjoy fun activities outside of the home regularly.			
I spend time with friends and people my age.			
I attend worship weekly.			
I enjoy visiting with family.			

