

# TO MOVE OR NOT TO MOVE CHECKLIST

Use this checklist to help you decide whether to remain living at home or to consider moving. Ideally, the senior will answer the questions, either in writing or in conversation with the family.

## SAFETY:

*Is your home suitable and safe?*

How difficult is it for you to manage the stairs in your home? \_\_\_\_\_

How willing or able are you to clean your home? \_\_\_\_\_

How willing or able are you to maintain the yard and outside of the home? \_\_\_\_\_

Do you have enough help available when necessary: e.g. during a short-term illness? \_\_\_\_\_

Are you at risk for falls? Does your home have good lighting, bathroom safety bars, handrails, and safe flooring? \_\_\_\_\_

Do you smoke? Do you have and maintain smoke detectors? \_\_\_\_\_

Do you have a hot water safety valve on hot water taps? \_\_\_\_\_

## FINANCES:

*Is the choice to stay in your home economically sound?*

What minor and major repairs must you make in the next few years? \_\_\_\_\_

Would freeing up the cash in your home allow you to have a more enjoyable lifestyle? \_\_\_\_\_

Are taxes, insurance, utilities, and other costs affordable for you? \_\_\_\_\_

If not, do you have finances available for renovations or adaptations if they are necessary? \_\_\_\_\_

Could you get financial assistance for renovations or adaptations? \_\_\_\_\_

## LOCATION:

*Is the location of your home suitable?*

Is adequate transportation available for medical appointments, social activities, and visiting friends and family?

Are stores and other services within easy reach?

Is the neighbourhood safe and pleasing to you?

Do you value the relationships you have with your neighbours?

Do you have adequate access to friends, and social and church activities?

Is your own physical mobility or driving ability an issue?

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## SUPPORT SERVICES:

*Are necessary in-home support services available and/or affordable for you?*

Do you need any of the following services? Can you find them and afford them?

	Definitely Yes	Maybe	Definitely No
• Household services (cleaning, yard work, minor repairs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Home-delivered meals, grocery delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Visitors, companions, drivers, etc., volunteer or paid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Access to adult day programs (if required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Personal care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Professional services (physiotherapy, nursing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*After completing the checklist, talk to your loved ones or other supports and determine your answer to the following question:*

**Is the decision to stay at home in your best interest?**

Definitely Yes

Maybe

Definitely No



Independent Living Communities