

Checklist:

Moving to a Senior Living Community

Print this checklist and place it in a dedicated “moving” folder to help keep track of all the details leading up to your parent’s move.

Prepare for the move

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| <input type="checkbox"/> Get apartment floor plan | <input type="checkbox"/> Schedule moving services or rental trucks |
| <input type="checkbox"/> Determine which furnishings will fit in new home and clearly label them | <input type="checkbox"/> Secure real estate professional to list parent’s home |
| <input type="checkbox"/> Help parent downsize other belongings | <input type="checkbox"/> Refill all prescriptions to ensure a month’s supply upon moving day |
| <input type="checkbox"/> Make arrangements for items not going to new home (storage, estate sale, charity donations, etc.) | <input type="checkbox"/> Secure important documents (will, passport, Social Security card, etc.) |
| <input type="checkbox"/> Make travel arrangements if community is out of your area | <input type="checkbox"/> Accompany parent to senior living community for dinner and/or events to help acquaint them |

Notify others of new address

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| <input type="checkbox"/> Post office (change of address form) | <input type="checkbox"/> Financial institutions |
| <input type="checkbox"/> Health insurance providers | <input type="checkbox"/> Driver’s license (if applicable) |
| <input type="checkbox"/> Social Security and Medicare | <input type="checkbox"/> Family and friends |
| <input type="checkbox"/> Healthcare providers – have medical records and prescriptions transferred if necessary | <input type="checkbox"/> Periodical subscriptions (newspapers and magazines) |

Packing

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| <input type="checkbox"/> Confirm what appliances/furnishings the senior living community provides to avoid packing items not needed | <input type="checkbox"/> Take photos of any electronics with cable connections for easier hookup at new home |
| <input type="checkbox"/> Color-code or label moving boxes (clothing, kitchen, toiletries, etc.) | <input type="checkbox"/> Pack all medications in a single box and move yourself |
| <input type="checkbox"/> Carefully pack any delicate or valuable items yourself | <input type="checkbox"/> Other: _____ |

Moving day

Move-in date: _____

- | | |
|---|--|
| <input type="checkbox"/> Assist with moving any delicate or valuable items and essential medications | <input type="checkbox"/> Consider family photos or other personalized housewarming gift(s) |
| <input type="checkbox"/> Confirm parent has phone list of family, friends, healthcare providers, etc. | <input type="checkbox"/> Introduce yourself and your parent to key staff members and other residents |