

Worksheet for comparing ALW homes

Take this sheet with you when you visit. Ask every home the same questions. Write down who told you what, and on what date. Availability changes, and your notes are the only record. You choose the home, and you can change your mind. The home decides whether to admit the person. Read **how to choose an assisted-living home under ALW** (alwbeta.com/guides/choosing-facility) first.

Start with five checks

You want a clear yes to each of these before anything else.

- 1. Does the person want to live there?
- 2. Is the home taking ALW residents right now?
- 3. Can it meet the care and supervision needs in the nurse assessment and the care plan, the Individualized Service Plan (ISP)?
- 4. Is there a room that would work for this person? A name on the home's own waiting list is not a room.
- 5. Are the monthly charges written down and workable?

The person's priorities

Item	Your note
Name or initials (optional)	
Preferred county or area	
How far is too far to travel	
The three things that matter most to the person	

Needs to raise at every visit

Check what applies. Then ask each home directly whether it can meet that need. Checks on this page are not saved. Print the sheet or copy the list.

☐ Help walking or getting around

- ☐ Help with transfers, for example from bed to chair
- ☐ Wheelchair access
- ☐ A patient lift or other equipment
- ☐ Help bathing, dressing or using the toilet
- ☐ Help with medications
- ☐ Supervision for memory or confusion
- ☐ Support for behavior
- ☐ Help overnight
- ☐ A special diet
- ☐ Oxygen or breathing support
- ☐ Rides to dialysis or other regular treatment
- ☐ Working with hospice or home health
- ☐ Language or communication needs
- ☐ Other needs

About each home

Fill in one column per home.

About the home	Home A	Home B	Home C
Name of the home			

About the home	Home A	Home B	Home C
Address, and travel time from family			
On the state's ALW list? Write the date you checked			
Who said a room might be open, and on what date			
What kind of room			

Questions to ask every home

Write the answer in the box, with the name of the person who gave it.

Question	Home A	Home B	Home C
Are you taking ALW residents right now?			
Can you meet the needs checked above? Who decides?			
What would stop you from admitting the person?			
How do you help with transfers and getting around?			
Who is in the building overnight?			
How do you support memory or behavior needs?			
What equipment can you support?			
Can staff communicate in the person's language?			

Question	Home A	Home B	Home C
How do you handle meals and special diets?			
How do you get residents to appointments?			
How do you work with the care coordinator, doctors, home health and hospice?			
What happens if the person's needs change?			
What is the monthly amount, in writing, and what does it cover?			
Which charges are extra?			
How does a resident raise a complaint?			
Can we review the admission agreement before anyone signs?			

After the visit

After the visit	Home A	Home B	Home C
Date and time of the visit, and who was there			
How comfortable did the person feel here?			
What felt safe and supportive?			
What still needs an answer?			
What was not shown or verified?			

Your decision

Item	Your note
The person's first choice	
Why	
Questions for Beta	
Date to check availability again	

A home on the state's list is not a confirmed room, admission or care fit. A checked need above is not proof that a home can meet it. Ask the home, and ask Beta, to look at the actual situation. ALW pays the home for care, not for room and board, so the monthly amount and any extra charges belong in writing. See **what ALW pays and what you pay** (alwbeta.com/costs).

Questions for Beta

- Call **(747) 293-5777**
- **Request a callback** at alwbeta.com/callback
- **See homes on the state list** (alwbeta.com/facilities)

If a resident is in danger right now, call 911. For a complaint about a licensed home, see **your rights in ALW, and who to call** (alwbeta.com/rights-grievances).

Sources

- **DHCS list of participating ALW facilities** (dhcs.ca.gov/services/long-term-care-alternatives-home-and-community-based-service-options/assisted-living-waiver-program-participating-facilities)
- **DHCS Freedom of Choice form, DHCS 0062 (PDF)** (dhcs.ca.gov/file/dhcs-0062-alw-freedom-of-choice-form-pdf)
- **DHCS provider enrollment for RCFEs and ARFs** (dhcs.ca.gov/services/long-term-care-alternatives-home-and-community-based-service-options/provider-enrollment-for-residential-care-facilities-for-the-elderly-and-adult-residential-facilities)
- **DHCS 2026 ALW reimbursement rates (PDF)** (dhcs.ca.gov/file/file-125252-pdf)

The current version of this worksheet is at alwbeta.com/resources/facility-selection-worksheet.

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