

Printable Orange County Assisted Living Move-In Checklist

A timeline-based checklist for paperwork, medications, packing, room setup and first-week support

How to use this checklist

Work through this checklist in sequence. Start paperwork and physician coordination four or more weeks before move-in. Use the packing and room setup sections in the final one to two weeks, then use the communication and first-week sections from move-in day onward.

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Move-In Details

Resident name:	_____	Move-in date:	_____
Community:	_____	Room / suite:	_____
Primary family contact:	_____	Care team contact:	_____
Physician / pharmacy:	_____	30-day check-in:	_____

4 or More Weeks Before Move-In - Paperwork and Pre-Admission

Done	Checklist item	Responsible / follow-up
<input type="checkbox"/>	Signed admission agreement on file with the community	_____
<input type="checkbox"/>	Move-in date confirmed in writing	_____
<input type="checkbox"/>	Physician's report or medical assessment appointment scheduled	_____
<input type="checkbox"/>	Advance directive and POLST documentation located and provided to the community, with originals handled according to the resident's, family's and community's documentation policy	_____
<input type="checkbox"/>	Power of attorney documentation provided if applicable	_____
<input type="checkbox"/>	Emergency contacts and financial responsibility designation completed	_____
<input type="checkbox"/>	Insurance information on file with the community	_____

Done	Checklist item	Responsible / follow-up
<input type="checkbox"/>	Community-required intake forms requested and started	_____
Notes / follow-up needed:		

2 to 3 Weeks Before Move-In - Physician and Medication Coordination

Done	Checklist item	Responsible / follow-up
<input type="checkbox"/>	Physician's report or medical assessment completed and submitted to the community	_____
<input type="checkbox"/>	Complete current medication list prepared with dosages, schedules and prescriber contacts	_____
<input type="checkbox"/>	Current pharmacy information provided to the community	_____
<input type="checkbox"/>	Medication transfer or 30-day supply confirmed	_____
<input type="checkbox"/>	Refills checked and filled as needed before move-in	_____
<input type="checkbox"/>	Specialty or refrigerated medications flagged and coordination confirmed	_____
<input type="checkbox"/>	Medication allergies and adverse reactions documented and communicated to the care team	_____
<input type="checkbox"/>	Primary care physician notified of move-in date and care team contact	_____
<input type="checkbox"/>	Ongoing physician plan established: existing physician continues or local OC physician to be identified	_____
Notes / follow-up needed:		

1 to 2 Weeks Before Move-In - Restricted Items and Packing

Done	Checklist item	Responsible / follow-up
<input type="checkbox"/>	Restricted-items list requested from the community and reviewed	_____

Done	Checklist item	Responsible / follow-up
<input type="checkbox"/>	Room dimensions confirmed	_____
<input type="checkbox"/>	Furniture plan sketched; oversized or prohibited furniture identified for removal	_____
<input type="checkbox"/>	Clothing packed and labeled with resident's name	_____
<input type="checkbox"/>	Personal care items packed (include sunscreen and coastal climate items)	_____
<input type="checkbox"/>	Family photos, familiar bedding, throw and comfort items packed	_____
<input type="checkbox"/>	Technology items packed with chargers (power strip policy confirmed with community)	_____
<input type="checkbox"/>	Documents for move-in day gathered	_____
<input type="checkbox"/>	Valuables and irreplaceable items left at home or in secure family storage	_____
<input type="checkbox"/>	Move-in day logistics confirmed: arrival time, parking, elevator access	_____
Notes / follow-up needed: _____ _____		

Move-In Day

Done	Checklist item	Responsible / follow-up
<input type="checkbox"/>	All paperwork confirmed complete with the care team on arrival	_____
<input type="checkbox"/>	Medication list and medications handed to the care team using the community's required intake process	_____
<input type="checkbox"/>	Bed made first: familiar bedding, pillow and throw in place	_____
<input type="checkbox"/>	Family photos placed in visible locations	_____
<input type="checkbox"/>	Personal items, clock, lamp and comfort objects arranged	_____
<input type="checkbox"/>	Sunscreen and outdoor items stored accessibly	_____
<input type="checkbox"/>	UV window treatment in place if needed	_____

Done	Checklist item	Responsible / follow-up
<input type="checkbox"/>	Emergency contact list posted in the room	_____
<input type="checkbox"/>	Phone or tablet charged and accessible	_____
<input type="checkbox"/>	Primary family contact confirmed with care team	_____
<input type="checkbox"/>	After-hours contact number obtained from the care team	_____
Notes / follow-up needed:		

Family Communication Plan

Done	Checklist item	Responsible / follow-up
<input type="checkbox"/>	Primary family contact designated and on file with the care team	_____
<input type="checkbox"/>	Family communication method established for sharing updates	_____
<input type="checkbox"/>	Visiting schedule agreed among family for the first two weeks	_____
<input type="checkbox"/>	Protocol for unplanned calls agreed (what triggers one, who calls)	_____
<input type="checkbox"/>	30-day care team check-in scheduled	_____
Notes / follow-up needed:		

First-Week Support

Done	Checklist item	Responsible / follow-up
<input type="checkbox"/>	Visiting consistently and on the agreed schedule	_____
<input type="checkbox"/>	Any safety, medication, nutrition, hydration, severe distress or sudden behavioral concerns reported to the care team immediately	_____
<input type="checkbox"/>	Care team asked to incorporate outdoor time into the resident's daily routine	_____

Done	Checklist item	Responsible / follow-up
<input type="checkbox"/>	Ongoing sadness, withdrawal or resistance beyond the first few weeks raised with the care team	_____
<input type="checkbox"/>	30-day check-in confirmed with the care team	_____
Notes / follow-up needed:		

Orange County-Specific Items

Done	Checklist item	Responsible / follow-up
<input type="checkbox"/>	Family visiting schedule accounts for South OC drive times and seasonal I-5 traffic	_____
<input type="checkbox"/>	Sun-protective clothing, hat and sunscreen packed and accessible	_____
<input type="checkbox"/>	Non-metal picture frames used for coastal room	_____
<input type="checkbox"/>	Breathable storage used for paper items and fabrics	_____
<input type="checkbox"/>	South OC or San Clemente-area physician identified or care team asked for information on local providers	_____
<input type="checkbox"/>	ICE contacts on resident's phone updated with community address and direct line	_____
<input type="checkbox"/>	Nearest emergency department, hospital and urgent care confirmed with the community and shared with family	_____
Notes / follow-up needed:		

Using This Checklist

Work through each section in order, starting at least four weeks before move-in. Items left to the final week, particularly the medical assessment and medication coordination, frequently cause delays. This checklist covers logistics; for what to watch for and how to communicate with the care team throughout the full first month, see the Orange County First Month in Assisted Living Checklist.

Important Disclaimer

This checklist is provided for general informational and organizational purposes only. It is not medical, legal, financial, clinical, regulatory, emergency or other professional advice.

It should not replace a personalized care plan, physician evaluation, licensed professional guidance, legal or financial advice, facility-specific documentation or emergency services. Assisted living needs, medication-related needs, care options, safety risks, move-in requirements, facility policies and family circumstances vary by individual, community and time.

Families should verify all pre-admission requirements, medical assessment requirements, medication transfer procedures, restricted-items policies, fire and life-safety rules, room setup policies, physician coordination steps and move-in logistics directly with the specific community before move-in day.

For health, medication, nutrition, hydration, mobility, cognitive, behavioral or care-related concerns during the transition, consult a qualified healthcare professional or licensed care provider. For sudden confusion, chest pain, serious injury, suspected stroke symptoms, suicidal statements or immediate danger, call 911 or seek urgent medical care.

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Assisted Living · Memory Care · Respite Care · Hospice Support

Raya's Paradise is a licensed senior living community in San Clemente, CA, serving Orange County families with assisted living, memory care, respite care and hospice support. Boutique coastal care with more than 30 years of experience behind it.

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