

Senior Housing Needs Assessment

Personal Information

Full Name

Date of Birth

Contact Number

Current Address

Current Living Situation

Type of Residence

Do you live alone?

Is your home accessible (e.g., stairs, ramps)?

Health and Care Needs

Health Conditions or Limitations

Do you require assistance with daily activities?

Are you taking regular medication?

Do you receive home care or support services?

Housing Preferences

Preferred Location

Preferred Housing Type

Expected Monthly Housing Budget

Desired Amenities or Services

Additional Notes