

RETIREMENT HOME — MOVING CHECKLIST

Retirement Home Requirements		Who to Call	
	Place a Deposit		Mover / Downsizer
	Sign Lease / Choose Moving Date		Real Estate
	Book Elevator for Move		LHIN
	Physicians Assessment Form		Medical Transportation
	Covid Negative Test		
	Chest Xray		
	Tenant Insurance		
	Written Prescriptions and POA	Dor	rsonal Items
		rer	Incontinence Products
Equipment (Extras)			Thickener - for drinks
	Walker		Furnishing for Suite
	Wheelchair		Linens / Towels
	Toilet Seat Riser / Commode		Toiletries
	Bath Bench		Oxygen
	Bed Alarm		
	Hospital Bed		
	Bed Rail		