Resident Admission Checklist

FOOD SERVICES

Resident Name: ____________________________________________________________

Apt. #: ___________________ Move In Date: ________________________________

PRIOR TO ADMISSION

☐ Diet order received/submitted to kitchen

☐ Food allergies or aversions identified, if applicable

☐ Special Diet needs identified and resident added to Special Diet board in kitchen, when applicable

WITHIN 24 HOURS OF MOVE-IN

☐ Interview resident for food likes/dislikes

☐ Review meal times

☐ Show resident where between meal water and snacks can be found

☐ If on a Special Diet, post resident picture on kitchen Special Diet board

_________________________________________  ___________________________
Dietary Supervisor Signature                  Date