MORAN VISTA SENIOR LIVING
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

_________________________________________  ____________________________
Dietary Supervisor Signature                  Date