SOLVANG RETIREMENT
Resident Admission Checklist
FOOD SERVICES

Resident Name: ________________________________________________________________

Apt. #:_____________________  Move In Date:_______________________________________

PRIOR TO ADMISSION

☐ Food allergies or aversions identified, if applicable

☐ Special texture needs identified and added to 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