

Move In Checklist

Clothing	Toiletry Items (To be replenished by
☐ 7 Pants/Shorts/Dresses	family as needed)
☐ 7 Shirts	☐ Toothbrush/Toothpaste
□ 10 Changes of Underwear	☐ Denture Holder/Cleaner/Cream
☐ Incontinence Products (including	□ Deodorant
wipes)	☐ Perfume/After Shave
□ 2–5 Undershirts/Bras	□ Shower Cap
\square 2 Pairs of Close-Toe Walking Shoes	☐ Brush/Comb
☐ 10 Pairs of Socks	☐ Body Lotion
□ 5 Pajamas/Nightgowns	☐ Shampoo/Conditioner
☐ 1 Pair of Slippers	□ Soap/Body Wash
□ 2 Sweaters or Light Jacket	☐ Makeup/Cosmetics
	□Tissues
	□ Towels
Room Furnishings	☐ Electric Shaver – if applicable
☐ Trash Can with Lid	☐ Hand Soap
☐ Laundry Basket with Lid	
☐ Bed and Frame – if applicable	
☐ 2 Sets of Sheets/Pillows	Additional Adaptive Devices (As Needed)
☐ Waterproof Mattress Cover	
□ Small Blanket	☐ Eyeglasses with Case
□ Lamp(s)	☐ Hearing Aids with Case
☐ Reading Books – if preferred	☐ Hearing Aid Batteries
☐ Chair or Recliner – if preferred	□ Walker
☐ Calendar	□ Wheelchair
□Radio	☐ Shower Chair
□ Phone – if applicable	
☐ TV with Stand – if desired	