

A free guide from Lilicity

Choosing a Small Care Home

A practical guide for families considering a licensed home with just a few residents, with questions to ask, a visit checklist and a worksheet to compare homes.

How to use this guide

Small care homes are ordinary houses where a handful of older adults live and get daily care. They can be a wonderful fit. They also vary more from one home to the next than larger communities do, so a careful look pays off.

Read the first few sections before you call any homes. They explain what these homes are called in different states, how they compare with larger assisted living, and how to check a home's license. Print the questions and checklists near the back and take them with you on visits.

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A real house, a few residents, care around the clock

A small care home is a licensed private house where a few older adults live together and get help with daily life. Each state sets a limit on the number of residents, such as six in Washington and five in Oregon. Someone is in the home day and night.

The owner often lives in the house or works there every day, with a small team of caregivers. Residents usually have their own bedroom, or sometimes share one, and they eat together at the kitchen or dining table. Many families like the quiet, the familiar routine, and knowing every caregiver by name.

Usually included

- A bedroom and shared living spaces
- Home-cooked meals and snacks
- Laundry and housekeeping
- Help with bathing, dressing and using the bathroom
- Help with medications
- Someone in the home 24 hours a day

Often limited or not offered

- A full calendar of activities and outings
- A nurse on site every day
- Transportation to appointments
- Amenities like a salon, gym or chapel
- Lots of people to socialize with

Every home is different

Each state licenses these homes and sets its own rules. Within the same state, one home may care only for people who need light help, while the home next door cares for people with dementia or people who need help moving from bed to chair. What a home can do depends on its license, its training and the people who run it. Always ask.

More help: lilisity.com/resources/senior-living-spectrum

Many names for the same idea

Each state uses its own name and its own size limit. Knowing the local name helps you search the right state list. Here are a few examples, taken from each state agency's own website.

State	Name and size	Who licenses them
Washington	Adult family homes, licensed for two to six residents in a regular house in a residential neighborhood	Department of Social and Health Services (DSHS)
Oregon	Adult foster homes, licensed single-family homes caring for up to five adults. The licensed provider or a qualified resident manager must live in the home.	Oregon Department of Human Services (ODHS)
California	Residential Care Facilities for the Elderly (RCFE), for people 60 and older. The same license covers large assisted living buildings and small homes, which are often called board and care homes.	Department of Social Services, Community Care Licensing
Wisconsin	Adult family homes with one to four beds. Homes with three or four beds are licensed by the state, and homes with one or two beds are regulated by the county.	Department of Health Services (DHS)
Georgia	Personal care homes, which provide housing, meals and personal help for two or more adults	Department of Community Health

Sources: dshs.wa.gov, oregon.gov/odhs, cdss.ca.gov, dhs.wisconsin.gov, dch.georgia.gov, checked October 2026. Rules change, so confirm with your state.

Other names you may hear

Residential care home, group home, board and care, personal care home, family care home and adult care home are all common. Some states use the same name for both small homes and large buildings. The license tells you what the home is allowed to do, whatever the sign out front says.

Not sure what your state calls them?

Call your local Area Agency on Aging. Find it through the Eldercare Locator at eldercare.acl.gov or 1-800-677-1116. They can tell you the local name, which agency licenses these homes, and where to look them up.

How they compare

Neither choice is better for everyone. These are the usual differences. A specific home or community may not follow the pattern, so ask about each one.

	Small care home	Larger assisted living
Residents	A handful, often six or fewer	Dozens to well over a hundred
Attention	Fewer people per caregiver, so help usually comes quickly and staff know each resident well	More staff in total, but each caregiver covers more residents
Who gives care	Often the owner, with a few caregivers	A larger team with managers, care staff and often a nurse
Activities	Simple and informal, such as cards, TV, music, walks and help with hobbies	A full calendar with classes, outings and events
Space	A bedroom in a house. Shared rooms are more common.	A private apartment, sometimes with a kitchenette
Social life	A few housemates, who may be quiet or need a lot of care	More people to meet and more choice of friends
Higher care needs	Some homes care for people who need a lot of hands-on help, if the license and training allow it	Varies. Some send residents elsewhere as needs grow.
Stability	Depends heavily on one owner. A sale or closure affects everyone.	Leadership changes, but the building usually stays open

Often a good fit

Someone who does better with quiet, routine and familiar faces. Someone with dementia who is overwhelmed in large groups. Someone who needs a lot of hands-on help and not many activities.

May want more

Someone who is social and likes a busy day. Someone who wants a private apartment and cooks for themselves. Someone who wants a nurse on site at all hours.

Look up every home before you visit

States inspect licensed homes, and many post the reports online.

Checking takes only a few minutes.

1

Find your state's lookup tool

Search your state's name with "adult family home lookup" or "licensed care facility search", or ask your Area Agency on Aging. Use the state agency's own site.

2

Confirm the license

Check that the home is licensed at that address, for the number of residents it has, and for the care your parent needs, such as dementia care. Ask the home to show you its license too.

3

Read the recent inspections and complaints

Look at what was found, how serious it was, and whether it was corrected. One minor citation is common. Repeated problems with care, medications or staffing are a concern. A good provider will explain anything you ask about.

Examples of state lookup tools

- **Washington:** the DSHS adult family home lookup at dshs.wa.gov
- **Oregon:** ltclicensing.oregon.gov, with inspection reports, substantiated violations and regulatory actions
- **California:** the Community Care Licensing Facility Search, which includes facility licensing reports
- **Wisconsin:** the DHS adult family home directory at dhs.wisconsin.gov/guide/afh.htm

Call the Long-Term Care Ombudsman

Every state has a free ombudsman program that helps residents of board and care homes, assisted living and nursing homes. They can tell you what to look for locally and help if a problem comes up after a move. In federal fiscal year 2023, the most common complaints in board and care and assisted living were about discharge or eviction, medications, food, physical abuse and staffing.

Sources: state agency websites in WA, OR, CA and WI, and the Long-Term Care Ombudsman Program page at acl.gov, checked October 2026.

What families pay

Small homes are often thought of as the low-cost choice. In our data, their prices land close to assisted living. Costs vary a lot by state, by home and by how much care someone needs.

\$5,000/month

Median monthly price, small care homes

Across 590 homes with fewer than 10 residents. Most of these (533) come from Wisconsin's state records, so treat this as a rough guide for other states.

How that compares (median monthly price)

Independent living		\$3,479
Assisted living		\$4,600
Small care homes		\$5,000
Memory care		\$6,655
Nursing homes		\$9,100

Source: Lilisity review of community websites and state records, October 2026. Assisted living, memory care and independent living are starting prices posted by communities, usually the smallest apartment before care charges. Nursing homes are private rates published by five states (CT, FL, IL, MN, ND) and nursing home websites, so they come mostly from those five states. Small care homes are mostly from Wisconsin.

What to ask about the price

- Is it one flat rate, or does it rise with care needs?
- Private room or shared room price
- Any move-in fee or deposit, and is it refundable?
- Incontinence supplies, special diets and transportation
- How rate increases are handled, and how much notice you get
- Refund policy if someone leaves mid-month

Paying for a small care home

Most families pay from savings and income. Several programs may help, and each has its own rules.

Medicaid

In many states, Medicaid can help pay for care in small homes, often through programs called waivers. In Washington and Oregon, for example, homes can sign up with the state to serve residents on Medicaid. Room and board is usually paid separately, and not every home accepts Medicaid.

Medicare

Medicare does not pay for long-term care in a small home or any other setting. It still covers doctor visits, hospital care and prescriptions, the same as at home.

Long-term care insurance

Many policies cover licensed residential care. Check that the home's license type is one the policy covers, and ask what paperwork the home must provide.

Veterans benefits

Wartime veterans and surviving spouses with limited income may qualify for a VA pension with Aid and Attendance, which can help pay for care. A VA social worker can explain the options.

For veterans: VA Medical Foster Homes

Through this program, a VA-trained caregiver looks after a few people in a private home, around the clock. The veteran must be enrolled in VA Home Based Primary Care, and the family pays the home directly, since VA does not pay for it. Ask a VA social worker whether your local VA medical center has the program.

Free help is available

Your local Area Agency on Aging offers free advice on benefits and local options. Find yours through the Eldercare Locator at eldercare.acl.gov or 1-800-677-1116. Talk with an elder law attorney before moving or spending down assets to qualify for Medicaid.

More help: lilisity.com/resources/does-medicare-pay-for-assisted-living

The caregivers make the difference

Senior Living Alliance, the company behind Lilisity, interviews residents and their families by phone about where they live. Most of those conversations are about larger communities. The lessons carry over to small homes, where a few people do almost everything.

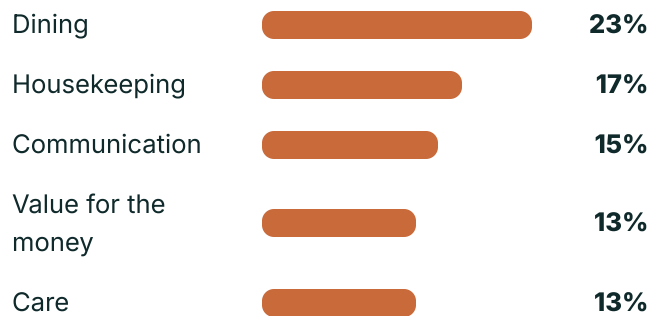
What people praise

Share of 4,207 positive comments that mention each topic



What people raise as concerns

Share of 22,911 concerns by topic



Overall, 86% rated their community four or five stars. Praise centered on the people giving care, and concerns centered on daily basics like meals, cleaning and communication.

What this means in a small home

- Spend real time with the people who will give the care, including whoever works nights and weekends.
- Eat a meal there. In a small home, one cook shapes every meal, every day.
- Look closely at cleanliness, and ask how laundry is kept separate for each resident.
- Ask how the owner keeps families informed. Concerns about care often come down to communication, attentiveness and medications.
- Get the price and what it covers in writing. Value for the money was the top concern among families who moved out.

Source: Senior Living Alliance phone interviews with 16,397 residents and families at member communities, September 2025 to September 2026.

Questions for every home

In a small home, the answers depend on a few people. Ask the owner directly, and ask the same questions of a caregiver if you can.

People and staffing

- Who lives in the home? Does the owner or a resident manager live here?
- Who is here at night? Are they awake, or asleep and on call?
- How many caregivers are here during the day, and on weekends?
- What training do caregivers have, and how long have they worked here?
- Who covers when the owner is sick, on vacation, or away for the day? Can we meet them?
- What languages do the caregivers speak?

Care

- What care can you provide, and what can't you provide? Please put it in writing.
- Can you help someone who needs two people to move, or a mechanical lift?
- Do you care for people with dementia, and is the home set up for someone who may wander?
- Is there a nurse involved? How often do they visit?

Medications

- Who gives medications, and what training do they have?
- How are medications stored, tracked and reordered?
- What happens if a dose is missed or refused?
- Which pharmacy do you use? Can we keep ours?

Doctors and appointments

- Can my parent keep their own doctor?
- Do any doctors or nurses visit the home?
- Who takes residents to appointments? Is there a charge?

Emergencies

- What happens in a fall or a medical emergency, day or night?
- How do you get everyone out in a fire? Are there smoke alarms and sprinklers?
- What is your plan for a power outage?

Many of the night questions in this article apply to small homes too: lilicity.com/resources/memory-care-night-questions

Daily life, money and changes

House rules and daily life

- What does a typical day look like? Can residents sleep in, or go to bed late?
- Can family visit any time? Can residents go out with family?
- Can my parent bring their own furniture? Is the room private or shared?
- Are pets, smoking or alcohol allowed? Does the owner have pets?
- Who else lives in the house, such as the owner's family?
- What do residents do during the day?

Food

- Who cooks? Can we see this week's menu?
- Can you handle special diets, such as diabetic, soft or pureed food?
- Are snacks available any time?

Other residents

- How old are the other residents, and what kind of care do they need?
- Do any residents have behaviors that could upset or harm others? How do you handle that?

Hospital stays and changes

- If my parent goes to the hospital, will you hold the room? What does that cost?
- Who decides whether they can come back after a hospital stay?
- As needs grow, what is the point where you could no longer provide care?
- Do you work with hospice, so someone could stay here at the end of life?
- How much notice do you give if a resident has to move out, and for what reasons?

Money and paperwork

- Can we see the admission agreement and the full list of charges?
- How much have rates gone up in the last few years?
- Do you accept Medicaid now? Can my parent stay if they switch to Medicaid later?
- What happens if you sell the home or close it?

Communication

- How will you tell us about a fall, an illness or a change?
- What is the best way to reach you after hours?

Ask for it in writing

Before you decide, ask for the license, the latest inspection report, the admission agreement and the list of charges. Read them at home, without a deadline.

What to notice on a visit

Print one copy for each home. Visit at least twice, once at a meal and once in the evening.

Home _____ Date _____

Caregivers

- ☐ They greet residents by name and speak to them kindly
- ☐ Residents who need help get it quickly
- ☐ You met the person who works nights
- ☐ The owner answered questions openly

The house

- ☐ Clean, with no strong odors
- ☐ Wide enough for a walker or wheelchair, with few steps
- ☐ Smoke alarms, clear exits and a posted emergency plan
- ☐ A safe place to sit outside

Food and medications

- ☐ The meal looked and smelled good
- ☐ A fridge stocked with fresh food
- ☐ Medications are locked and kept organized
- ☐ There is a written record of each dose given

Residents

- ☐ Residents look clean, dressed and cared for
- ☐ Someone is talking with them, or they are doing something
- ☐ Nobody is left alone in bed during the day without reason
- ☐ Your parent could see themselves living with these people

Bedroom and bath

- ☐ Room for favorite furniture
- ☐ Grab bars and a walk-in or roll-in shower
- ☐ A way to call for help at night
- ☐ Privacy, including a door that closes

Your overall feeling

- ☐ Your parent was comfortable here
- ☐ The license is posted or shown to you
- ☐ You would feel welcome dropping by unannounced
- ☐ You felt no pressure to decide

Reasons to slow down

One of these alone may have a good explanation. Ask about it. Several together are a reason to keep looking.



No license, or it can't be found. Or the home has more residents than its license allows. Check the state lookup before you visit.



Serious inspection problems that weren't fixed. Especially problems with medications, staffing or resident safety.



No clear answer about nights. You should know exactly who is in the house overnight and whether they are awake.



No backup plan for the owner. If one person does everything, ask who steps in when that person is sick or away.



Promises to handle any level of care. Every home has limits. A home that names its limits is being honest with you.



Visits only by appointment. Or a bedroom you are not allowed to see. You should be welcome to stop by.



Residents who seem ignored. Left in bed or in front of the TV all day, unwashed, or waiting a long time for help.



Cash only, no written agreement. Or pressure to pay months in advance or to sign today.

If you are worried about someone's safety

Call the state licensing agency or your local Long-Term Care Ombudsman. In an emergency, call 911.

Compare side by side

Fill this in after each visit, while it's fresh.

	Home 1	Home 2	Home 3
Name and phone			
License checked and current			
Inspection history			
Monthly cost for our needs			
Private or shared room			
Accepts Medicaid now or later			
Who is here at night			
Backup when owner is away			
Care they can't provide			
Caregivers (1 to 5)			
Food (1 to 5)			
Cleanliness (1 to 5)			
Other residents a good match			
Distance from family			
Our parent's reaction			

Helping the move go well

The first few weeks are an adjustment for everyone. It's common for a new resident to say they want to go home. In a small home, routines form quickly, and that feeling often eases as your parent gets to know the household.

1

Make the bedroom feel familiar

Bring a favorite chair, photos, bedding and a lamp. Label clothing so laundry comes back to the right room.

2

Write a one-page "about me" sheet

Routines, favorite foods, what calms them and what upsets them. In a small home, every caregiver will read it.

3

Bring an up-to-date medication list

Include doctors, the pharmacy, allergies and any advance directives. Ask how the home wants refills handled.

4

Visit often at first, at different times

Short, regular visits help, and you'll see how evenings and weekends go.

5

Sit down with the owner at two weeks and again at 30 days

Talk about sleep, meals, medications and mood. Fix small problems early.

If your parent suddenly seems confused

A sudden change in thinking can be a sign of illness, such as an infection, and needs a call to the doctor the same day. If a hospital stay follows, ask the home early whether it can meet your parent's needs on return. If the discharge plan doesn't feel safe, you can ask the hospital for more time and appeal a Medicare discharge.

More help: lilicity.com/resources/first-weeks-after-move-i-want-to-go-home

lilicity.com/resources/sudden-confusion-older-adult-delirium

lilicity.com/resources/unsafe-discharge-medicare-fast-appeal

We're here to help

Lilisity is a free directory of more than 57,000 senior living communities across the United States. If you have a question, or you'd like help finding care homes and communities that fit your needs and budget, reply to the email this guide came with.

Search communities, read our guides and print more checklists at lilisity.com.



This guide is general information and is not medical, legal or financial advice. Prices and program rules change; confirm details with each home and program. Lilisity is part of Senior Living Alliance. © 2026 Senior Living Alliance.