

GUIDEBOOK FOR THE CAREGIVING JOURNEY



MaineHealth® 
Elder Care Services

MaineHealth
Partnership for
Healthy Aging

MaineHealth's Partnership for Healthy Aging (PFHA) is dedicated to helping older adults remain active, healthy and live independently. Working with local, state, and national organizations and resources for older adults to provide a continuum of care and services to promote successful aging, PFHA serves as catalyst for collaboration in the provision of evidence-based interventions across the aging and health services sectors.

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Guidebook for the Caregiving Journey

- **Gathering Information & Resources**
- **Exploring Living Alternatives**
- **Understanding Legal & Financial Issues**

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Putting the Puzzle Together

At some time in our lives, most of us will help care for older partners, family members, or friends. This series has been developed to help you identify and address some of the difficult issues you will encounter on the caregiving journey.

Because we know that family members and friends provide most care in the community, we have prepared the presentations and guidebook to support you in this important work. These materials are respectfully dedicated to the many loving friends and family members who are the backbone of our community care system.

Many thanks to the following organizations for their contributions to this effort: MaineHealth, Maine Medical Center, Mercy Hospital, Community Health Services, VNA Home Health Care, Southern Maine Agency on Aging, the City of Portland, MMC Geriatric Center, Legal Services for the Elderly, Maine State Housing Authority, 75 State Street, the University of Southern Maine, Maine Alzheimer's Association, and the MaineHealth Learning Resource Centers.

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PLANNING FOR CARE

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Worksheet 1
Personal Information

Name and address

Name: _____

Maiden name: _____ Nickname: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Personal Data

Date of Birth: _____ Age: _____ Sex: _____

Place of Birth: _____

Social Security Number: _____

Driver's License: _____ Expiration Date: _____

Driver's License Restrictions, if any: _____

Family Status Single Married Widowed Divorced Separated

Name of Spouse or Partner: _____

Spouse's/Partner's Date of Birth: _____ Age: _____

Spouse's/Partner's Social Security Number: _____

Spouse's/Partner's Driver's License: _____

Driver's License Restrictions, if any: _____

Does Spouse/Partner live with older adult? Yes NoIf the older adult is sharing a home with a spouse or partner, can that spouse or partner provide some care? _____
_____Does the spouse or partner have health problems or concerns? _____

Personal Information, cont.

Personal Interests and Social Network

Place of Worship: _____

Rabbi, Priest, or Minister: _____ Phone: _____

Civic Organizations: _____

Volunteer Activities: _____

Social Activities: _____

Interests/Hobbies: _____

Personal Preferences and Things That Matter Most: _____

Contact Persons

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
-------------	---------------------	--------------

Worksheet 2

Inventory of Important Documents

<u>Item</u>	<u>Location</u>
<input type="checkbox"/> Adoption Papers	_____
<input type="checkbox"/> Apartment/House Lease	_____
<input type="checkbox"/> Appliance Receipts	_____
<input type="checkbox"/> Appraisals	_____
<input type="checkbox"/> Automobile (bill of sale, title, registration)	_____
<input type="checkbox"/> Bank Statements (cancelled checks, safe deposit box key)	_____
<input type="checkbox"/> Birth Certificate	_____
<input type="checkbox"/> Burial Plot Deeds, Contracts	_____
<input type="checkbox"/> Business Records	_____
<input type="checkbox"/> Charitable Contributions	_____
<input type="checkbox"/> Checkbooks	_____
<input type="checkbox"/> Citizenship Records	_____
<input type="checkbox"/> Copyrights	_____
<input type="checkbox"/> Death Certificates	_____
<input type="checkbox"/> Debt Records (credit cards, loans, etc.)	_____
<input type="checkbox"/> Deeds	_____
<input type="checkbox"/> Divorce Papers	_____
<input type="checkbox"/> Driver's License	_____
<input type="checkbox"/> Durable Financial Power of Attorney	_____
<input type="checkbox"/> Durable Health Care Power of Attorney	_____
<input type="checkbox"/> Health Records (blood type records, prescriptions)	_____
<input type="checkbox"/> Home Improvement Records	_____
<input type="checkbox"/> Income Tax Records	_____

Inventory of Important Documents, cont.

<u>Item</u>	<u>Location</u>
<input type="checkbox"/> Insurance Policies	_____
<input type="checkbox"/> Automobile	_____
<input type="checkbox"/> Homeowner's	_____
<input type="checkbox"/> Renter's	_____
<input type="checkbox"/> Health	_____
<input type="checkbox"/> Life	_____
<input type="checkbox"/> Disability	_____
<input type="checkbox"/> Other	_____
<input type="checkbox"/> Living Will	_____
<input type="checkbox"/> Marriage Certificate	_____
<input type="checkbox"/> Medicare Card	_____
<input type="checkbox"/> Military Service Records	_____
<input type="checkbox"/> Mortgage Documents	_____
<input type="checkbox"/> Passbooks for savings or Certificate of Deposit accounts	_____
<input type="checkbox"/> Pension Documents	_____
<input type="checkbox"/> Personal Property Inventory (antiques, jewelry, art, etc.)	_____
<input type="checkbox"/> School Records	_____
<input type="checkbox"/> Social Security Card	_____
<input type="checkbox"/> Stock and Bond Certificates	_____
<input type="checkbox"/> Trust	_____
<input type="checkbox"/> Wills and codicils	_____
<input type="checkbox"/> Other	_____

Worksheet 3
Medical Insurance

Check all those that apply.

Private Health Insurance

Provider: _____ Policy Number: _____

Policy Agent: _____ Phone Number: (____) _____

Prescription Drug Coverage

Provider: _____ Policy Number: _____

Policy Agent: _____ Phone Number: (____) _____

Medicare

Medicare Number: _____

Part A: _____ Part B: _____

Medigap

Supplemental Policy: _____ Policy Number: _____

Policy Agent: _____ Phone Number: (____) _____

Medicaid

Medicaid Number: _____

Case/Social Worker: _____ Phone Number: (____) _____

Long Term Care (LTC) Insurance Policy

Name of Provider: _____ Policy #: _____

Policy Agent: _____ Phone Number: (____) _____

Deductible Period: _____ Daily Benefit: _____

Length of Coverage: _____

Benefits: Nursing Home Care Residential Care In-Home Care Other

Description: _____

Worksheet 4
Medical Status

Physicians

Primary Care Physician (PCP)

Name of Doctor: _____

Office Contact: _____ Phone Number: (____) _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Hospital Affiliations: _____

Date of Last Visit: _____

Diagnosis: _____

Specialist

Name of Doctor: _____ Specialty: _____

Office Contact: _____ Phone Number: (____) _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Hospital Affiliations: _____

Date of Last Visit: _____

Diagnosis: _____

Specialist

Name of Doctor: _____ Specialty: _____

Office Contact: _____ Phone Number: (____) _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Hospital Affiliations: _____

Date of Last Visit: _____

Diagnosis: _____

Medical Status, cont.

Specialist

Name of Doctor: _____ Specialty: _____

Office Contact: _____ Phone Number: (____) _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Hospital Affiliations: _____

Date of Last Visit: _____

Diagnosis: _____

Hospitalizations

Record all hospitalizations, including emergency visits and day surgeries, that have occurred within the last 12 months, beginning with the most recent.

Hospital: _____

Date Admitted: _____ Length of Stay: _____

Reason for Admission: _____

Post-discharge care: _____

Hospital: _____

Date Admitted: _____ Length of Stay: _____

Reason for Admission: _____

Post-discharge care: _____

Medical Status, cont.

Hospital: _____

Date Admitted: _____ Length of Stay: _____

Reason for Admission: _____

Post-discharge care: _____

Hospital: _____

Date Admitted: _____ Length of Stay: _____

Reason for Admission: _____

Post-discharge care: _____

Managing Medications

Taking Medications

Can the older adult take medications independently? Yes No

If the answer is No, please consider these questions . . .

Is there a need for assistance with medication set-up? Yes No

Does the older adult need reminders to take medication? Yes No

Does the older adult need assistance from another? Yes No

If Yes, explain: _____

Names and Addresses of Pharmacies

Phone Number

Medical Status, cont.

Out-of-Date Medications

If you find any medications that are more than a year old, according to the expiration date, dispose of them immediately and contact the physician.

Medication	Physician	Dosage	Frequency

Sensory Abilities

Sight

Does the older adult wear glasses or contact lenses? Yes No

Does she or he need glasses? Yes No

Does she or he drive? Yes No

Is the older adult colorblind? Yes No

Does the older adult have glaucoma? Yes No

Does the older adult have cataracts? Yes No

Does she or he suffer from eye disease? Yes No

Are there any concerns or limitations associated with the questions above? If so, explain: _____

Hearing

Does the older adult use a hearing aid? Yes No

Has he or she ever been tested for a hearing aid? Yes No

Are there any concerns or limitations associated with the questions above? If so, explain: _____

Medical Status, cont.

Incontinence

Urinary Bowel Uses adult incontinence briefs

Has a specialist been consulted? Yes No

If *Yes*, what were the recommendations? _____

If the older adult is male, has he been tested for prostate cancer? Yes No

Observations or concerns: _____

Chronic Illnesses

High blood pressure Arthritis Diabetes Heart Failure

Other: _____

Physical Disabilities

Describe: _____

Treatment: _____

Legal Issues**Power of Attorney**

Does the older adult have a *Durable Power of Attorney for Health Care*? Yes No

Last Updated: _____

Issues Covered: Hydration Feeding Tubes IV Antibiotics

Resuscitation Other life-sustaining measures

Distributed To: Physician Hospital Home care staff

Attorney Caregivers Family

Worksheet 5

Mental Status

Have there been any gradual changes in the older adult's personality in the last six months?

If yes, explain: _____

Which of the following best describes the older adult's behavior? (Check all that apply)

- | | | | |
|-------------------------------------|----------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Alert | <input type="checkbox"/> Agitated | <input type="checkbox"/> Complaining | <input type="checkbox"/> Demanding |
| <input type="checkbox"/> Confused | <input type="checkbox"/> Uncooperative | <input type="checkbox"/> Changeable | <input type="checkbox"/> Depressed |
| <input type="checkbox"/> Suspicious | <input type="checkbox"/> Combative | <input type="checkbox"/> Forgetful | <input type="checkbox"/> Anxious |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Lethargic | | |

Has the older adult suffered personal losses in the last six months? [] Yes [] No

If yes, explain: _____

Has the older adult had previous mental health problems? [] Yes [] No

If yes, explain: _____

Has the older adult ever had a mental health evaluation? [] Yes [] No

If yes, describe the outcome: _____

Has the older adult ever been treated by a mental health professional? [] Yes [] No

If yes, describe the course of treatment: _____

Name of mental health provider: _____

Phone number: _____

Does the older adult recognize you? [] Yes [] No

Does the older adult recognize other family members? [] Yes [] No

Is the primary care physician aware of these changes in mental status? [] Yes [] No

Worksheet 6

Activities of Daily Living

Activities of Daily Living (ADL) is the term used to describe how well an individual can live and maintain her/himself independently. ADLs include bathing, dressing, eating, grooming, bladder/bowel control, toileting, transferring, and walking. A good assessment of the older adult's ability to perform ADLs will help to determine the activities and tasks necessary to help them live safely and comfortably.

Bathing

Frequency: _____ Amount of time needed: _____

Safety concerns: _____

Current bathing method:

- Tub Shower Sponge bath
 With Assistance Independently

Equipment used:

- Hand held shower Grab bars Shower chair

Adaptive equipment needed:

- Hand held shower Grab bars Shower chair

Ability to wash hair: Good Some Difficulty Needs Assistance

Would older adult prefer to bathe more frequently than he or she is able to? Yes No

Eating

Does the older adult eat at least three meals a day? Yes No

If *No*, how often does the older adult eat? _____

Ability to cut food: Good Some Difficulty Needs Assistance

Ability to swallow: Good Some Difficulty Needs Assistance

Ability to chew: Good Some Difficulty Needs Assistance

Adaptive equipment used: _____

Concerns and observations: _____

Activities of Daily Living, cont.

Toileting

Can the older adult manage the following tasks independently?

Getting to and from the toilet? Yes No Needs Assistance

Getting on and off the toilet? Yes No Needs Assistance

Getting dressed independently? Yes No Needs Assistance

Observations or concerns: _____

Incontinence

If the older adult is incontinent, are they able to clean themselves, change clothes and manage personal hygiene associated with its incidence? Yes No

Describe the level and frequency of incontinence (bladder, bowel, or both): _____

Does the older adult have an ostomy? Yes No

Is he or she able to handle the ostomy care independently? Yes No

If *No*, explain: _____

Grooming

Can the older adult manage the following tasks independently?

Hair care Yes No Needs Assistance

Combing hair Yes No Needs Assistance

Shaving Yes No Needs Assistance

Brushing teeth Yes No Needs Assistance

Putting on make-up Yes No Needs Assistance

Observations or concerns: _____

Name and address of barber shop or hair salon: _____

Activities of Daily Living, cont.

Dressing

Can the older adult manage the following tasks independently?

Opening and closing drawers Yes No Needs Assistance

Selecting clothes Yes No Needs Assistance

Managing shoes, socks, hose Yes No Needs Assistance

Buttoning clothes Yes No Needs Assistance

Using zippers Yes No Needs Assistance

Adaptive equipment used: _____

Observations and concerns: _____

Mobility/Transferring

Can the older adult manage the following tasks independently?

Getting in and out of bed Yes No Needs Assistance

Getting in and out of a chair Yes No Needs Assistance

Getting around the house Yes No Needs Assistance

Getting around the neighborhood Yes No Needs Assistance

Shopping Yes No Needs Assistance

Social Activities Yes No Needs Assistance

Adaptive equipment used or needed: _____

Worksheet 7

Instrumental Activities of Daily Living

Instrumental Activities of Daily Living (IADLs) is the term used to describe support activities that allow a person to live in an independent setting. A good assessment of the older adult's ability to perform IADLs will help to determine what level of support will be needed to maintain independence. Use the following table to rate the older adult's ability to perform these IADLs.

	Independently	With Some Difficulty	With Supervision	Needs Hands-On Assistance
Meal Preparation				
Grocery Shopping				
House Cleaning				
Laundry				
Outside Chores				
Gardening				
Driving/Transportation				
Managing Money				
Managing Medication				
Use Telephone				

If assistance is being provided with any of the above tasks, describe how the activities are being performed now, and who is providing the assistance.

Meal preparation: _____

Grocery shopping: _____

House cleaning: _____

Laundry: _____

Outside chores: _____

Gardening: _____

Driving/Transportation: _____

Managing money: _____

Managing medication: _____

Use telephone: _____

Local phone service provider: _____

Long distance phone service provider: _____

Worksheet 8 Caregiver Resources

The Primary Caregiver

The person who takes responsibility for the health and welfare of the older adult is typically called the primary caregiver. This person is usually a family member or close friend. Use this worksheet to record important information about the primary caregiver.

Name and address

Primary Caregiver: _____ Age: _____

Relationship to older adult: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Employment Information

Employment: [] Full-time [] Part-time Hours per week: _____

Employer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Can this caregiver be called at work? [] Yes [] No

Does the employer offer any elder care benefits? [] Yes [] No

Does the employer offer flex-time benefits or job sharing? [] Yes [] No

Does the employer offer any of the following? (*Check all that apply*):

- Educational programs
- Employee Assistance Programs
- Work site support groups
- Information and referral
- Dependent Care Tax Benefits
- Vouchers toward adult daycare

Caregiver Resources, cont.

Is the primary caregiver available to provide assistance with Instrumental Activities of Daily Living (IADLs)? []Yes []No

Is the primary caregiver available to provide assistance with Activities of Daily Living (ADLs)? []Yes []No

If the primary caregiver is unable to perform the hands-on personal assistance, is there another family member(s) who is? []Yes []No

Name: _____ Age: _____

Address: _____

Phone: _____

If no family member is available, how will the older adult be cared for?

Home care _____

Move to alternative living situation _____

Care Management

As a primary caregiver, you may need or want assistance with care management. There are specially trained professionals who can help you:

- Assess the older adult's needs
- Gather information about resources
- Sort out healthcare and assisted living or nursing home options
- Make arrangements
- Manage paperwork

Worksheet 9 Evaluating Caregiver Needs

Physical/Health Needs

	No Need	Need Being Met	Need Exists Not Being Met	Comments
Regular Checkups				
Exercise				
Weight Control				
Blood Pressure				
Treatment for specific problems				

Personal/Time Needs

	No Need	Need Being Met	Need Exists Not Being Met	Comments
Privacy, time for self				
Contact with others for support				
Recreation and vacation				
Time for spouse/partner				
Time for children				
Alternate caregiver available				

Mental State

	No Need	Need Being Met	Need Exists Not Being Met	Comments
Able to express feelings about older adult				
Able to discuss/resolve conflicts with family				
Enjoys economic security				
Able to manage care tasks				
Able to avoid burnout				

Worksheet 10

Personal Support Team

You may want to consider asking each team member to prepare a brief description of his or her care skills, time availability, and other family and work responsibilities, etc.

Team Members

Name: _____ Relationship: _____ Age: _____

Home Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Assistance offered: _____ Availability: _____

Name: _____ Relationship: _____ Age: _____

Home Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Assistance offered: _____ Availability: _____

Name: _____ Relationship: _____ Age: _____

Home Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Assistance offered: _____ Availability: _____

Name: _____ Relationship: _____ Age: _____

Home Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Assistance offered: _____ Availability: _____

Personal Support Team, cont.

Name: _____ Relationship: _____ Age: _____

Home Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Assistance offered: _____ Availability: _____

Additional Relatives, Friends, and Organizations

Name: _____ Relationship: _____ Age: _____

Home Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Assistance offered: _____ Availability: _____

Name: _____ Relationship: _____ Age: _____

Home Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Assistance offered: _____ Availability: _____

Name: _____ Relationship: _____ Age: _____

Home Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Assistance offered: _____ Availability: _____

Worksheet 11

Planning for Emergencies

When planning for the care of an older adult, consider how that care might be handled in the event that the primary caregiver is unavailable. Use this worksheet to record daily routines and special requirements that may be helpful to someone providing care in an emergency.

Personal Information

Older adult's name: _____

Preferred name or nickname: _____

Daytime Routines

Wake-up time: _____

Morning dressing, grooming, etc.: _____

Breakfast time, menu, and serving routine: _____

Morning activities: _____

Lunch time, menu, and serving routine: _____

Afternoon activities: _____

Dinner time, menu, and serving routine: _____

Evening activities: _____

Bedtime, and bedtime routines: _____

Planning for Emergencies, cont.

Special Circumstances

Problems to be aware of: _____

Suggested responses to problems: _____

Tips for communication: _____

Tips for activities and personal care: _____

Medications

Use the following chart to list all medications currently taken by the older adult.

Medication	Dosage	Frequency	Reason

Emergency Names and Phone Numbers

	<u>Name</u>	<u>Phone Number</u>
Family:	_____	_____
	_____	_____
Physicians:	_____	_____
	_____	_____
Financial Agent:	_____	_____
Health Care Agent:	_____	_____

Worksheet 12

Developing A Plan Of Care

The Plan of Care captures and organizes much of the information you have recorded in other sections of this workbook. Here the information is presented in a concise format that can be reviewed and updated from time to time. You may wish to make a copy available to everyone involved in caring for the older adult.

Care Needs	Need for Care?	Current Care Provider, if any	Who will find resources?	Possible Resources	Review Date
-------------------	-----------------------	--------------------------------------	---------------------------------	---------------------------	--------------------

The tasks listed below are Activities of Daily Living (ADL), which are generally associated with a person's ability to live independently in safety and comfort. As we age, these tasks may become increasingly difficult. If the older adult needs assistance with any of these tasks, use the spaces below to identify the person or persons who will find or provide that care.

Bathing	[]	_____	_____	_____	_____
Grooming	[]	_____	_____	_____	_____
Dressing	[]	_____	_____	_____	_____
Walking	[]	_____	_____	_____	_____
Transferring	[]	_____	_____	_____	_____
Medication	[]	_____	_____	_____	_____
Eating	[]	_____	_____	_____	_____
Toileting	[]	_____	_____	_____	_____
Other	[]	_____	_____	_____	_____

Care Needs	Need for Care?	Current Care Provider, if any	Who will find resources?	Possible Resources	Review Date
-------------------	-----------------------	--------------------------------------	---------------------------------	---------------------------	--------------------

Listed below are needs generally associated with a person’s quality of life, including personal interests and relationships. If these needs are not being met, use the spaces below to identify a person or persons who will take responsibility for helping to meet these needs.

Hobbies/Activities	[]	_____	_____	_____	_____
Socializing	[]	_____	_____	_____	_____
Having Fun	[]	_____	_____	_____	_____
Touch	[]	_____	_____	_____	_____
Privacy	[]	_____	_____	_____	_____
Companionship	[]	_____	_____	_____	_____
Other	[]	_____	_____	_____	_____

The tasks below are Instrumental Activities of Daily Living (IADL), which allow a person to live independently. If these needs are not being met, use the spaces below to identify a person or persons who will take responsibility for helping to meet these needs.

Household Chores	[]	_____	_____	_____	_____
Laundry	[]	_____	_____	_____	_____
Meal Preparation	[]	_____	_____	_____	_____
Grocery Shopping	[]	_____	_____	_____	_____
Home Maintenance	[]	_____	_____	_____	_____
Transportation	[]	_____	_____	_____	_____
Other	[]	_____	_____	_____	_____

Care Needs	Need for Care?	Current Care Provider, if any	Who will find resources?	Possible Resources	Review Date
<i>If you have concerns about the older adult's health in any of the following areas, be sure to contact a physician for a consultation.</i>					
Vision	[]	_____	_____	_____	_____
Hearing	[]	_____	_____	_____	_____
Speech	[]	_____	_____	_____	_____
Mobility	[]	_____	_____	_____	_____
Nutrition	[]	_____	_____	_____	_____
Weight	[]	_____	_____	_____	_____
Confusion	[]	_____	_____	_____	_____
Bowel or Bladder	[]	_____	_____	_____	_____
Sleeping	[]	_____	_____	_____	_____
Depression	[]	_____	_____	_____	_____
Aggression	[]	_____	_____	_____	_____
Memory Loss	[]	_____	_____	_____	_____
Paranoia	[]	_____	_____	_____	_____
Taking Medication	[]	_____	_____	_____	_____

Care Needs	Need for Care?	Current Care Provider, if any	Who will find resources?	Possible Resources	Review Date
<i>Does the older adult need help managing money in any of the following areas?</i>					
Bills	[]	_____	_____	_____	_____
Checkbook	[]	_____	_____	_____	_____
Expenses	[]	_____	_____	_____	_____
Taxes	[]	_____	_____	_____	_____
Other	[]	_____	_____	_____	_____
<i>Would the older adult like to establish any of the following?</i>					
Will	[]	_____	_____	_____	_____
Living Will	[]	_____	_____	_____	_____
Guardian	[]	_____	_____	_____	_____
Conservator	[]	_____	_____	_____	_____
Health Care Power Of Attorney	[]	_____	_____	_____	_____
Financial Power of Attorney	[]	_____	_____	_____	_____
Other	[]	_____	_____	_____	_____

SECTION TWO: EXPLORING LIVING ALTERNATIVES

EVALUATING HOME LIFE

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Worksheet 1

Evaluating the Home Environment

Use this worksheet to review safety issues in the older adult's home. Based on your responses, you may need to address hazards or inconveniences within the home to ensure that the older adult is as safe and comfortable as possible.

Entryways, Hallways, Stairs

	<u>Yes</u>	<u>No</u>
▪ Is the home easily accessible?	[]	[]
▪ Are access doors typically locked?	[]	[]
▪ Is it necessary to climb stairs to gain entry to the home?	[]	[]
▪ Are entry doors easy to open and close?	[]	[]
▪ Are locks and door handles easy to manipulate?	[]	[]
▪ Can you view and/or speak to visitors without opening the door?	[]	[]
▪ Are entryways well lighted?	[]	[]
▪ Are light switches in hallways easy to locate and reach?	[]	[]
▪ Are hallway stairs and/or carpets in good condition?	[]	[]
▪ Are there thresholds in doorways that might cause tripping?	[]	[]
▪ Can screen doors, patio doors and balcony doors be locked?	[]	[]
▪ Are entryways and hallways free of clutter and obstacles?	[]	[]
▪ Do all steps and stairways have handrails?	[]	[]

Living Room, Dining Room, and Family Rooms

▪ Does the arrangement of furniture allow for walkers or wheelchairs?	[]	[]
▪ Are there slippery floors or loose rugs that might cause tripping?	[]	[]
▪ Is the furniture sturdy?	[]	[]
▪ Can the phone be easily reached?	[]	[]
▪ Is there sufficient lighting?	[]	[]
▪ Might shadowy lighting or patterned carpeting cause tripping?	[]	[]

Bedrooms

▪ Are rugs and floor coverings secure?	[]	[]
▪ Are beds too high?	[]	[]
▪ Can the first floor accommodate a bedroom to avoid use of stairs?	[]	[]
▪ Are there night tlights positioned between the bedroom and bathroom?	[]	[]
▪ Is there a phone in the bedroom?	[]	[]

Bathrooms

▪ Is there a full bathroom that is accessible without climbing stairs	[]	[]
▪ Are water faucets in sink and tub or shower easy to use?	[]	[]
▪ Is bathroom floor slippery when wet?	[]	[]
▪ Are there secure grab rails near the toilet, tub and shower?	[]	[]

Evaluating the Home Environment, cont.

Bathroom, cont.

	<u>Yes</u>	<u>No</u>
▪ Is the hot water temperature less than 105 degrees so it won't scald?	[]	[]
▪ Are the sink and towel racks strong enough to support an adult?	[]	[]
▪ Can shower rod bear the weight of an adult trying to break a fall?	[]	[]
▪ Can toilet paper be reached without twisting or turning?	[]	[]
▪ Are medications labeled in clear print?	[]	[]

Kitchen and Laundry

▪ Are work surfaces easily reached?	[]	[]
▪ Is the floor surface smooth and free from obstacles?	[]	[]
▪ Is floor slippery when wet?	[]	[]
▪ Is there work space where an older person can sit down?	[]	[]
▪ Is laundry easily accessible?	[]	[]
▪ Is storage arranged so there is no need to stoop, reach or use a ladder?	[]	[]
▪ Are electrical outlets grounded to avoid shocks and fire hazards?	[]	[]

Outdoors

▪ Are sidewalks even and well drained?	[]	[]
▪ Are walkways to and from the garage, driveway or street well lighted?	[]	[]
▪ Do all steps have rails?	[]	[]
▪ Does the landscaping create blind spots or hazards?	[]	[]

Other

▪ Are there working smoke detectors in every room and hallway?	[]	[]
▪ Are emergency numbers listed near the phone and in large print?	[]	[]
▪ Can the temperature be controlled easily and effectively?	[]	[]
▪ Do windows open and close easily?	[]	[]
▪ Are windows easily locked?	[]	[]
▪ Are heating and cooling systems easy for the older adult to use?	[]	[]

Making Accommodations

If you have concerns about the older adult's current living environment, use the following checklist to identify modifications that could be made to enhance safety and comfort.

- | | |
|--------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Add non-slip rugs or rug pads | <input type="checkbox"/> Access ramps |
| <input type="checkbox"/> Wider door jams | <input type="checkbox"/> Add hallway handrails |

Evaluating the Home Environment, cont.

Making Accommodations, cont.

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Easier access furniture | <input type="checkbox"/> Smoke detectors |
| <input type="checkbox"/> Raised toilet seats | <input type="checkbox"/> Bathtub/toilet grab bar |
| <input type="checkbox"/> Emergency response system | <input type="checkbox"/> Unbreakable dishes |
| <input type="checkbox"/> Hire outside yard help | <input type="checkbox"/> Hire handyman |
| <input type="checkbox"/> Hire periodic housekeeping | <input type="checkbox"/> Help with bill paying |
| <input type="checkbox"/> Help with cooking | <input type="checkbox"/> Help with laundry |
| <input type="checkbox"/> Help with driving | <input type="checkbox"/> Help with exercise |
| <input type="checkbox"/> Help with shopping | <input type="checkbox"/> Help with snow removal/mowing |
| <input type="checkbox"/> Eliminate need for stairs | <input type="checkbox"/> Eliminate door thresholds |
| <input type="checkbox"/> Change or modify cooking appliances | <input type="checkbox"/> Accessible door knobs |
| <input type="checkbox"/> Add stairway handrails | <input type="checkbox"/> Modify lighting |
| <input type="checkbox"/> Help with medications | <input type="checkbox"/> Add door or window locks |
| <input type="checkbox"/> Trim hedges or plantings | <input type="checkbox"/> Repair walkways or flooring |
| <input type="checkbox"/> Add/change lighting | <input type="checkbox"/> Lower water temperature setting |
| <input type="checkbox"/> Add phones/phone lines | <input type="checkbox"/> Secure towel and shower rods in bathroom |
| <input type="checkbox"/> Other ideas: _____ | |

Other Considerations

Is the older adult willing to relocate? [] Yes [] No

If *Yes*, what alternative arrangements have been discussed?

- | | |
|----------------------------------------------------------------|--------------------------------------------------------------------|
| [<input type="checkbox"/>] Living with adult children | [<input type="checkbox"/>] Moving to an Assisted Living Facility |
| [<input type="checkbox"/>] Living with another family member | [<input type="checkbox"/>] Moving to a Nursing Home |
| [<input type="checkbox"/>] Moving to a retirement community | [<input type="checkbox"/>] Other |

Is a new living arrangement financially feasible? [] Yes [] No

Will adult children or other friends or family help contribute to the cost of this new living arrangement? If so, how much will be contributed? \$ _____

Will the older adult be able to contribute to the cost of his or her care? [] Yes [] No
If *Yes*, how much? \$ _____

Whose idea is it to relocate? [] Older Adult [] Adult Children [] Other

Worksheet 2

Living Together: Questions for the Caregiver

These questions can help you and your family sort out the practical and emotional consequences of caring for a parent or an older adult in your home. When answering the questions below, remember that there may be gaps between what you'd like to do, and what you actually can do.

	<u>Yes</u>	<u>No</u>
<i>Consider your relationship with your parent or older adult:</i>		
Has the relationship been one of openness and honesty?	[]	[]
Do you have a way of sorting out differences?	[]	[]
Have there been past conflicts?	[]	[]
If so, have they been resolved?	[]	[]
How do you feel about sharing your household? _____		

Consider the set-up of your current home:

Is there enough room in your home for everyone to have privacy?	[]	[]
Can your home be adapted for someone with impaired mobility?	[]	[]
Can your home be adapted for the use of a wheelchair or hospital bed?	[]	[]
Are there specific needs that may require remodeling?	[]	[]

Consider how much care the older adult will need:

Is it assistance that you can realistically provide?	[]	[]
Are there other friends or family members who can assist you?	[]	[]
Have you talked about long term care arrangements?	[]	[]

Consider your marriage and the needs of your family

Are you or your spouse or partner working, either full or part-time?	[]	[]
Can your primary relationship withstand less quality time?	[]	[]
Do any of your children live with you?	[]	[]
Will your children be able to assist you with care?	[]	[]
Is anyone unhappy or resentful about the older adult moving in?	[]	[]
Are you prepared to deal with those issues?	[]	[]
Do you feel the older adult can adjust to sharing your household?	[]	[]
Can you set limits on what you will and won't do?	[]	[]
If the situation does not work out, is there another alternative?	[]	[]
What thoughts do you have about how to deal with these issues? _____		

Worksheet 3

Living Together: Questions for the Older Adult

These questions can help you think about the practical and emotional consequences of moving into the home of a child or another family member. Remember, it is important to discuss your needs and concerns with your family, as openly and honestly as you can.

	<u>Yes</u>	<u>No</u>
<i>Consider your relationship with your child or family member:</i>		
Have there been past conflicts?	[]	[]
If so, have they been resolved?	[]	[]
Has the relationship been one of openness and honesty?	[]	[]
Do you have a way of sorting out differences?	[]	[]
What is the status of your relationship today? _____		

How do you feel about sharing their household? _____		

<i>Consider what your new living conditions will be:</i>		
Is there enough room in their home for everyone to have privacy?	[]	[]
Can adaptations be made if you need to use a walker or wheelchair?	[]	[]
Will your move displace someone else?	[]	[]
If yes, have you talked about this?	[]	[]
Do you have specific needs that may require remodeling?	[]	[]
If yes, what will it cost and who will pay for it? _____		

<i>Consider how much care you currently need:</i>		
Will your child or family member be able to meet all your needs?	[]	[]
Have you talked about long-term care arrangements?	[]	[]
What will happen if more care is needed? _____		

<i>Consider the relationships of those in this home prior to your possible move:</i>		
Do the adult members of the household currently work?	[]	[]
Can spouses or partners in the household withstand less quality time?	[]	[]
Do any of their children live with them?	[]	[]
If so, can any of these children assist with your care?	[]	[]
Do you know how other family members feel about you moving in?	[]	[]
Is anyone going to be resentful or unhappy?	[]	[]
Are you prepared to deal with those issues?	[]	[]
Will you be comfortable following the rules of the household?	[]	[]

Living Together: Questions for the Older Adult, cont.

Do you have any thoughts or concerns about moving into this household? _____

How will you decide whether you need to seek other living arrangements? _____

Will you be able to find other living arrangements if this situation does not work out? _____

Worksheet 4

Evaluating Apartments, Condominiums, and Retirement Communities

If you are planning to help a parent, spouse, or older adult move into an apartment, condominium or retirement community, use this checklist to evaluate the quality of housing and services. When interviewing personnel, be sure to ask lots of questions and take plenty of time to look around.

Residence Information

Name of Residence/Community: _____
 Administrator/Director: _____
 Phone Number: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Residence size (number of units): _____
 Operator/Management Company: _____
 Is the residence fully licensed? _____

Overall Evaluation

Each facility should have:

- Buildings and grounds that are attractive and well maintained
- Interiors that are clean and well lighted
- Staff that is respectful and responsive
- Common areas that are comfortable and well used
- Tenants or residents who will be appropriate neighbors
- A good reputation in the community

Location and Transportation

Choose a facility that:

- Is convenient for family and friends to visit
- Offers adequate parking, or is close to public transportation
- Is close to doctor, hospital and other important services

Physical Features

When visiting each facility, look for:

- Areas available for communal use
- Elevators for those unable to use stairs
- Outer doors that are securely locked at night
- Smoke detectors in resident's rooms, stairways, hallways, and common areas
- Fire extinguishers, alarms and sprinkler systems on each floor
- Adequate lighting in hallways and common areas
- Mail boxes that are easy to access

Apartments, Condominiums, and Retirement Communities, cont.

Resident Units

To evaluate living quarters, look for:

- Bathrooms that can accommodate or be adapted for a wheelchair or walker
- Grab bars by the tub and toilet, or the ability to add these, if needed
- Doors, windows, screens and screen doors that are in good condition and easily locked
- An emergency response system
- Kitchen cupboards and shelves that are easy to reach
- Adequate room and closet space
- Individual thermostat to regulate temperature
- Insulation against noise from adjacent units and common areas

Appliances

What appliances are included in the unit?

- | | | |
|------------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Oven | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Washer |
| <input type="checkbox"/> Microwave | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Dryer |

Policies and Restrictions

- Smoking policy in the units and common areas? _____
- Can residents own pets? [] Yes [] No
- Are there restrictions? _____
- When are carpets and appliances serviced or replaced? _____
- Can residents decorate their own units? _____

Staffing

Which staff members are available on site?

- Building manager
- Activities director
- Resident services coordinator
- Maintenance supervisor
- Custodian
- Grounds keeper

Other Questions:

Is someone available 24 hours a day for physical plant emergencies?

Who is to be contacted in case repairs are needed?

How do residents contact staff to conduct day-to-day business?

Worksheet 5
Checklist for a Rental Lease

Terms and Conditions

Term of Lease: _____
 Termination requirements for landlord: _____
 Termination requirements for tenant: _____
 Conditions under which can rent be increased: _____
 Notice required to change the lease: _____
 Party responsible for repairs to utility systems or appliances: _____
 Billing procedures for additional services: _____
 Age and/or income restrictions: _____

Utilities/Services	Included in Rent	Not Included/Monthly Cost
▪ Heat	<input type="checkbox"/>	\$ _____ /per month
▪ Hot water	<input type="checkbox"/>	\$ _____ /per month
▪ Electricity	<input type="checkbox"/>	\$ _____ /per month
▪ Cable service	<input type="checkbox"/>	\$ _____ /per month
▪ Snow removal	<input type="checkbox"/>	\$ _____ /per month
▪ Trash disposal	<input type="checkbox"/>	\$ _____ /per month

Location utility controls/Person with access to utility controls:

- Heat _____
- Electric box _____
- Hot water _____
- Furnace _____

Appliances	Included in Unit	Party Responsible for Repairs
▪ Oven	<input type="checkbox"/>	_____
▪ Microwave	<input type="checkbox"/>	_____
▪ Refrigerator	<input type="checkbox"/>	_____
▪ Dishwasher	<input type="checkbox"/>	_____
▪ Washer	<input type="checkbox"/>	_____
▪ Dryer	<input type="checkbox"/>	_____

 Checklist for a Rental Lease, cont.

Services	Included in Contract/Lease	Available For a Fee	Fee
General property maintenance	[]	[]	\$ _____
Unit maintenance	[]	[]	\$ _____
Information regarding services in the community	[]	[]	\$ _____
Assistance setting up utilities	[]	[]	\$ _____
Activities scheduling (including transportation)	[]	[]	\$ _____
Dining service	[]	[]	\$ _____
Housekeeping	[]	[]	\$ _____
Cable TV connection	[]	[]	\$ _____
Telephone services	[]	[]	\$ _____

Other Suggestions

- Get a checklist, signed by the landlord, that details the condition of the unit and its appliances.
- Find out if you need to purchase renter's insurance for personal property in the unit.

Worksheet 6
Checklist for Condominiums and Retirement Communities

Terms and Conditions

Purchase price or entrance fee: \$ _____ Additional monthly fees: \$ _____

Conditions under which contract may be terminated: _____

Notice required to increase fees: _____

Party responsible for repairs to utility systems or appliances: _____

Billing procedures for additional services: _____

Age/Income restrictions: _____

Fees associated with termination of residency: _____

Refund policy for entrance and condo fees: _____

Utilities/Services	Included in Fee	Not Included/Available for a Fee
▪ Heat	<input type="checkbox"/>	\$ _____ /per month
▪ Hot water	<input type="checkbox"/>	\$ _____ /per month
▪ Electricity	<input type="checkbox"/>	\$ _____ /per month
▪ Cable service	<input type="checkbox"/>	\$ _____ /per month
▪ Snow removal	<input type="checkbox"/>	\$ _____ /per month
▪ Trash disposal	<input type="checkbox"/>	\$ _____ /per month
• Property taxes	<input type="checkbox"/>	\$ _____ /per month

Location of utility controls and person with access to utility controls:

- Heat _____
- Electric box _____
- Hot water _____
- Furnace _____

Appliances	Included in Unit	Party Responsible for Repairs
▪ Oven	<input type="checkbox"/>	_____
▪ Microwave	<input type="checkbox"/>	_____
▪ Refrigerator	<input type="checkbox"/>	_____
▪ Dishwasher	<input type="checkbox"/>	_____
▪ Washer	<input type="checkbox"/>	_____
▪ Dryer	<input type="checkbox"/>	_____

 Checklist for Condos and Retirement Communities, cont.

Services	Included in Contract/Lease	Available For a Fee	Fee
General property maintenance	[]	[]	\$ _____
Unit maintenance	[]	[]	\$ _____
Information regarding services in the community	[]	[]	\$ _____
Assistance setting up utilities	[]	[]	\$ _____
Activities scheduling (including transportation)	[]	[]	\$ _____
Dining service	[]	[]	\$ _____
Housekeeping	[]	[]	\$ _____
Cable TV connection	[]	[]	\$ _____
Telephone services	[]	[]	\$ _____

Other Considerations

- Will the resident need to purchase renter's or homeowner's insurance for personal property in the units? _____

Worksheet 7

Home Health Services Checklist

If you plan to hire a home health care agency to assist with the care of an older adult, it is important to feel confident about your decision. The questions and checklists below are designed to help you evaluate the agency's credentials, services and personnel.

Agency Reputation and Credentials

When interviewing different agencies, use these questions to establish a baseline of acceptability:

- Is the agency certified by Medicare? Yes No
- Is the agency licensed and accredited? Yes No
- Is there a patient's bill of rights? Yes No
- Does the agency take time to explain your rights and responsibilities? Yes No
- Does its literature detail services, requirements, fees, and funding sources? Yes No
- Are all costs and fees clearly explained in the contract? Yes No
- Is there a process for getting your feedback about services provided? Yes No
- Are references or client satisfaction surveys available for review? Yes No
- Does the agency have a reputation for delivering the care when promised? Yes No
- How long has the agency served the community?
- Less than 2 years 2 to 5 years More than 5 years

Personnel

When you interview agency personnel, ask how the staff are hired, trained and supervised. Specifically, find out whether employees are trained in the following areas:

- CPR/first aid Safe bending and lifting techniques
- Infection control Managing incontinence
- Catheter care Communicating with someone who is confused or forgetful
- Bathing Managing difficult behaviors

You should also know the following:

Are employees covered by malpractice and bonding insurance? Yes No

Hours in a minimum shift _____

Hours in a maximum shift _____

Can a replacement worker be called if a scheduled worker does not come or cannot complete a shift? _____

Procedures

Name and phone number of persons to call in case of emergency:

During office hours: _____

After office hours: _____

How are problems or complaints handled? _____

Home Health Services Checklist, cont.

Developing a Plan of Care

You want to be sure that the agency will work with you, your family, and others to develop a written Plan of Care that documents:

- Specific tasks to be performed for the adult client
- Who will perform those tasks
- When the tasks will be performed
- Who will assess and monitor the adult client's care needs
- How services will be billed (per hour, per day, per visit)
- Will the agency provide a copy of the Plan of Care to you and your family?

Find out who will be involved in evaluating and monitoring the client's need for care.

- Client's Physician
- Agency Physician
- Nurses
- Therapists
- Primary Caregiver
- Family members

Payment for services

- Billing procedures: _____
- What services are covered by a third party, such as Medicare, Medicaid, or private insurance: _____
- Does the agency provide any charity care? _____

Other Questions and Considerations

- Does the agency ensure confidentiality? If so, how? _____
-

Worksheet 8

Hiring Home Care Privately

If you and your family decide to hire private in-home health care, you can use this worksheet to help interview and evaluate individual candidate qualifications.

Minimum Requirements

- The candidate must be able to supply three verifiable work references
- The candidate must be bonded
- Using the candidate's Department of Motor Vehicle record, request a felony background check
- Ask for a copy of the candidate's worker's compensation insurance policy.
- Does the candidate have full professional liability insurance?
- Ask for a copy of the candidate's full professional liability insurance policy.
- Verify how many years the candidate has been providing home health care assistance.

Training

Ask the candidate to verify that they are trained in the following areas:

- | | |
|--------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> CPR/first aid | <input type="checkbox"/> Safe bending and lifting techniques |
| <input type="checkbox"/> Infection control | <input type="checkbox"/> Managing incontinence |
| <input type="checkbox"/> Catheter care | <input type="checkbox"/> Communicating with someone who is confused or forgetful |
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Managing difficult behaviors |

You may also wish to ask:

What were the duties for the candidate's last two clients? _____

What are the candidate's favorite duties? _____

What are the candidate's least favorite duties? _____

How does the candidate rate his or her (circle one):

	<u>Low</u>				<u>High</u>
▪ Cooking skills	1	2	3	4	5
▪ Housekeeping skills	1	2	3	4	5
▪ Personal care	1	2	3	4	5
▪ Ability to follow instructions	1	2	3	4	5
▪ Flexibility	1	2	3	4	5

Service delivery

- Availability: Minimum number of hours: _____ Maximum number of hours: _____
- Is a split shift possible? [] Yes [] No
- If the candidate is unable to work one day, can they provide a substitute? [] Yes [] No

Payment

How are services billed? _____

Who is responsible for payment of social security, etc. ? _____

Worksheet 9

Evaluating Assisted Living Facilities

If you are considering a congregate living facility or a residential care facility for the older adult, you can use this worksheet to evaluate programs and services. When visiting or interviewing each facility, be sure to ask lots of questions and take your time to look around.

Residence Information

Name of Residence: _____
 Administrator/Director: _____
 Phone Number: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Residence size (number of units) : _____
 Operator/Management Company: _____
 Is the residence fully licensed? _____ License level: _____

Overall Evaluation

Each facility should have:

- Buildings and grounds that are well cared for and attractive
- An interior that is clean and odor free
- Staff that is friendly and responsive
- Attractive areas available for common use
- Residents who socialize with each other and appear happy
- Tenants or residents who will be appropriate neighbors
- A good reputation in the community

Location and Transportation

Choose a facility that:

- Is convenient for family and friends to visit
- Offers adequate parking, or is close to public transportation
- Is close to the older adult's doctor, hospital and other important services

Physical Features

When visiting each facility, look for:

- A floor plan that is well marked and easy to follow
- Doors, hallways and rooms that accommodate walkers, wheelchairs, etc.
- Elevators for those unable to use stairs
- Adequate lighting in hallways and common areas
- Mail boxes that are easy to access
- Handrails to aid in walking
- Exits are clearly marked and unobstructed
- Outdoor recreation areas that are pleasant and inviting

Evaluating Assisted Living Facilities, cont.

Residential Units

To evaluate individual living quarters, look for:

- Cupboards and shelves that are easy to reach
- Smooth floors and non-skid carpets to prevent slips and falls
- Bathrooms that can accommodate a wheelchair or walker
- Grab bars by the tub and toilet
- Doors and windows that are in good repair, and easy to open or lock
- Adequate room and closet space
- Individual thermostat to regulate temperature
- Insulation against noise from adjacent units and common areas

Residence Amenities	Included in Contract	Available for Extra Cost
<input type="checkbox"/> Full Private Bath	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Half Private Bath	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Fully Furnished Unit	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Local Phone Service	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Cable TV Hookup	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Carpeting	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Lockable Door	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Gas/Water/Electric	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Window Treatments	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Emergency Response System	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Full Kitchen	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Microwave	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Washer/Dryer	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Cooking Unit	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Mini-refrigerator	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Television	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/> \$ _____

Policies Regarding Residential Units

- Can residents decorate their own units? [] Yes [] No
 - Can residents have pets? [] Yes [] No
 - Can residents smoke in their rooms? [] Yes [] No
 - Are different sizes and types of units available? [] Yes [] No
 - Are doors to individual units locked by residents? [] Yes [] No
 - May residents keep and/or cook food in their rooms? [] Yes [] No
 - Do all units have private baths? [] Yes [] No
- If *No*, how many residents share a bathroom? _____

Evaluating Assisted Living Facilities, cont

Staffing

- Staff available on premises 24-hours a day
- Licensed nursing staff available: _____ days _____ evenings _____ nights
- Number of staff on duty each shift? _____ days _____ evenings _____ nights
- Physician on call
- Certified staff members
- Staff trained in personal care
- Staff trained in CPR

Safety and Security

Make sure the facility provides the following:

- A security checkpoint at the front entrance
- Outer doors that are securely locked at night
- Smoke detectors in residents' rooms, stairways, hallways, and common areas
- Regular fire drills
- Fire extinguishers, alarms and sprinkler systems on each floor
- Emergency evacuation plans posted in hallways
- Perimeter alarms on all exits to prevent confused residents from wandering

Staff Services

**Included
In Contract**

**Available
for a Fee**

ADL Assistance (bathing, dressing, eating, transferring)	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Medication management	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Help with injections or medical equipment	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Access to a pharmacy	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Daily check-in by phone	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Help arranging medical appointments	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Assistance and supervision for people with dementia	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Beauty shop and barber services	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Personal Laundry	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Incontinence Supplies	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Toiletries	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Wander Management System	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Housekeeping/ Room Service	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Shopping Assistance	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Pet Care	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Scheduled Transportation	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Unscheduled Transportation	<input type="checkbox"/>	<input type="checkbox"/> \$ _____

Evaluating Assisted Living Facilities, cont.

Dining Services

- Breakfast
- Lunch
- Dinner
- Snacks
- Special Dietary Needs Accommodated
- Entrée selections at each meal
- Room service, when needed
- Guest meals
- Style of service: _____ family style _____ restaurant style _____ cafeteria style

Other questions to ask:

- Does the facility provide nutritionally balanced meals each day, seven days a week?
- Are foods served at the right temperatures?
- May foods be provided at a time the resident would like, or are there set times for meals?
- Can meals be delivered to a resident's room?
If yes, under what conditions _____
Is there an extra charge for room service? _____
- Can residents choose their own seating, or is seating assigned?
- Is private dining available for special occasions?

Social and Recreational Activities

Find out whether the facility provides:

- A schedule of weekly/daily activities that are relevant and stimulating
- Tours, field trips and other outside events
- Volunteer staff, including family members, conducting special programs
- Opportunity for residents to participate planning programs
- Access to worship services of their choice
- Therapeutic recreation, including exercise, yoga, tai chi, etc.
Restrictions, if any: _____

Evaluating Assisted Living Facilities, cont.

Contracts and Costs

The following information should be included in the residency agreement or contract, check all that apply and make notes where necessary.

- Description of services included in the Basic Service plan
- Cost of Basic Service plan (per month/per year): \$ _____
- Description and cost of services available beyond the Basic Service package
- Policy on medications
Describe _____
- Explanation of how, and by whom, residents will be assessed and monitored
Describe _____
- Circumstances under which costs may change, and how residents are informed of changes
Describe _____
- Requirements for termination of the contract, and any refund policies
- Statement of resident rights and responsibilities
- Description of complaint or grievance procedure

Before signing a contract, make sure you understand the following:

- What the basic service covers, and what it does not cover
- All eviction and contract termination conditions
- How optional services will be billed (i.e., by the hour, by the trip, by the meal, etc.)
- How additional services will be added, if the resident's needs change
- Whether additional services may be added on an as-needed (temporary) basis
- Is there any public financing available (i.e. Medicaid, state funding)?
- If any of the facility rules make you uncomfortable, would the facility be willing to amend the contractual agreement to accommodate your concerns?

Other Considerations

- Is there an active resident's council? [] Yes [] No
- Is there an active family council? [] Yes [] No
- Does the facility have an appeals process for dissatisfied residents? [] Yes [] No
- Do residents have the right to come and go as they please? [] Yes [] No
- May guests visit at any time? [] Yes [] No
If not, what are the limitations? _____
- May guests stay overnight with the resident? [] Yes [] No
If so, what are the limitations? _____
- How are resident's valuables safeguarded? _____
- Is renters' insurance needed for personal property in individual units? [] Yes [] No
- What happens if personal items are lost or stolen? _____
- Does the facility have, and follow, a resident's bill of rights? [] Yes [] No

Worksheet 10

Evaluating Nursing Care Facilities

If you are considering a nursing home facility for the older adult, you can use this worksheet to evaluate programs and services. When visiting or interviewing each facility, be sure to ask lots of questions and take your time to look around.

Residence Information

Name of Residence: _____
Administrator/Director: _____
Phone Number: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Residence size (number of units) : _____
Operator/Management Company: _____

Overall Evaluation

First impressions are important. As you visit a facility, take a good look around to be sure that:

- The buildings and grounds are well cared for and attractive
- The interior is clean and odor free
- Members of the staff are friendly and responsive
- There are attractive areas available for common use
- You observe residents who socialize with each other and appear happy
- Residents appear to be dressed appropriately for the time and season
- The residents you meet will be appropriate neighbors for the older adult
- The facility has a good reputation in the community

Location and Transportation

Choose a facility that:

- Is convenient for family and friends to visit
- Offers adequate parking, or is close to public transportation
- Is close to the older adult's doctor, hospital and other important services

Physical Features

When visiting each facility, look for:

- A floor plan that is well marked and easy to follow
- Doors, hallways and rooms that accommodate walkers, wheelchairs, etc.
- Elevators for those unable to use stairs
- Adequate lighting in hallways and common areas
- Method of personal mail delivery
- Handrails to aid in walking
- Outdoor recreation areas that are pleasant and inviting
- Exits are clearly marked and unobstructed

Evaluating Nursing Care Facilities, cont.

Resident Rooms

As you visit each facility, consider the following questions:

- Are private rooms available? [] Yes [] No
- If rooms are shared:
 - Is there a privacy curtain around each bed? [] Yes [] No
 - Are residents involved in choosing roommates? [] Yes [] No
 - Can a married couple share a room? [] Yes [] No
- Is each room convenient to a toilet? [] Yes [] No
- May residents furnish or decorate their own rooms? [] Yes [] No
- Is the call button conveniently located? [] Yes [] No
- Is there a thermostat for each room? [] Yes [] No
- Does each room have window? [] Yes [] No
- If residents call out, does the staff respond promptly? [] Yes [] No
- Do you notice a quick response to call lights? [] Yes [] No

Residence Amenities

Included in Contract

Available for Extra Cost

- | | | |
|----------------------------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> Private Full Bath | <input type="checkbox"/> | <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> Private Half Bath | <input type="checkbox"/> | <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> Local Phone Service | <input type="checkbox"/> | <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> Cable TV Hookup | <input type="checkbox"/> | <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> Television | <input type="checkbox"/> | <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> | <input type="checkbox"/> \$ _____ |

Staffing

- Registered Nurse on duty at all times
- Number of staff on duty each shift? _____ days _____ evenings _____ nights
- Physician on call at all times
- Certified staff members
- Staff trained in personal care
- Staff trained in CPR
- Staff trained in working with dementia
- Staff permanently assigned to residents

Additional questions to ask the nursing home staff:

- Do staff feel they have enough coverage on each shift?
- What is the turnover rate among the staff?
- Are residents allowed to have their own physician?
- Are staff trained to respect privacy and dignity during bathing and toileting? How?
- Are nursing assistants involved in the care planning process?

Evaluating Nursing Care Facilities, cont.

Establishing a Plan of Care

You will want to choose a nursing home that provides a written plan of care for each resident. In addition, you may wish to ask the following questions about how that care will be administered.

- Who will be involved in determining the resident's plan of care?
- How often will the needs of the resident be reassessed?
- How will changes be communicated to the physician and family members?
- Will the resident be assisted at mealtimes?
- How often will the resident be assisted with toileting?
- How often will disposable briefs be changed?
- What kind of therapy is available?
- Will the staff respect the resident's wishes regarding the schedule of bedtime, bathtime, etc.?
- Will attention be given to the resident at night if he or she is awake?

Staff Services

	Included In Contract	Available for a Fee
Help arranging medical appointments	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Assistance and supervision for people with dementia	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Beauty shop and barber services	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Personal Laundry	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Housekeeping/ Room Service	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Shopping Assistance	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Scheduled Transportation	<input type="checkbox"/>	<input type="checkbox"/> \$ _____
Unscheduled Transportation	<input type="checkbox"/>	<input type="checkbox"/> \$ _____

Safety and Security

Make sure the facility provides the following:

- A security checkpoint at the front entrance
- Outer doors that are securely locked at night
- Smoke detectors in residents' rooms, stairways, hallways, and common areas
- Regular fire drills
- Fire extinguishers, alarms and sprinkler systems on each floor
- Emergency evacuation plans posted in hallways
- Perimeter alarms on all exits to prevent confused residents from wandering
- A room or procedures to isolate residents with a contagious illness

Evaluating Nursing Care Facilities, cont.

Policies and Procedures

- Storage of medication: _____
- Dispensing medication: _____
- Medication record keeping: _____
- Circumstances calling for use of physical restraints: _____
- _____
- Circumstances calling for use of sedatives or relaxants: _____
- _____
- Procedure for responding to a resident's medical emergency: _____
- _____
- Circumstances under which a resident will be transferred to another room: _____
- _____
- Circumstances under which the resident may be discharged: _____
- _____
- _____
- _____

Dining Services

Check those that apply:

- Breakfast
- Lunch
- Dinner
- Snacks
- Special Dietary Needs Accommodated
- Entrée selections at each meal
- Room service, when needed
- Guest meals

Other questions to ask:

- Is there a registered dietician on staff?
- May foods be provided at a time the resident would like, or are there set times for meals?
- Can meals be delivered to a resident's room?
If yes, under what conditions _____
- Is there an extra charge for room service? _____
- Can residents choose their own seating in the dining room, or is seating assigned?
- Is private dining available for special occasions?

Evaluating Nursing Care Facilities, cont.

Social and Recreational Activities

Find out whether the facility provides:

- A schedule of weekly/daily activities that are relevant and stimulating
- Tours, field trips and other outside events
- Volunteer staff, including family members, conducting special programs
- Opportunity for residents to participate in planning programs
- Access to worship services of their choice
- Therapeutic recreation, including exercise, yoga, tai chi, etc.

Restrictions, if any: _____

Contracts and Costs

The following information should be included in the residency agreement or contract, check all that apply and make notes where necessary.

- Description of services covered by the contract, as well as healthcare and supportive services, admission and discharge provisions, and all fees.
- Monthly rate \$ _____
- Description and cost of services covered by the monthly rate
- Description and cost for optional services *not* covered by the monthly rate
- How are optional services billed (by the hour, by the trip, by the meal, etc.)?
- Circumstances under which costs may change, and how residents and their families are informed of the changes.
- Circumstances for termination of the contract, and any refund policies
- Statement of resident rights and responsibilities
- Description of complaint or grievance procedure

Before signing a contract, make sure you understand the following:

- What the monthly rate covers, and what it does *not* cover
- All eviction and contract termination conditions
- How additional services will be added, if the resident's needs change
- Whether additional services may be added on an as-needed (temporary) basis
- Is there any public financing available (i.e. Medicaid, state funding)
- Is the facility certified for Medicare and/or Medicaid?
- If any of the facility rules make you uncomfortable, would the facility be willing to amend the contractual agreement to accommodate your concerns?

 Evaluating Nursing Care Facilities, cont.

Other Considerations

- Is there an active resident's council? [] Yes [] No
- Is there an active family council? [] Yes [] No
- Does the facility have an appeals process for dissatisfied residents? [] Yes [] No
- Do residents have the right to come and go as they please? [] Yes [] No
- May guests visit at any time? [] Yes [] No
If not, what are the limitations? _____
- May guests stay overnight with the resident? [] Yes [] No
If so, what are the limitations? _____
- How are resident's valuables safeguarded? _____
- Is renter's insurance needed for personal property in individual units? [] Yes [] No
- What happens if personal items are lost or stolen? _____
- Does the facility have, and follow, a resident's bill of rights? [] Yes [] No
- Under what conditions can the facility discharge or transfer a resident? _____
- If a resident is hospitalized, how long will the facility hold their bed? _____

**SECTION THREE:
LEGAL AND FINANCIAL INFORMATION**

PERSONAL & FINANCIAL ASSETS

Worksheet 1: Inventory of Personal Assets.....Page 58
Worksheet 2: Inventory of Financial Assets..... 59

MONTHLY MONEY MANAGEMENT

Worksheet 3: Monthly/Annual Budget..... 62
Worksheet 4: Monthly Bills..... 64

CONTACTS

Worksheet 5: Professional Advisors..... 65

Worksheet 1

Inventory of Personal Assets

Real Estate

<u>Current Residence</u>	<u>Value</u>
Purchase Price	\$ _____
Remaining Mortgage	\$ _____
Approximate Market Value	\$ _____
<i>Total Equity</i>	\$ _____

<u>Vacation Home</u>	<u>Value</u>
Purchase Price	\$ _____
Remaining Mortgage	\$ _____
Approximate Market Value	\$ _____
<i>Total Equity</i>	\$ _____

<u>Other Property</u>	<u>Value</u>
Purchase Price	\$ _____
Remaining Mortgage	\$ _____
Approximate Market Value	\$ _____
<i>Total Equity</i>	\$ _____

Personal Property

<u>Item</u>	<u>Value</u>
Automobiles	\$ _____
Trucks	\$ _____
Boats	\$ _____
Farm Equipment	\$ _____
Recreational Vehicles	\$ _____
Home Furnishings	\$ _____
Jewelry, Coins	\$ _____
Art, Antiques	\$ _____
Collectibles	\$ _____
Total	\$ _____

Worksheet 2

Inventory of Financial Assets

Bank Accounts

Checking	Institution Branch Phone #	Account # Balance \$
Savings	Institution Branch Phone #	Account # Balance \$
Safe Deposit	Institution Branch Phone #	Account # Contents
Other	Institution Branch Phone #	Account # Balance \$

Retirement Accounts

Pension(s)	Employer Plan Administrator Phone #	Employee # Years of Employment Benefit \$
	Employer Plan Administrator Phone #	Employee # Years of Employment Benefit \$
401(k) or 403 (b)	Employer Plan Administrator Phone #	Employee/Acct # Account Value \$
	Employer Plan Administrator Phone #	Employee/Acct # Account Value \$
	Employer Plan Administrator Phone #	Employee/Acct # Account Value \$

Inventory of Financial Assets, cont.

Retirement Accounts, cont.

IRA(s)	Investment Co. Broker Phone #	Type of Account: Account # Current Value \$
	Investment Co. Broker Phone #	Type of Account: Account # Current Value \$
	Investment Co. Broker Phone #	Type of Account: Account # Current Value \$
	Investment Co. Broker Phone #	Type of Account: Account # Current Value \$

Investments

Mutual Funds	Investment Co. Broker Phone #	Fund(s) Account # Current Value \$
	Investment Co. Broker Phone #	Fund(s) Account # Current Value \$
	Investment Co. Broker Phone #	Fund(s) Account # Current Value \$
	Investment Co. Broker Phone #	Fund(s) Account # Current Value \$

Inventory of Financial Assets, cont.

Investments, cont.

Stocks and Bonds	Company	Number of shares
	Broker	Purchase price
	Phone #	Current Value \$
	Company	Number of shares
	Broker	Purchase price
	Phone #	Current Value\$
	Company	Number of shares
	Broker	Purchase price
	Phone #	Current Value\$
	Company	Number of shares
	Broker	Purchase price
	Phone #	Current Value\$
Annuities	Insurance Co.	Type of Contract
	Phone #	Accumulated Value
	Insurance Co.	Type of Contract
	Phone #	Accumulated Value
Other	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Worksheet 3 Annual/Monthly Budget

Sources of Income

	<u>Per Month</u>	<u>Per Year</u>
Wages, Salary, Commissions, Bonuses	\$ _____	\$ _____
Self-employment business income	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____
Pension(s)	\$ _____	\$ _____
Veteran's Benefits	\$ _____	\$ _____
Public Assistance/SSI	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Dividends, Interest, Capital Gains	\$ _____	\$ _____
IRA Distributions	\$ _____	\$ _____
Annuities	\$ _____	\$ _____
Income from property	\$ _____	\$ _____
Interest income	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total	\$ _____	\$ _____

Expenses

	<u>Per Month</u>	<u>Per Year</u>
Mortgage or rent payments	\$ _____	\$ _____
Home insurance	\$ _____	\$ _____
Property taxes	\$ _____	\$ _____
Condo or maintenance fees	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Food	\$ _____	\$ _____

Annual/Monthly Budget, cont.

Expenses, cont.

	<u>Per Month</u>	<u>Per Year</u>
Telephone	\$ _____	\$ _____
Legal/Accounting	\$ _____	\$ _____
Car payments, Insurance, Repairs	\$ _____	\$ _____
Clothing/Personal Items	\$ _____	\$ _____
Credit card bills	\$ _____	\$ _____
Income tax payments	\$ _____	\$ _____
Life insurance payments	\$ _____	\$ _____
Gifts and donations	\$ _____	\$ _____
Non-reimbursed medical/dental expenses	\$ _____	\$ _____
Health insurance payments	\$ _____	\$ _____
Prescriptions	\$ _____	\$ _____
Home health care	\$ _____	\$ _____
Respite care	\$ _____	\$ _____
Homemaker/home health aids	\$ _____	\$ _____
Therapists	\$ _____	\$ _____
Medical equipment	\$ _____	\$ _____
Vacation/Entertainment	\$ _____	\$ _____
Club or union dues	\$ _____	\$ _____
Bank loan payments	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Worksheet 5
Legal and Professional Advisors

Attorney: _____ Phone: _____
Accountant: _____ Phone: _____
Insurance Agent: _____ Phone: _____
Insurance Agent: _____ Phone: _____
Stockbroker/Financial Planner: _____ Phone: _____
Bank/Trust Officer: _____ Phone: _____
Clergy: _____ Phone: _____

Personal Representative (Executor): _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Health Care Agent: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Financial Agent: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Life Insurance Company: _____
Contact/Phone Number: _____
Policy #: _____ Insured: _____
Benefit: _____ Face Value: _____
Beneficiaries: _____

Activities of Daily Living (ADLs). Daily tasks we perform to maintain our well-being including, eating, dressing, grooming, walking, toileting, and personal hygiene.

Adult Day Services / Programs / Care. Typically a daytime community service program that offers social programs and personal support for older adults living in the community.

Advance Directive. Also known as a *Living Will*, *Medical Directive*, *Power of Attorney for Healthcare*, or *Healthcare Proxy*. This is a legal document that enables an individual to give instructions about his or her future medical or end-of-life care, in the event that he or she is not able to provide that direction at the time when it's needed.

Ageing in Place. This term refers to the concept of supporting the ability of a person to remain in his or her living environment as they age, by bringing services to them and/or modifying the environment to promote safety and function.

Alzheimer's Disease. A progressive, degenerative disease that impairs an individual's cognitive ability. Symptoms include forgetfulness, wandering, disorientation, and inability to recognize others. It is the most common cause of dementia.

Assisted Living. Housing that offers assistance with activities of daily living (ADLs), with a focus on supporting an individual's ability to live as independently as possible in his or her own apartment. Services include meals, housekeeping, laundry, social programs, transportation, health monitoring, medication administration, and twenty-four hour unscheduled assistance.

Care Management. An evaluation of an older adult's physical, psychological, and social abilities provided by a trained professional, who also develops and helps implement a plan of care that integrates various services to meet the older adult's needs.

Continence/Incontinence. The ability or inability to voluntarily control urinary or bowel discharge.

Congregate Housing. Independent apartment-style housing with common meal service, housekeeping, transportation, recreation, and coordination of medical and other services.

Conservatorship / Guardianship. A legal process by which the court declares an individual incompetent, appoints a representative, and transfers the responsibility for managing financial affairs (conservator), or living arrangements and medical care (guardian) to that person.

Continuing Care Retirement Community (CCRC). Housing services organized to offer a continuum of assistance ranging from independent living to assisted living to nursing care. The objective is to provide a full range of services on one campus. Residents typically pay an entrance fee that provides access to higher levels of assistance as needed. Monthly service fees pay for operating costs and amenities. Also known as *Life Care Communities*.

Continuum of Care. The full range of services that includes independent housing, home care, assisted living, and nursing facility care. Specialized services such as rehabilitation and supports for people with dementia may also be included.

Delirium. A sudden severe confusion and rapid changes in brain function that occur with physical or mental illness. It is usually temporary and reversible.

Dementia. Progressive, losses that affect memory, judgement, and cognition. Can be due to a number of causes, most of them irreversible.

Dependent Care Tax Credits. Federal income-tax credits for certain home-care and adult day services. Check with your local IRS office or tax advisor for specific details.

Depression. A medical illness in which a person has feelings of sadness, discouragement, and a lack of self-worth. It can be due to a number of causes including chemical imbalances, persistent pain and illness, difficulty getting around, loss of friends and loved ones. Depression can also be a sign of a medical problem. It can be a reaction to the illness, or caused by the disease itself. Depression is also a side effect of many drugs commonly prescribed for elders. It is easily mistaken for dementia and should be carefully evaluated by a medical professional.

Do Not Resuscitate (DNR) Order. A legal document, signed by the older adult and physician, that expresses the person's desire not to be given CPR or any resuscitating measures to bring back life.

Executor. An individual named in a will to carry out the distribution of an estate after a person is deceased.

Financial Power of Attorney. A legal document that identifies one person to manage the financial affairs of another. A "durable" power of attorney will remain in effect should a person ever become incompetent or disabled. Because laws differ from state to state, and because this legal arrangement is binding and enduring, be sure the document is drawn up by an attorney licensed to practice in the state in which the older adult resides.

Functional Assessment. An evaluation of individual's health, social, environmental, financial, and family or community supports to identify that person's strengths and needs.

Guardian. An individual appointed by the court to manage a person’s personal and health decisions when they are unable to manage their. A *Conservator* is similarly appointed, but only for financial affairs.

Healthcare Power of Attorney. A legal document that allows a person to choose someone to make decisions regarding his or her health care. A “durable” power of attorney will remain in effect should the person become unable to make their own choices. Because laws differ from state to state, and because this legal arrangement is binding and enduring, be sure the document is drawn up by an attorney licensed to practice in the state in which the older adult resides.

Home health care. A service provided by trained nurses or aides who come to the home and provide medical or personal-care services. Some agencies also offer rehabilitation services, such as Physical Therapy, Occupational Therapy, and Speech Language Therapy. Medicare will pay for services for qualifying individuals.

Hospice Care. Provides physical and emotional care to persons with terminal illness, specifically toward the end of life, and offers support to their families. Hospice care typically recognizes death as a natural process, and neither hastens nor postpones its occurrence.

Independent Living. Housing for residents who are self-sufficient. Many congregate housing programs that offer meals, housekeeping, social activities and transportation are called independent living communities.

Instrumental Activities of Daily Living (IADLs). These are tasks, such as preparing meals, shopping, managing finances, taking medications and housekeeping, associated with independent living.

Life Care Community. See *Continuing Care Retirement Community*.

Living Will. This document allows a person to state his or her wishes in advance regarding the use of life sustaining procedures during a terminal illness. The document typically identifies a third party to make healthcare decisions if the person is unable to do so. A Living Will should also be discussed with the older adult’s doctor, and a signed copy should be added to the individual’s medical file. Be sure to review the Living Will annually to make any desired changes. See also *Advance Directive*.

Long Term Care. A range of services – medical, nursing, custodial, and social – provided to a person with ongoing, chronic care needs. The goal is to help maintain his or her independence as much as possible, within the limits of his or her abilities.

Long Term Care Insurance. Insurance policies issued by private companies that assist with the costs of home healthcare, assisted living, or long-term nursing care. Premiums are based on a person’s age and health, the deductible period, and the amount and type of benefits as well as the duration of those benefits.

Medicaid/MaineCare. Medical insurance for low-income persons provided with funding from the federal and state government. Benefits cover both institutional and outpatient healthcare services. Medicaid pays for approximately 70% of nursing facility care in Maine.

Medicare. A federal medical insurance program administered by the Centers for Medicare and Medicaid Services for people age 65 or older. Persons who are eligible for Social Security may apply for Medicare benefits. Benefits include hospital and skilled nursing facility care, home health care (Part A) and physician's services, outpatient therapies and durable medical equipment (Part B). Part C (Medicare Advantage plans) uses an HMO model of services, and Part D covers some prescription medication costs.

Medication Management. Strategies and tracking systems that are used by individuals, family members, hospitals, assisted living and long-term care facilities to administer and document medications so that they are taken correctly.

Medigap Insurance. Health insurance policies offered by private companies to supplement Medicare coverage.

Nursing Facility (Nursing Home). A facility that provides 24-hour-a-day nursing care and other services to residents with chronic or long-term illness.

Patient's Bill of Rights. A list of policies and procedures to be followed to ensure that patients receiving healthcare services will be treated with dignity and can participate fully in decisions relevant to their healthcare.

Primary Caregiver. The individual who has responsibility for providing and/or organizing care and services on behalf of another person, and may be responsible for decision-making.

Rent Subsidy. Publicly funded assistance to help pay rent, which is limited to housing that is publicly funded, or to persons who receive certificates or vouchers for rental assistance from public housing agencies. Residents typically pay one-third of their income for rent and the government pays the balance of the rental amount.

Residential Care. Services provided by residential care facilities, including 24-hour supervision, meals, activities, transportation, and social services. Formerly called *Boarding Care*.

Resident Services Plan. A written plan developed for the resident of a facility based on an assessment of the individual's needs and abilities. A plan typically identifies the goals and objectives of care services, as well as the resources needed to meet these goals and needs.

Respite Care. Services provided on a temporary basis to provide relief for primary caregivers.

Service coordination. An assessment of needs and the arrangement of appropriate services for residents of a care facility, on an individual or group basis.

Skilled Nursing Facility (SNF). A Medicare-certified care facility offering rehabilitation and skilled nursing services on a short-term basis.

State License. Authorization provided by the State of Maine Department of Health and Human Services to allow organizations to offer health and residential services. For a list of types of facility licenses, go to www.maine.gov/sos/cec/rules/10/144/ch113/assist.doc

Sub-acute Care. A range of healthcare services that may include intravenous therapy, intensive rehabilitation and other needs.

Supplemental Security Income. A monthly payment from federal and state authorities designed to bring the income level of low-income elders up to a minimum income threshold.

Caregiver Resources

1. **Southern Maine Agency on Aging**, 136 U.S. Route One, Scarborough, ME 04074, 207-396-6500, 1-800-427-7411, www.smaaa.org. Services and supports for older adults and family caregivers. The book *Connections: A Guide for Family Caregivers in Maine* is downloadable from the website.
2. **AARP**, 601 E. St. NW, Washington, D.C. 20049, 1-800-687-2277, www.aarp.org. provides benefits and entitlement information, caregiver and older adult education (including issues of older drivers, grandparents, and choosing a living environment), activities, and advocacy
3. **Alzheimer's Association**, 225 N. Michigan Ave., Floor 17, Chicago, IL 60601, 24 hour Helpline 1-800-272-3900, www.alz.org
4. **Eldercare Locator**, 1-800-677-1116, www.eldercare.gov. can help you find local services for older adults anywhere in the U.S.
5. **Family Caregiver Alliance**, 180 Montgomery Street, Suite 11001, San Francisco, CA, 94104, (800)445-8106, www.caregiver.org has online fact sheets, publications and support groups.
6. **Maine Alzheimer's Association**, 170 U.S. Route One, Suite 250, Falmouth, ME 04105, 1-800-272-3900, www.alz.org/maine
7. **Maine Office of Elder Services**, 11 State House Station, 32 Blossom Lane, Augusta, ME 04333, 1-800-262-2232, TTY 1-800-606-0215 www.maine.gov/dhhs/oes. This state agency is responsible for developing and overseeing many services for older adults in Maine. They offer assistance in finding sources for care, identifying benefit programs, and learning about resources.
8. **National Alliance for Caregiving**, 4720 Montgomery Lane, Suite 642, Bethesda, MD 20814, www.caregiving.org, is a joint venture of organizations to support caregivers. They sponsor the Family Caregiver Resource connection, which reviews and rates hundred of caregiving books and videos, etc.
9. **National Family Caregivers Association**, 10400 Connecticut Avenue, #500, Kensington, MD 20895-3944, 1-800-896-3650, www.nfcacares.org is a charitable organization which focuses on addressing the special concerns of caregivers. They offer many online and printed tips, guides and other resources.

Industry Associations

1. **American Association of Homes and Services for the Aging**, 2519 Connecticut Ave. NW, Washington, DC20008, 202-783-2242, www.aahsa.org.
2. **American Health Care Association**, 1201 L St. NW, Washington, DC 20005, 202- 842-4444, www.ahca.org National Center for Assisted Living, same address, www.ncal.org .
3. **Assisted Living Federation of America**, 1650 King Street, Suite 602, Alexandria, VA 22314, 703-894-1805, www.alfa.org.
4. **National Association for Home Care and Hospice**, 228 Seventh St. SE, Washington, D.C. 20003, 202-547-7424, www.nahc.org.
5. **Visiting Nurses Association of America**, 900 19th Street NW, Suite 200, Washington, D.C. 20006, 202-384-1420 www.vnaa.org.

Information Assistance and Advocacy Services

1. **Southern Maine Agency on Aging**, 136 U.S. Route One, Scarborough, ME 04074, 207-396-6500, 1-800-427-7411 www.smaaa.org.
2. **211 Maine**, dial 211 (toll free) www.211maine.org, is a statewide directory of resources including agency services and support groups.
3. **Legal Services for the Elderly**, 1-800-750-5353 www.mainelse.org provides free legal assistance to socially and economically needy Maine residents age 60 and older, and offers consumer information on issues including legal rights, health care decision making, financial concerns, wills, fraud and abuse

On-Line Resources

1. **Administration on Aging**, www.aoa.gov, is the Federal agency concerned with issues affecting older Americans. This site offers information about older Americans, legislation and programs. Eldercare Locator 1-800-677-1116 or www.eldercare.gov.
2. **Alzheimer's Disease Education and Referral Service (ADEAR)** 1-800-438-4380 www.nia.nih.gov/alzheimers. A service of the National Institute on Aging, provides information and referral, publications, a database, and resources about dementia.
3. **Centers for Medicare and Medicaid Services (CMS)** 1-800-MEDICARE, www.medicare.gov
4. **National Alliance for Caregiving** is a joint venture of organizations to support caregivers. They sponsor the Family Caregiver Resource Connection, which reviews and rates hundreds of caregiving books, videos, etc. www.caregiving.org
5. **National Institutes on Aging** 1-301-496-1752, www.nia.nih.gov. offers valuable health and resource information to consumers and professionals
6. **National Resource Center on Supportive Housing and Home Modification**, www.homemods.org. Information and strategies about home modifications and their importance in supporting safety and independence.
7. **The Resource Center, Department of Pain Medicine and Palliative Care**, Beth Israel Medical Center, East 16th Street, New York, NY 10003, www.stoppain.org.
8. **Family Care Resource Clearinghouse**: Sponsored by the AXA Foundation / National Alliance for Caregiving. Lists and rates books, articles, films, and other resources for family caregivers and professionals.