

# ELDERCARE 101 UPDATED

GETTING ORGANIZED  
FORMS, CHECKLISTS, & TIPS

A supplement to

Your Caregiver Toolbox in A Changing World



## ELDERCARE 101

A PRACTICAL GUIDE to  
LATER LIFE PLANNING,  
CARE, and WELLBEING



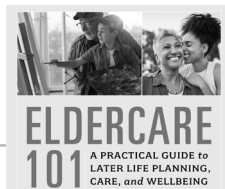
MARY JO SAAVEDRA

UPDATED EDITION

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**THIS BOOKLET IS DESIGNED TO SUPPORT YOUR  
CAREGIVING AND PLANNING JOURNEY. USE THESE  
FORMS TO CREATE YOUR OWN CUSTOM NOTEBOOK  
OR AS THEY ARE.**

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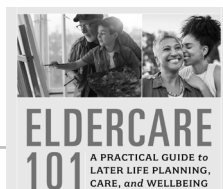
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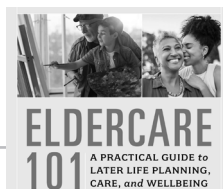
Reporting Bad Experiences with a Financial Advisor

# My Village Map



For a blank downloadable form of My Village Map that can be personalized for your elder and filled in with contact information, go to [firesideCMG.com](https://firesideCMG.com).

\*Core Team Members



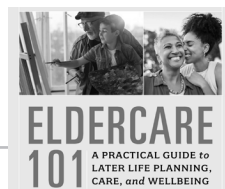
# LEGAL PILLAR OF AGING WELLBEING

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*In everything, do to others as you would have them do to you; for this is the essence of the law and the prophets.*

—Matthew 7:12

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# POTENTIAL ELDER LAW OR ESTATE PLANNING ATTORNEYS

NAME \_\_\_\_\_

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Website \_\_\_\_\_

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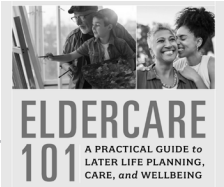
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# CHECKLIST FOR LEGAL DOCUMENTS

Other documents that should be located and compiled for reference and safekeeping are:

- Will/Trust
- Durable Power of Attorney (Financial)
- Healthcare Power of Attorney (also called, Healthcare Proxy)
- Advance Directive (or Five Wishes)
- Physician Orders for Life Sustaining Treatment POLST (Completed with your doctor, depending on state, may have a different name.)
- Birth certificate
- Military discharge records
- Social security card
- Passport
- House deed
- Other real estate deeds and titles
- Title transfers
- Car title and registration
- RV, boat, and other recreational vehicle titles and registration
- HIPAA Authorization and Release (General form for representative, and specific forms with doctors)
- For Executor: Death certificate/record (Order multiple originals at time of death.)
- Current list of assets
- How they are titled
- Appropriate person or firm to contact regarding the asset
- Current beneficiaries named on the account, including any “Transfer on Death” or “Payable on Death” designation.
- What large gifts have been made previously and whether a gift tax return was filed.
- Any existing estate planning documents (DPOA, trust, will, healthcare documents).
- Tax returns for the last two years
- Clarity on your legacy wishes



# FIRST MONTH CHECKLIST FOR POST-DEATH CARE

Use this list to help guide you after the death of someone you are responsible for or family member. It is also useful to see how you may help someone you want to support who has had a death in their circle.

## Things to Do Right Away

- Immediately notify all important family and friends. Due to social media, loved ones can be prematurely shocked to learn through postings.
- Ensure any dependents and animals in the deceased's home and care are attended to immediately by family, friends, or authorities.
- Determine if there is any property that needs to be protected, such as a vacant rental house or vehicle. Protect property against loss from theft or vandalism.
- Determine deceased's wishes for sympathy giving, for example donations to a charity, money to family for expenses, flowers, etc. Notify all family members to share when asked and consider email or social media post when appropriate. Gifts can begin arriving within hours, so if there is a particular wish, this needs to be done right away.
- Ensure that the wishes of the deceased for burial or cremation are arranged. Organize the memorial, funeral, celebration of life, etc. based on the wishes of the deceased. Order at least ten death certificates from the state through the funeral or cremation center. You may need an official death certificate to proceed with each legal or financial matter.
- If a formal gathering outside the home is public information, ask a friend who is not attending to house sit at the home of the deceased to detour robbery.

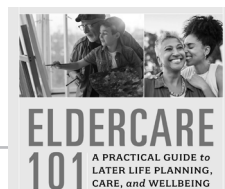
## Things to Do within Two Weeks

- Locate original will or trust. Do not write on the original documents.
- Locate important records, such as account statements, titles and deeds, and life insurance policies.
- Choose an attorney to work with on the estate administration and make an appointment. Bring all original estate planning documents (will, trust, etc.) to the meeting, along with all financial information gathered to date.
- Notify insurance and annuity companies of the death and request claim forms.
- If mortgage life insurance on home exists, notify insurance company.

- Determine what creditors exist and whether any must be paid immediately.
- Cancel credit cards in your elder's name.
- Change delivery of mail to proposed trustee or personal representative or to administration attorney's office.
- Identify passwords for all digital accounts.
- Identify social media and online accounts to determine next steps. Be sure to identify any accounts with assets that should be dealt with, for example, Paypal, store credits, etc.

### Things to Do within One Month

- Notify the Social Security Administration and any other organization that pays annuity or retirement funds. Be aware, depending on the timing of death, that direct deposits already made from these organizations will likely be requested for return.
  - Gather and organize financial documents.
    - Bank statements
    - Brokerage and other investment account statements
    - Stock certificates
    - Bond certificates
    - Promissory notes
    - Titles to vehicles
    - Deeds to real property
    - Appraisals on any valuable personal property
- Access and inventory safe deposit box.
- Leave checking and deposit accounts open for a year until estate and accounts are cleared.



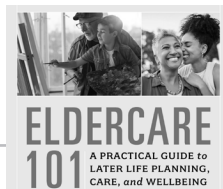
# LIVING ENVIRONMENT PILLAR OF AGING WELLBEING

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*If you want to identify me . . . ask me not where I live, or what  
I like to eat, or how I comb my hair,  
but ask me what I think I am living for, in detail, and ask me  
what I think is keeping me  
from living fully for the thing I want to live for.*

—Thomas Merton in *My Argument with the Gestapo*

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# THE CHOICE

## DOES YOUR ELDER WANT TO STAY AT HOME?

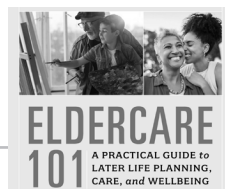
It's no surprise that, according to AARP polls, nine out of ten elders say they want to age at home. To live at home, your elder needs to:

- Be able to afford her home and keep it in good repair.
- Know for certain her home is safe. Request a home assessment checklist at: <https://www.aarp.org/livable-communities/housing/info-2020/homefit-guide.html>
- Understand and get the help she needs as she ages.

If your elder wants to age at home, there are many questions to ask to determine if doing so is the best option. Having your loved one thoughtfully consider the following and then discuss her answers with you can help her make a good choice.

- Is her home safe and set up to avoid hazards that might cause a fall, a fire, or other potential problems?
- Can she provide the necessary maintenance for her home and yard?
- Can she afford to stay in her home (pay the bills, insurance, home and yard repairs)?
- Is she able to grocery shop and prepare nutritious meals safely?
- Can she perform basic daily tasks including dressing, bathing, cleaning, and cooking?
- If she owns a pet, can she continue to feed, pick up after it, and exercise it?
- Will she have sufficient social interaction if she stays at home? In other words, does she have friends or family who will check on her regularly, if needed, without having the extra effort interfere with her relationships with them?
- Does your elder still drive or have access to transportation? Will services come to her location?
- Is your elder aware of how to prevent scams from people who come to her home or call her?
- If your elder needs help, is she willing to let volunteers or paid professionals come into her home? If so, how many days per week could she use help?
- If your elder needs custodial or medical support, can she afford qualified in-home caregivers?
- If your elder's memory deteriorates, can she afford twenty-four/seven care?

After going through those questions, ask your elder if staying at home seems like the right or wrong alternative. If, for example, your loved one had more “no” answers than “yes” answers, she might want to explore other options of living with family, shared housing, or formal assisted living. Likewise, if she has extensive medical challenges that require doctors, nurses, or therapists on a regular basis, she may need to consider a skilled nursing facility (SNF).



# THE CHOICE

## DO YOU WANT TO STAY AT HOME?

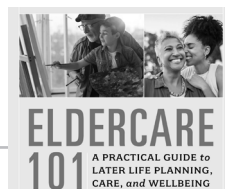
It's no surprise that, according to AARP polls, seven+ out of ten elders over a decade of polling, consistently say they want to age at home. To successfully live at home, or in the right home, you need to consider the following:

- Be able to afford your home and keep it in good repair.
- Know for certain your home is safe. Request a home assessment checklist at: <https://www.aarp.org/livable-communities/housing/info-2020/homefit-guide.html>
- Understand and get the help as you need it through life stages and transitions.
- If you want to stay in your home through older ages, there are many questions to ask to determine if doing so is the best option.

Consider the following and then discuss the answers with those involved.

- Is your home safe and set up to avoid hazards that might cause a fall, a fire, or other potential problems?
- Can you provide the necessary maintenance for your home and yard?
- Can you afford to stay in her home (pay the bills, insurance, taxes, assessments, home and yard repairs)?
- Are you able to grocery shop and prepare nutritious meals safely?
- Can you perform basic daily tasks including dressing, bathing, cleaning, and cooking?
- If you own a pet, can you continue to feed, pick up after it, and exercise it?
- Will you have sufficient social interaction if you stay at home? In other words, do you have friends or family who will check on you regularly, if needed, without having the extra effort interfere with your relationships with them?
- Do you still drive or have access to transportation? Will ride services come to your location?
- Are you aware of how to prevent scams from people who come to your home or call?
- If you need help, are you willing to let volunteers or paid professionals come into your home? If so, how many days per week could you use help?
- If you need custodial or medical support, can afford qualified in-home caregivers?
- If your memory deteriorates, can afford twenty-four/seven care?

After going through those questions, ask yourself or an elder you care for, if staying at home seems like the right or wrong alternative. If, for example, there are more “no” answers than “yes” answers, you might want to explore other options of living with family, shared housing, or formal assisted living. Likewise, if you have extensive medical challenges that require doctors, nurses, or therapists on a regular basis, you may need to consider a skilled nursing facility (SNF).



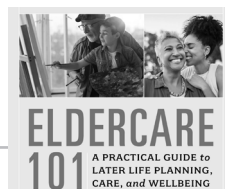
# EVER THOUGHT ABOUT SHARED HOUSING WITH FRIENDS?

(From the original Eldercare 101)

If you or someone you care for are considering shared housing, answer these questions and discuss the answers with those involved:

- Do you enjoy interdependence and interaction with others?
- Do you prefer privacy over social interaction?
- Could you envision a shared home that would provide enough privacy?
- Are your current home or apartment expenses too high and burdensome? Could they be significantly reduced through shared housing?
- Are you willing to be transparent and honest about your needs and concerns when entering into a legal agreement?
- Are you willing to downsize your current home and belongings?
- Once you enter into a formal agreement to share housing, can you openly communicate with roommates about any concerns?
- Are you willing to move to another area (city or state) to find the right house or roommate?
- Do you have in mind a particular friend or friends to be your roommates?
- Is the house being considered near shopping, healthcare services, and easy, affordable transportation?

After going through those questions, ask yourself or the person you care for if sharing housing with friends seems like the right or wrong alternative. Explore the pros and cons.



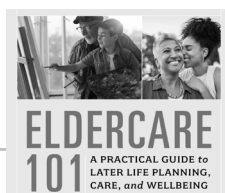
# WHY NOT MOVE IN WITH YOUR SON OR DAUGHTER?

(From the original Eldercare 101)

In many countries, the model of multigenerational families living together is common and expected, and it's not only when the older parents are aging. In the United States, we have gone through phases of multigenerational living—phases that, for the most part, have been economically and medically driven. For example, the 2008 recession triggered an increase in extended families living together, as did the Pandemic in 2020. Multigenerational living is now trending since the pandemic due to all the advantages of care, shared resources, and shared chores. Because living together may be easier if you have independent living quarters, some adult children create alternative living environments such as a “mother-in-law” cottage in the back of the house (ADUs have tax advantages), a “granny flat” on the basement level, or just a separate entrance. Other adult children even move to a new home more conducive to having a parent live with them or remodel their home, adding on a room or rooms.

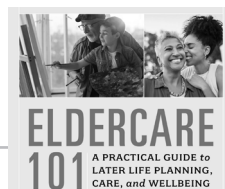
One of the pluses of moving in with adult children is that doing so can foster a strong parent-child relationship—but this usually happens only if the parent-child relationship was good throughout life and if everyone is patient throughout an adjustment period. On the other hand, if the parent-child relationship was tumultuous, it's unlikely to change quickly and perhaps will worsen. Setting boundaries when living together also can present a major challenge for both elders and their children; humans are creatures of habit, and moving in together requires that everyone change their habits. Perhaps the toughest hurdle, though, is giving up independence.

Consider the following pros and cons if they you or a family member are exploring moving in together. Also, be sure to agree to “no harm done” if the arrangement doesn't work out for some reason. In fact, this scenario should be discussed in advance and a plan created for options. For example, the older individual should know whom they may ask for help outside the family if they need to call it quits.



## Pros of Moving in with Adult Children

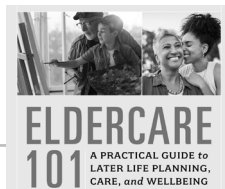
- All parties may grow closer through daily interaction.
- Stress may be reduced for everyone—for the adult children because they feel confident in how they are caring for their parent, and they may not have to drive to check on them. The parent may feel safer, loved, and that her care needs are met.
- Living together can provide an opportunity for the younger generation to learn from their elders and appreciate being in an inter-generational family.
- The elder can create and share family life stories, traditions, and recipes to ensure legacy is passed on to the children (and grandchildren).
- Sharing end-of-life experiences among loved ones can be a beautiful gift to all.
- If the parent can help defray living costs, the adult child may benefit financially with reduced overall expenses.
- If the parent is able, she can help with daily tasks such as light housekeeping, food preparation, and even childcare.
- If the elder requires assistance with her Activities of Daily Living (ADLs), the adult children may be eligible to receive payment for caregiving services and supplement their income.
- If the parent has home healthcare or custodial care workers coming into the home, the adult children will be able to oversee the care firsthand.
- If the elder is eligible for hospice care and chooses to die at home, the adult children can vigil with their parent in the comfort of their own home where they know their parent is being well loved and cared for until the very end.





## Cons of Moving in with Adult Children

- Both elders and their children may feel discouraged if living together isn't immediately easy. For some, the process of adjustment may be a few weeks or months, whereas for others it can be six months or longer.
- If the elder needs a great deal of support daily, the children may become exhausted.
- Creating private spaces and times in the home may be difficult.
- Costs of retrofitting or renovating the adult child's home to accommodate the parent might be prohibitive.
- Siblings of the son or daughter the parent lives with might feel left out or not believe the elder is receiving the best care or that the elder's money or estate is being mismanaged.
- If the adult children work and the elder needs custodial or healthcare help, having a stranger in the house may cause resentment. Also, the costs for the paid help might be prohibitive.
- If the elder needs help dressing, bathing, or going to the bathroom, she may not be comfortable with her children helping. (If the resources are available, bring in help!)
- Giving up a home and most of your belongings is a difficult adjustment, and the elder may need some grieving time the adult children don't understand because they feel they are giving the elder a gift.
- After seventy, eighty, or ninety years living independently, it's going to be challenging to live with anyone else; this new living situation can leave elders feeling diminished and even without purpose. (This can be true for any move!)
- The elder may have had friends and a sense of community where she previously lived. Now she might feel somewhat isolated and discouraged, as she struggles to find her way around the new community and make new friends.
- In many of today's homes, bedrooms are on the second level; the elder may not be able to negotiate the stairs, so a bedroom might need to be carved out of the living area downstairs, and this can be difficult for everyone.
- Adult children or aging parents may see living together as an opportunity to fix what didn't work well in earlier years, yet this rarely works without counseling.
- Some children are abusive, and some older adults are also abusive toward their children. Be prepared with a plan to ask for help. For establishing boundaries and getting relationship tools, talk with a spiritual advisor, specialized therapist, or the local state ombudsman for expert advice. If you experience or suspect physical or emotional abuse, call 9-1-1 for immediate emergency assistance services. Be prepared with options if the situation does not work out.
- Some children have been known to take financial advantage of a parent living with them. This is also abuse, and punishable by law. For objective 3rd-party providers like Daily Money Managers and more.



# QUESTIONS TO CONSIDER IF VIRTUAL RETIREMENT COMMUNITIES (VRC) ARE RIGHT FOR YOU

(From the original Eldercare 101)

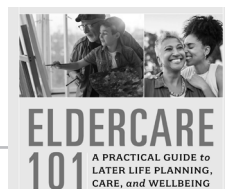
There are many models of the VRC. What most have in common is a membership or formal contract. When you belong to the VRC, as a member you can be entitled to a variety of cooperative benefits such as transportation, in-home health care, or contractors to repair homes. Membership services may be provided by other members, volunteers within the community, or be paid through VRC dues or by individual members themselves.

Where VRCs differ is the physical model of the “community.” In some VRCs, members may live near each other but in a mixed-age community, yet they share services and a common supportive environment. On the other hand, some VRC members live in neighborhoods specifically built for elders within the VRC. Regardless, VRCs are a very clever way to have your cake and eat it, too!

## Some questions to explore if you decide to age at home as part of a VRC:

- Would you enjoy the benefits of having access to qualified contractors and a group of like-minded people as part of your community?
- Would you prefer to stay in your home in a mixed community and be part of a VRC, or would you prefer to be part of a VRC where older adults live in a common neighborhood populated exclusively by elders?
- Are you able to drive, and, if not, does your VRC offer any type of transportation?
- Are the VRC dues affordable, and how much have the fees varied over the past five years?
- Do you see this as a long-term solution, or do you think you would need to move again? Is that OK?
- If there isn't a VRC community nearby, would you enjoy starting a new one?
- Curious?

**Village to Village Network:** The “how-tos” of setting up a virtual community; <http://www.vtvnetwork.org/>

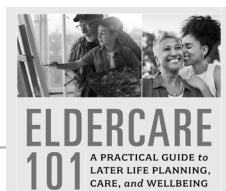


# SELECTING IN-HOME CUSTODIAL CARE PROVIDERS

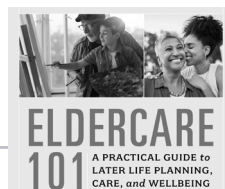
(From the original Eldercare 101)

**Note:** This checklist is intended to help you find help with nonmedical or custodial needs.

- Assess your elder's needs. Create a written list of activities with which she needs help (e.g., cooking, cleaning, grocery shopping, driving to doctors' appointments, paying bills).
- Consider whether your elder wants to contract directly with a person or whether she wants to hire the in-home care provider through an agency. Inviting an individual into the home rather than going through an agency to hire the provider can put your elder at risk for theft and abuse. Most agencies do thorough background checks, and the agency can be held responsible for abuse, theft, and the like.
- Check with friends and relatives and ask for referrals for individuals as well as agencies. Do background checks no matter how much you trust the referral.
- Check out various websites such as <https://www.care.com>. You can find these by searching online "caregiver [plus city and state]" Craigslist.org, Senior Pages, Senior Centers, and Area Agents on Aging are all great local resources to consider.
- If choosing an agency, ask if the organization conducts background checks. It's surprising that many states do not have laws requiring agencies to perform a background check on their employees.
- If using an agency, find out if the agency will allow interviews of a few candidates and then request the person who best fits with your elder's personality and will meet her needs. Having several choices is best, because your elder needs to feel absolutely comfortable with the caregiver.
- If the agency-provided caregiver is a good fit and this seems like a long-term fit, an option is to "buy out" the contract and employ the caregiver directly. Check out the contract in advance and understand all options.
- When contracting privately with an individual, your elder will be considered an "employer" and will be responsible for provider payroll taxes and insurance, in case of injury. This may be covered under your elder's homeowner's insurance policy, so you will definitely want to check with her insurance provider. Also, check out "HomePay" on <https://www.care.com> for online support in caregiver payroll management and tax filing.
- When contracting someone as an "employer," talk with an Elder Law Attorney in advance to understand any legal ramifications.



- When hiring an individual directly, request a resume and several professional references. You or your elder should check all references! If possible, also run a background check. Check out this link for information on paid services for employer background checks: [http://www.top10bestbackgroundcheck.com/?kw=background%20checking&c=45528255028&t=search&p=&m=p&adpos=1t2&dev=c&devmod=&mobval=0&ts=c&a=467&gclid=CILk5Z\\_M88ECFZNhfGodkDoAaw](http://www.top10bestbackgroundcheck.com/?kw=background%20checking&c=45528255028&t=search&p=&m=p&adpos=1t2&dev=c&devmod=&mobval=0&ts=c&a=467&gclid=CILk5Z_M88ECFZNhfGodkDoAaw).
- Ask to see the applicant's current business license. Conduct online searches to see if any negative reviews or complaints show up.
- Whether using an agency or hiring directly, determine, based on your elder's needs, if you should consider hiring more than one provider. Some in-home care providers specialize in some types of care and others will provide a variety of care services.
- Based on what they will specifically do for your elder, discuss the hours and cost with the service providers. Is their pay set according to number of hours? If so, what is the hourly rate? Are there a minimum number of hours per visit, week, or month? Many caregivers charge more for less than twenty hours a week or if you use them "on call."
- Can you or your elder call them as needed or do the caregivers need to adhere to a specific schedule?
- What happens if a care provider is sick or doesn't show up?
- What happens on weekends, nights, or holidays? Do the fees change? If so, what are the specific costs?
- Are they able and willing to provide transportation? Some won't be insured and can't transport your elder.
- Is your elder willing to let the care providers drive her car to transport her to and from appointments, to go grocery shopping, and so on? If so, check into having the care providers insured on your elder's car.
- If the care providers are willing to transport your elder or run her errands, will they charge an additional fee?
- Will they honor client confidentiality?
- Be comfortable explaining what your elder needs and wants—both to the provider agency and the individuals. For example, if you and your elder don't want the in-home care providers on social media or watching movies during their time with your elder, make that desire clear.
- Using an ALCM can make this process easier!

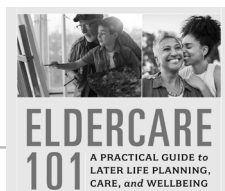


# TOP TEN TIPS FOR REDUCING HAZARDS AT HOME

(From the original Eldercare 101)

Falls are the leading cause of injury among older adults, and, sadly, six out of ten falls happen at home! Falls often can be the incident that forces an elder to leave her home and move to a more supportive environment. That said, many things can be done to create a home that is as free from hazards as possible. Here are some tips about how to create a safe home.

1. Remove all throw and area rugs. This is the most common and inexpensive fix! Carpeting should be low pile with firm pads and a smooth, slip-resistant surface.
2. If using or anticipating using a walker or wheelchair, ideally hallways and doorways should be thirty-two to thirty-six inches wide for easy passage.
3. Install handrails on both sides of all stairways.
4. A one-story home is ideal, but for houses with multilevel, consider a motorized stairlift. Check out Acorn <http://www.acornstairlifts.com> and Bruno <http://www.bruno.com/stairlifts-home.html>, the best-known manufacturers of stairlifts. Note: Permits are required for even residential installation of stairlifts; usually the installer takes care of the permits but be sure to ask.
5. The ideal height for a toilet is two and a half inches higher than standard toilets. Look for toilets advertised as “comfort height” toilets.
6. Install a fold-down seat in the shower and have a long, flexible hose on the showerhead.
7. Provide adequate lighting in the bathroom and shower. The new SMART devices, like Nest Protect fire alarms have motion night lights built in. Check out their website at <https://nest.com/smoke-co-alarm/life-with-nest-protect>.
8. Ensure that the tub, shower, and bathroom floors have nonslip surfaces. In fact, pay attention to floor slip ratings for every surface in the home including patios and decks.
9. Install grab bars that will support 250–300 lbs. in the shower, near the bathtub, by the toilet, in hallways, and near handrails.
10. Install handrails along any ramps. Also, ramps shouldn't be too steep. Recommendation: No greater than one-inch rise for each twelve inches in length.



# POTENTIAL IN-HOME HELPERS

Name: \_\_\_\_\_ Notes

Website: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

Appt. Date      /      /      Time      \_\_\_\_\_

Rating: 1      2      3      4      5      \_\_\_\_\_

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Name: \_\_\_\_\_ Notes:

Website: \_\_\_\_\_

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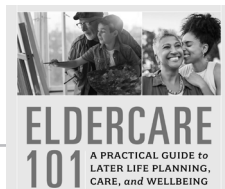
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Rating: 1      2      3      4      5      \_\_\_\_\_

\$ \_\_\_\_\_



# POTENTIAL ADULT FOSTER CARE HOMES

Home Name: \_\_\_\_\_ Notes/First Impressions

Website: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

Visit Date      /      /      Time      \_\_\_\_\_

Rating: 1      2      3      4      5      \_\_\_\_\_

\$ \_\_\_\_\_

Home Name: \_\_\_\_\_ Notes/First Impressions

Website: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

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Website: \_\_\_\_\_

Main Contact: \_\_\_\_\_

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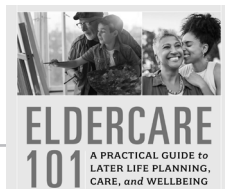
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# POTENTIAL CCRCs

Facility Name: \_\_\_\_\_ Notes/First Impressions

Website: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

Visit Date      /      /      Time      \_\_\_\_\_

Rating: 1      2      3      4      5      \_\_\_\_\_

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Facility Name: \_\_\_\_\_ Notes/First Impressions

Website: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

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Rating: 1      2      3      4      5      \_\_\_\_\_

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Website: \_\_\_\_\_

Main Contact: \_\_\_\_\_

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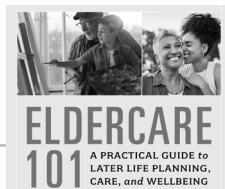
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Rating: 1      2      3      4      5      \_\_\_\_\_

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# POTENTIAL ASSISTED LIVING FACILITIES

Facility Name: \_\_\_\_\_ Notes/First Impressions

Website: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

Visit Date        /        /        Time        \_\_\_\_\_

Rating: 1        2        3        4        5        \_\_\_\_\_

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Facility Name: \_\_\_\_\_ Notes/First Impressions

Website: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Email: \_\_\_\_\_

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Referred by: \_\_\_\_\_

Visit Date        /        /        Time        \_\_\_\_\_

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Facility Name: \_\_\_\_\_ Notes/First Impressions

Website: \_\_\_\_\_

Main Contact: \_\_\_\_\_

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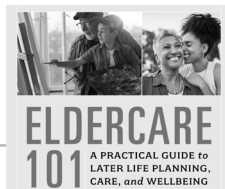
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Rating: 1        2        3        4        5        \_\_\_\_\_

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# POTENTIAL MEMORY CARE FACILITIES

Facility Name: \_\_\_\_\_ Notes/First Impressions

Website: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

Visit Date      /      /      Time      \_\_\_\_\_

Rating: 1      2      3      4      5      \_\_\_\_\_

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Facility Name: \_\_\_\_\_ Notes/First Impressions

Website: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

Visit Date      /      /      Time      \_\_\_\_\_

Rating: 1      2      3      4      5      \_\_\_\_\_

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Facility Name: \_\_\_\_\_ Notes/First Impressions

Website: \_\_\_\_\_

Main Contact: \_\_\_\_\_

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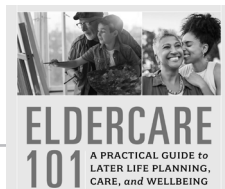
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Rating: 1      2      3      4      5      \_\_\_\_\_

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# MY PERSONAL CARE TEAM

## IN-HOME CAREGIVER

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

\$: \_\_\_\_\_

### Notes

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## HAIRDRESSER (IN-HOME)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

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### Notes

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## NAIL SERVICE

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

\$: \_\_\_\_\_

### Notes

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## FOOT CARE (IN-HOME)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

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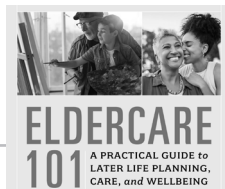
### Notes

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**GROCERY DELIVERY**

**MEALS ON WHEELS?**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Referred by: \_\_\_\_\_ Referred by: \_\_\_\_\_

\$. \_\_\_\_\_ \$. \_\_\_\_\_

**Notes**

**Notes**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER**

**OTHER**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

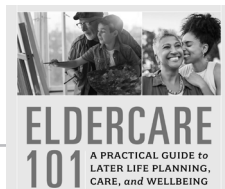
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**Notes**

**Notes**

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\_\_\_\_\_



# MY HOME TEAM

## HANDYMAN

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

Days/Times Available \_\_\_\_\_

\$.: \_\_\_\_\_

### Notes

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## GARDENER/LAWN SERVICE?

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

Days/Times Available \_\_\_\_\_

\$.: \_\_\_\_\_

### Notes

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## HOUSE CLEANING SERVICE

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

Days/Times Available \_\_\_\_\_

\$.: \_\_\_\_\_

### Notes

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## APPLIANCE REPAIR SERVICE?

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

Days/Times Available \_\_\_\_\_

\$.: \_\_\_\_\_

### Notes

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**ELECTRICIAN**

**ROOF REPAIR/GUTTER CLEANING?**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Referred by: \_\_\_\_\_ Referred by: \_\_\_\_\_

Days/Times Available \_\_\_\_\_ Days/Times Available \_\_\_\_\_

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**Notes**

**Notes**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLUMBER**

**WINDOW WASHER**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Referred by: \_\_\_\_\_ Referred by: \_\_\_\_\_

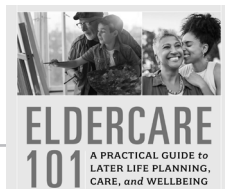
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**Notes**

**Notes**

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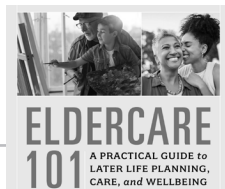
# SPIRITUAL PILLAR OF AGING WELLBEING

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*And while I stood there I saw more than I can tell, and I  
understood more than I saw;  
for I was seeing in a sacred manner the shapes of things in the  
spirit, and the shape of all shapes  
as they must live together like one being.*

—Black Elk in Black Elk Speaks

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# AFTER-LIFE CONSIDERATIONS FOR LGBT ELDERS

Whether we are willing to admit it or not, society is still not open and welcoming to our LGBT brothers and sisters. This can make end-of-life decisions and celebrations “sticky,” to say the least. One way to ensure that you are honored and remembered in the way you would like to be is to be forthright here and now regarding to what extent and in what manner you want your sexual orientation to be disclosed and discussed. Filling out this form and sharing it with loved ones and those who may handle your after-death details can help.

**I identify my sexual orientation as:** [  ] Gay [  ] Lesbian [  ] Transgender Other \_\_\_\_\_

**I was open about my sexual orientation with:** [  ] Everyone [  ] Only close friends  
[  ] No one Other \_\_\_\_\_

I [  ] DO [  ] DO NOT . . . have a partner

**If yes, I refer to my partner as:** [  ] Life Companion [  ] Partner [  ] Husband/Wife  
Other \_\_\_\_\_

**If yes, how long have you been together?** \_\_\_\_\_

**Did you have a commitment ceremony or marriage?** [  ] Yes [  ] No

**Do you want your partner referenced in your obituary?** [  ] Yes [  ] No

**Do you want your partner to be involved in your celebration of life and disposition plans?**  
[  ] Yes [  ] No

**If yes, has your family been informed?** [  ] Yes [  ] No

**Do you have any other requests regarding the disclosure and discussion of your sexual orientation after your death?**

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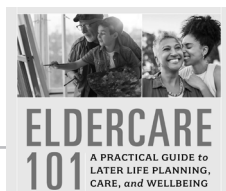
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# BODY AND ORGAN DONATION: LOVE AND LOGISTICS

(From the original Eldercare 101)

Most of us assume that death will occur after a decline that takes place over time, usually from a debilitating disease such as cancer or heart disease—or just advanced age, for that matter. Given that assumption, we don't think much about organ or body donation. There are age limits on these kinds of donations, and, for the most part, we assume that we won't be eligible, that our bodies will be pretty much “used up” by that time. Not necessarily.

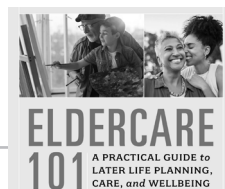
First, even if we're past the age for some kinds of donations, we can still donate some body parts for research. Second, most of us have no idea how or when we will die. People of a certain age die without prior notice every day, the only evidence of a fatal illness or condition being sudden death. And, of course, accidents can occur at any time to anyone. So, it's never too late or too early to consider one's feelings about donating part or all of our body, to whom and under what conditions.

Many people have donated a kidney to someone who needed it and who matched the receiver's biological makeup. Given that the liver is the one internal organ that can regrow itself (albeit in limited ways), a portion of a liver can be taken from one person and transplanted into another. Following death, virtually all the major organs can be transplanted, assuming a healthy organ and a suitable recipient. And, of course, medical schools are almost always seeking whole body donations for education and research.

The great majority of religious traditions either offer no definitive teaching or encourage donating part or all of our body following death—and sometimes during life. Each of us will have to examine our own values and to discuss them with our families and/or spiritual advisors; most importantly, the time to have these discussions is before any crisis occurs. Sitting with families following the death of a loved one, I have observed the anguish of the survivors as they attempted to discern the will of the deceased and to process their own issues. The stress of this time is often compounded exponentially by the uncertainties left behind most of which can be eliminated by talking with one another and communicating your desires in writing, using an advance directive, and appointing a Health Care Power of Attorney who can speak on your behalf.

## Resource for Information on Organ and Body Donation

*<http://organdonor.gov>: Comprehensive site sponsored by the federal government with links to each of the fifty states*



# AFTER-LIFE DECISION GUIDE

## WHAT? What do you want your survivors to do with your earthly remains?

- Earth burial. Where? (See below.) \_\_\_\_\_

[  ] In a coffin. If a coffin, do you have one picked out and/or purchased?

If so, from where? \_\_\_\_\_

\_\_\_\_\_

If not, do you have a preference for the type of coffin, and, if yes, what would you like?

\_\_\_\_\_

\_\_\_\_\_

[  ] Directly into the ground (“natural” burial). Where? \_\_\_\_\_

- Burial at sea.
- Cremation with burial. Burial where? \_\_\_\_\_

If burial, do you have a vessel picked out and/or purchased?

If so, from where? \_\_\_\_\_

\_\_\_\_\_

If not, do you have a preference for the type of vessel, and, if yes, what would you like?

\_\_\_\_\_

- Cremation with scattering. Scattering where? \_\_\_\_\_

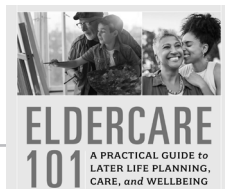
If you already own a burial plot, note here the following:

Cemetery/Mausoleum \_\_\_\_\_ Phone number \_\_\_\_\_

Location/plot number \_\_\_\_\_ Location of your contract \_\_\_\_\_

Whether you choose burial or cremation, be aware of what happens if you die away from home. How does your body get from the funeral home or crematorium? How much will the transportation cost? If you have made arrangements to be cremated in your home town and die abroad, your body will have to be transported in a coffin to your home town unless you purchase particular “packages” and insurance. For details on this dilemma, contact your local crematorium.

Also, for information on legal and ethical considerations on scattering ashes, visit this web site: <http://www.cremationsolutions.com/Scattering-Ashes-Laws-Regulations-c108.html>. The site provides an overview of state and federal regulations regarding the scattering of cremated remains.



**WHO? Who's going to do this work?**

Do you need the services of a funeral director? [            ] Yes    [            ] No If yes, has your family been served well in the past by some- one or a particular company that you would choose to coordinate your burial? If yes, who is it?

**Funeral home name** \_\_\_\_\_

Person to contact \_\_\_\_\_ Phone number \_\_\_\_\_

Are you seeking a direct cremation? [            ] Yes    [            ] No

If yes, do you know the crematorium you would like your survivors to contact upon your death? If yes, who is it?

**Crematorium name** \_\_\_\_\_

Person to contact \_\_\_\_\_ Phone number \_\_\_\_\_

When choosing your funeral home or crematorium, is price a consideration? Charges can vary widely. Remember, after-death care is a service for which we pay, just as we pay our other bills. Seeking the best overall price, service and quality does not dishonor your loved one, nor does it necessarily reflect your love for the person.

Do you need the services of a religious leader? [            ] Yes    [            ] No

If yes, who would you like your survivors to contact?

Religious leader \_\_\_\_\_

Worship community \_\_\_\_\_ Phone number \_\_\_\_\_

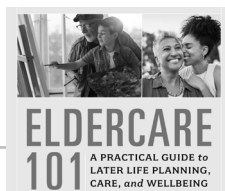
**WHEN?**

Do you want to be buried or have your ashes spread/buried within a certain time frame? If so, when? Are you a member of a religious community that specifies time limitations on cremation or burial?

[            ] Yes    [            ] No

**What type(s) of celebration(s) of life do you envision?**

\_\_\_\_\_ Traditional funeral \_\_\_\_\_ Celebration of Life \_\_\_\_\_ Wake \_\_\_\_\_ Vigil \_\_\_\_\_ Viewing



**WHERE?**

**If you would like to have a funeral or memorial service, where would you like it to be held?**

Are you looking for a funeral home that has a nice chapel or room for an event? [ ] Yes [ ] No

If yes, note here any requests or suggestions of places to contact:

Or are you a member of a worship community or other organization that can or will hold your funeral or memorial service? [ ]

Yes [ ] No If yes, what is it?

**Worship community** \_\_\_\_\_

Person to contact \_\_\_\_\_ Phone number \_\_\_\_\_

**DETAILS**

Is it important to you that your body be present at your memorial service? [ ] Yes [ ] No

If yes, would you like to have a flag ceremony as part of your memorial service? [ ] Yes [ ] No

What sacred rituals would you like to commemorate your passing—and who will do them? For example: sitting shiva, burning a candle for seven days, having a church choir sing, releasing doves or balloons, having pallbearers carry the casket (who would you like to be asked?), having a group say the rosary, being wrapped in a quilt shroud, etc.

What music, if any, do you want played and how? (e.g., organ, flute, harp, etc.)

Are there particular prayers, readings, poems, etc., you would like to have read and by whom? Who would you like to attend or to be notified?

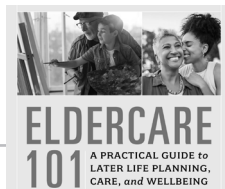
If you have a religious service, is there a traditional format you want followed or would you prefer only certain elements be included?

If friends and family want to honor you with memorial contributions, what are your wishes? Do you want flowers? Masses said in your memory? Do you have special charities you would encourage them to contribute to? If yes, what are they?

Are there cultural/heritage traditions you want to include in the memorial service?

Did you serve in the military? [ ] Yes [ ] No If yes, which branch? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# PLANNING A CELEBRATION OF LIFE

Some people want their families and friends to experience a joyful celebration of life with good food and drink, stories being shared, maybe even dancing. Would you like this type of reception?     [            ] Yes     [            ] No

If yes, when should it take place? Immediately after your funeral or memorial service? At a later date? At the convenience of your family and friends?

Do you have a place in mind for this reception (Favorite restaurant? Church hall? Temple lobby? Ballroom? etc.)

[            ] Yes     [            ] No If yes, note here your request or suggestion of a place to contact:

**Place** \_\_\_\_\_ **Phone number** \_\_\_\_\_

**Who** would you like to attend?

---

Is there any **particular food** you want at your event? If so, what kind? Do any foods have special meaning to you? Share your story.

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What **special elements** should be incorporated into your celebration of life party? For example: Do you have favorite colors? Do you want certain treasures or photos displayed? Do you want a guest book, prayer cards, and/or memorial cards? Do you want time set aside for people to speak? Do you want special music played? Do you want your family and friends to play games and dance? Do you want stories or poems read? If so, by whom?

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Is there someone you would like to have as the “**master of ceremonies**” for the reception? If yes, who?

\_\_\_\_\_ **Phone** \_\_\_\_\_

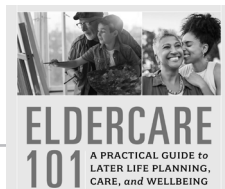
Do you want to record a **video of you sharing your life legacy** or create a slide presentation with music and captions to share your life? Or, do you want someone to do this for you?

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Do you have **pets**? How should they be included?

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Now take a few moments and close your eyes. Imagine this special celebration of You. Walk through the event in your mind and notice who is there and what it sounds like. Are there special smells? Does it look the way you have planned? Consider all the elements, and then see how that feels to you. Does it achieve what want? Is it simple enough? Is it loud enough? Does it convey your sacred wish? Does it honor your legacy? Now go back through your plan and make any changes you considered.



# WRITING YOUR OWN OBITUARY

As noted earlier, one important element in a leave-taking ritual is a remembrance and celebration of the deceased person's life within the context of his ultimate commitments. This guideline applies to a person's obituary as well. A good obituary is much more than a list of dates and activities: It's a retrospective of a life with a thematic center. As such, it requires some reflection.

Your elder might be interested in writing his or her own obituary. If that's the case, have him ponder these guidelines:

- As you think about what you've done in your life, take some time to think about why. For example, if you enjoyed fishing, you might want to reflect on what about it appealed to you. Was it the opportunity to be out in nature, or was it perhaps an activity you could share with your family?

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- What motivated you to persevere when your work or some other important part of your life became difficult?

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- As you reflect on your life, what accomplishment has given you the greatest satisfaction and why?

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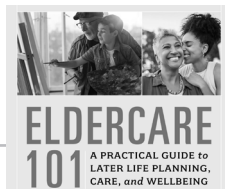
- No matter how much space is allotted for an obituary, try to give your reader a sense of what gave your life meaning.

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# ABOUT SPIRITUAL DIRECTION

(From the original Eldercare 101)

Director, Interfaith Spiritual Direction Certificate Program The Chaplaincy Institute

<http://www.chaplaincyinstitute.org>

A lot of people who want spiritual direction do not know that such a ministry even exists. And when they find it, they often find that it does not provide easy answers as they had hoped. Instead, it focuses us on the difficult questions our lives present to us and helps us to make careful and soulful discernments, supported by a sympathetic companion.

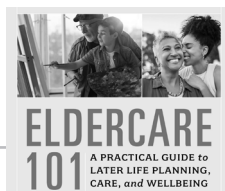
“Spiritual direction” is a misleading description of this ministry, and yet, due to history, that is the name that most people recognize. In actuality, spiritual guides typically do not do much “directing”—particularly those using a nondirective interfaith approach. We don’t tell people what to think, or what to believe, or how they are supposed to feel, or what to do in any specific circumstance.

This is good practice. What most people need is not another person—who is allegedly an “expert”—to tell them what to think or do or how to behave. A true spiritual director is good at helping people uncover that “deep down” wisdom.

If you have never been to spiritual direction, upon first glance it resembles psychotherapy. Two people sit in a room in chairs that face each other and talk for about an hour. But this is where the similarities to therapy end. In therapy you might discuss your emotional life, or perhaps why you hate your mother. In contrast, the content of the spiritual direction session is usually quite specifically focused on the seeker’s spiritual life.

In spiritual direction, you might still talk about why you hate your mother, but your spiritual guide will most likely patiently wait for you to finish, and then ask you how holding on to those feelings affects your feelings of connection to the Divine. If you picture Divinity as Mother Earth, you can see how this could be very significant, indeed.

Interfaith spiritual direction is non dogmatic and noncoercive. This doesn’t mean that interfaith spiritual directors are pushovers, though. People often have a difficult time with things their spiritual director has to say. This is because we in the West have typically been told that if you do A, B, and C, in the right order and without asking any inconvenient questions, your spiritual life will be dandy.



This is, of course, not the case. The spiritual journey is the most difficult thing many of us will ever endeavor to do. It means that the person we thought we were may have to die so that the person we really are can show up. It means that we may have to let go of cherished notions that no longer serve us, and that can be as difficult as prying Linus's blanket out of his fingers. And we usually don't have to do these things once, but over and over. It's excruciating, it's exhausting, and there is no road map to show us exactly how to get from here to there, and no instruction manual to tell us the "right" way to do it.

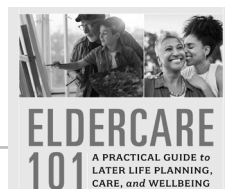
Fortunately, we don't have to do it alone. That's where spiritual direction comes in. A spiritual director will walk with you on your spiritual journey, listen as you uncover your true purpose, and support you as you discover your true path. He will point out things that you may not be able to see because they are too close to your field of vision. But you don't have to take the word of your spiritual director. You are always the expert on your spiritual life.

You also can trust your spiritual director to be truthful. A good spiritual director will not tell you only those things you want to hear. When he hears something that feels "off," he is going to bring attention to this and invite further discernment. This is good direction, and a wise person will value the director's opinion, even if he does not share it.

For many of us, spiritual direction is an essential part of our journeys. Just as you wouldn't set off across the desert alone, it helps to have a soul friend along for the journey—because when your canteen is empty, it's a good bet that your director's is not.

Spiritual directors do not have all the answers, and the good ones don't pretend to. But we do have a warm, hospitable space to offer, a cup of tea to share, and our full attention to give. It is not certainty we offer, but presence. No one needs to walk the spiritual path alone.

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# THE LABYRINTH PRACTICE AS A TOOL FOR AGING WELLBEING

By Mary Jo Saavedra

Certified Labyrinth Facilitator Adapted with permission from Veriditas <http://www.veriditas.org>

## Labyrinth History and Meaning

The labyrinth, an ancient pattern found in many cultures throughout the world, is a path of prayer. People throughout history have recognized and experienced its power as a walking meditation, a crucible of change, a watering hole for the spirit, and a mirror of the soul. In essence, the practice of labyrinth walking provides an opportunity for self-discovery, innovation, and celebration as the experience integrates the body with the mind and the mind with the Spirit.

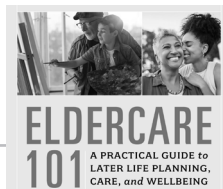
Labyrinth designs have been found on pottery, tablets, and tiles dating as far back as 5,000 years. Patterns abound; many are based on spirals and circles mirrored in nature. In Native American tradition, the labyrinth is identical to the Medicine Wheel and Man in the Maze. The Celts described the labyrinth as the Never Ending Circle. It is also known as the Kabbalah in mystical Judaism. The one feature all labyrinth designs have in common is they have one path that begins from the outer edge and winds circuitously to the center. Currently being used worldwide as a way to quiet the mind and recover balance in life, labyrinths are open to all people as a non-denominational, cross-cultural blueprint for wellbeing where psyche meets spirit. They can be found in medical centers, parks, churches, schools, prisons, memorial parks, spas, cathedrals, and retreat centers as well as people's backyards.

## How to Walk a Labyrinth

Some people come to walk a labyrinth with questions; others come just to slow down and take time out from a busy life. Some come to find strength to take a next step. Many come during times of grief and loss. Whatever the reason for showing up, a good way to begin is by sitting quietly to reflect before walking the labyrinth. Then, once grounded, take the first step.

Generally, there are three stages to a labyrinth walk: (1) Releasing on the way in, (2) receiving in the center, and (3) returning to the beginning (by taking the same path out of the labyrinth). There are no tricks to the process and no dead ends. Unlike a maze where you can lose your way, the labyrinth is a spiritual tool that can help you find your way. Symbolically, and sometimes actually, you take back out into the world that which you have received.

As there are no tricks to the process, no right way or wrong way to walk a labyrinth exists. As a caregiver, use the labyrinth any way that supports what you need (while being respectful of others walking). For example, you may go directly to the center and sit quietly or take a long time to make your way in and out. In walking with an elder, you may walk together, he may use a walker, or you may even push him in a wheelchair when the construction of the labyrinth permits.



## Benefits of the Meditation Process

What labyrinth walkers find is that the Sacred is revealed through the simple rhythm of putting one foot in front of the other, turning left and then turning right, going in and coming out.

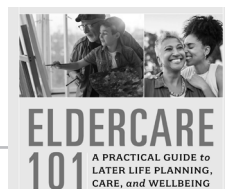
The experience transcends the limits of still meditation as both sides of the brain are activated, allowing for a holistic experience that reduces stress, quiets the mind, grounds the body, and opens the heart. In fact, several medical studies are underway to identify the impacts of labyrinth walking on dementia, brain health, and wellbeing.

*Based on the circle, the universal symbol for unity and wholeness, the labyrinth enlivens the intuitive part of our nature and stirs within the human heart the longing for connectedness and the remembrance of our purpose for living. The path winds throughout and becomes a mirror for where we are in our lives; it can touch our sorrows and release our joys.*

—Sr. Mary Jo Chaves of the Franciscan Spiritual Center in Milwaukie, Oregon

## Finding a Labyrinth in Your Area

On the Veriditas.org website, you can access a comprehensive Labyrinth Locator tool at <http://labyrinthlocator.com/home>. Once you input your area code, city, or country, the Locator will provide a list of public and private labyrinths in your area. It is also a wonderful tool to use when you travel, so you do not miss special experiences with labyrinths throughout the United States and abroad.



# SOCIAL PILLAR OF AGING WELLBEING

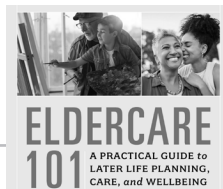
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*Humankind has not woven the web of life. We are but one thread  
within it. Whatever we do to the web, we do to ourselves.*

*All things are bound together. All things connect.*

—Chief Seattle, 1854

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# MY VILLAGE

## FRIEND

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## FRIEND

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## NEIGHBOR

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## NEIGHBOR

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## PLACE OF WORSHIP

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## LIBRARY

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## SENIOR CENTER

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## BOOK CLUB COORDINATOR

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## CARD CLUB COORDINATOR

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## ART CENTER

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## NATURE ORGANIZATION

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

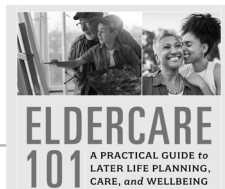
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## LOCAL GYM

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



**PARKS AND REC COMMUNITY CENTER**

**OTHER:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

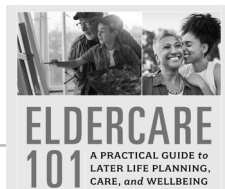
**OTHER:**

**OTHER:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_



# THE SOCIALIZATION DECISION FRAMEWORK

By Stephanie Peters

To bring the rather lofty, and dare I say hard to attain, concept of “happiness” into a user-friendly, practical strategy, I created a framework from which a decision-maker, or supporting decision-maker, can operate. The framework helps ensure quality, happiness, and respect are front and center. If you can check the box next to all three of the framework questions, you can be comfortably confident that you are making a decision that aligns with the elder’s goals to bring them as much socialization and happiness as possible.

- Question 1: Does it align with the elder’s current GOALS?
- Question 2: Does it bring HAPPINESS to the elder?
- Question 3: Is it in the elder’s best interest given their total holistic situation?

Situation or Decision: \_\_\_\_\_

Language to be mindful of: \_\_\_\_\_

Solution Proposed: \_\_\_\_\_

- Question 1: Does it align with the elder’s current GOALS?

Supporting Argument: \_\_\_\_\_

Things to Consider: \_\_\_\_\_

What the elder has to say about it: \_\_\_\_\_

- Question 2: Does it bring HAPPINESS to the elder?

Supporting Argument: \_\_\_\_\_

Things to Consider: \_\_\_\_\_

What the elder has to say about it: \_\_\_\_\_

- Question 3: Is it in the elder’s best interest given their total holistic situation?

Supporting Argument: \_\_\_\_\_

Things to Consider: \_\_\_\_\_

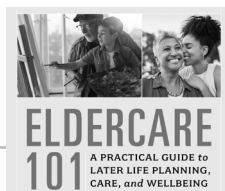
What the elder has to say about it: \_\_\_\_\_

Are all three boxes checked: \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, where are the roadblocks? \_\_\_\_\_

Brainstorm possible new solutions: \_\_\_\_\_

New solution that checks all 3 boxes: \_\_\_\_\_



# FIVE WAYS OF BEING TOGETHER WITH YOUR ELDER

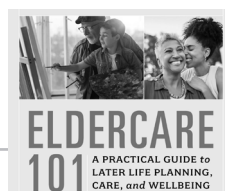
**1. Table Talk: The Beauty of Eating Meals Together.** Spending time around the family table has been proven to stave off teenage delinquency, increase an adolescent's sense of self-identity, and improve SAT scores. But the benefits of “table talk” are not limited to one generation! Eating together as a family creates a sense of purpose and belonging that can nurture everyone—including elders. Studies show, even in the most dysfunctional families, the benefit of eating dinner around the table has profound and lasting, positive effects on every member. For example, when grandparents are at the table, they share gifts of wisdom and teach their families how to age, how to live, and how to love.

Well-known geriatrician Dr. Bill Thomas has taken this research and used it to advance family-style meals in retirement communities and nursing homes. In fact, he uses the “table” as the centerpiece to his Green House living environments to fight depression, boredom, and loneliness in elders. See the Eden Alternative at <http://www.EdenAlt.org> for more information on an Eden Alternative community in your area.

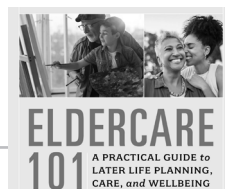
**2. Memory Gardens.** Do some research to find out if a memory garden exists in your area. If your elder lives at home or in a facility, consider building a memory garden with him. This is a place of beauty where Dad can touch and feel the plants and flowers; where he can plant and play; where can simply sit and be with the smells, sounds, colors, and sensations feeding his senses—and his soul.

**3. Music Therapy.** With dementia, music memories are often the very last to be affected by degenerative disease. An exciting new discovery has been made using iPods with elders suffering with dementias. Using music therapy, some people “come back to life,” after even years of silence. Visit <http://musicandmemory.org/> for more information. The doctors behind this work have been featured in an inspirational documentary called, *Alive Inside*. Be prepared to be inspired as you watch the trailer available at <http://www.aliveinside.us/#trailer>.

**4. Art Therapy.** A longstanding tradition of mixing art and psychotherapy enables elders to create and explore their inner landscape without words. Art therapy professionals offer programs that can provide a new meaning and richness specifically for elders living with dementia—and their loved ones. Find an art therapist in your area at <http://arttherapy.org>. Also, the Alzheimer's Association has auctions around the country called *Memories in Art* that feature works of art created by people with Alzheimer's disease. See <http://www.alz.org>.



5. **Storytelling.** Elders have a need to tell their stories. Doing so is a way to process and make sense of their lives as they see their lives transitioning. For individuals with dementia, the long-term memory center of their brain is often one of the last parts of the brain to be affected. Telling their stories is a valuable way to pass on wisdom and family genealogy to the next generation. Who knows what you will discover? There are many emerging ways to capture your elder’s stories and history with photos, videos, writing, and guided interviews. Stories can be recorded through traditional methods or in podcasts; old photos and films can be recreated through digital transfer. For a professional feel, you can hire a personal historian to help your elder tell his life story: <http://www.personalhistorians.org>. For more on creating life stories, search the Internet for terms such as “creating life story,” “legacy,” “genealogy,” and “elder life stories.” Also check out commercial support for creating legacy books and videos at companies such as <http://www.timelines-inc.com>.





# POTENTIAL ADULT DAY CARE PROGRAMS

Program Name: \_\_\_\_\_ Notes

Website: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

Appt. Date     /     /     Time     \_\_\_\_\_

Rating: 1     2     3     4     5     \_\_\_\_\_

\$ \_\_\_\_\_

Program Name: \_\_\_\_\_ Notes

Website: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

Appt. Date     /     /     Time     \_\_\_\_\_

Rating: 1     2     3     4     5     \_\_\_\_\_

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Program Name: \_\_\_\_\_ Notes

Website: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Email: \_\_\_\_\_

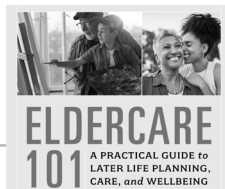
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Rating: 1     2     3     4     5     \_\_\_\_\_

\$ \_\_\_\_\_



# MY POSSIBLE RIDES

## TAXI SERVICE

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Referred by: \_\_\_\_\_

Times Available \_\_\_\_\_

\$.: \_\_\_\_\_

### Notes

\_\_\_\_\_  
\_\_\_\_\_

## PRIVATE DRIVER

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Referred by: \_\_\_\_\_

Times Available \_\_\_\_\_

\$.: \_\_\_\_\_

### Notes

\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL FACILITY SHUTTLE SERVICE

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Referred by: \_\_\_\_\_

Times Available \_\_\_\_\_

\$.: \_\_\_\_\_

### Notes

\_\_\_\_\_  
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## PLACE OF WORSHIP VOLUNTEER

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

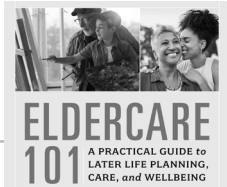
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Times Available \_\_\_\_\_

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### Notes

\_\_\_\_\_  
\_\_\_\_\_



**COMMUNITY SENIOR SHUTTLE**

**LOCAL MASS TRANSIT OPTION**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_ Website: \_\_\_\_\_

Referred by: \_\_\_\_\_ Referred by: \_\_\_\_\_

Times Available \_\_\_\_\_ Times Available \_\_\_\_\_

\$.: \_\_\_\_\_ \$.: \_\_\_\_\_

**Notes**

**Notes**

\_\_\_\_\_  
\_\_\_\_\_

**UBER.COM/OTHER CAR SERVICE IN YOUR AREA**

**“TOWN CAR” SERVICE**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_ Website: \_\_\_\_\_

Referred by: \_\_\_\_\_ Referred by: \_\_\_\_\_

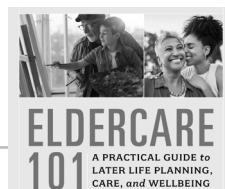
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**Notes**

**Notes**

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# THE SOCIALIZATION DECISION FRAMEWORK

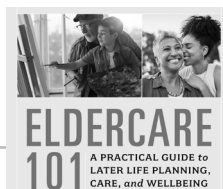
(From the original Eldercare 101)

Frequently, many elders believe their relatives and friends are too quick to suggest they give up their license. In reality, the relatives and friends can objectively judge their loved one's driving skills. Here are a few questions to have your elder ask himself as a way to reflect upon whether he should still be driving. Instructions: Mark "Yes" or "No" next to each question. Tally each column when you have completed all of the questions. If there are more "Yes" answers than "No" answers, (or even if there are just a few "Yes" answers), further evaluation should be done for the elder. Suggest that your elder participate in a more rigorous self-rating (see the AAA link under "Be Sure! Be Safe! Resources") or take a driver safety course; check out the AARP website link to find one in his neighborhood. After reviewing the below questions with your elder, ask: What do you honestly think? Should you turn over your keys or not? If they are still hesitant, enlist the assessment of an Occupational Therapist in your area who specializes in Driving assessments for older individuals.

Note: A Responsible Party can answer for an elder using this assessment, and it's always best practice to have the elder respond for themselves as well.

- When you are frustrated or anxious, does it affect your driving? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Have you experienced situations where your reaction time slowed to the point where you put yourself or others in danger? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Do you misjudge distances between cars and rate of speed so that you might be a danger when merging into traffic? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Do you take medications that affect your driving? (If you aren't sure, talk with your doctor and pharmacist and follow up every time a medication is changed.) \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Have you dozed off at a stop sign or light? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Have your family and friends expressed concern about your driving? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Have you been pulled over, received tickets, or had minor or major accidents over the past few years? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Do you struggle to remember how to get to locations you have frequented in the past or even get lost? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Does your vision impact your ability to read road signs, road markings, and traffic signals? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - When driving, do you ever find you have forgotten where you are going? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Do you struggle more with nighttime driving? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Do you struggle with freeway driving? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Do you struggle driving in new, unfamiliar places? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Total \_\_\_\_\_ Yes \_\_\_\_\_ No

Is further evaluation required: \_\_\_\_\_ Yes \_\_\_\_\_ No



# EMERGENCY PREPAREDNESS CHECKLIST FOR SENIORS

(From the original Eldercare 101)

People of all ages should prepare for emergencies. Unfortunately, most of us don't take the necessary steps to create a plan and have the necessary supplies on hand. With climate change creating extreme weather events and fires, many senior facilities and homes have had evacuations, leaving families and care managers scrambling for safe transport and lodging. We have also learned through the catastrophic facility failures during the pandemic, that you have to take the initiative to ask about emergency plans, and then create your own. Here's a quick checklist to help you prepare for an earthquake, fire, hurricane, or other natural disaster. Also check out the links provided in this section for more detailed checklists of what to include in an emergency kit for yourself and elders in care homes.

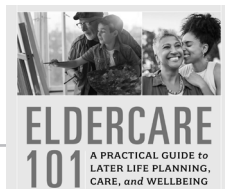
- **Create emergency kits.** Include the basics for first aid but also food and water supplies, blankets, flashlights and spare batteries, emergency hand-crank radio, candles, matches, paper, and pens. For a full list, see the link provided for the American Red Cross. The kits should be equipped for sheltering two weeks in place.
- **Have a spare battery or emergency portable charger for your cell phone.** These are small and fit in your purse or pocket.
- **Have a plan for where you will go for safety** in the event of each different type of disaster: hurricane, tornado, earthquake, fire, and flood.
- **Know all evacuation routes** in case your main road isn't accessible.
- **Have portable fire ladders** or "quick escape ladders" in every upstairs bedroom.
- **Share emergency plans** with others so they will know where and how to reach you.
- **Know where the water valve to your house is located.** If you are unable to turn it off, perhaps a neighbor can help, but you should know where to find the shut-off valve.
- **Similarly, know where your electrical power panel** is so that you can throw breakers in the event of a blackout.
- **Consider buying a generator** for backup power.

## EMERGENCY RESOURCES

**Questions to Ask of a Long-term Nursing Home:** <https://www.agingcare.com/articles/long-term-facility-disaster-preparedness-questions-147877.htm>

**American Red Cross:** Offers checklists of what goes in emergency kits, sells preassembled emergency kits, and offers emergency preparedness and first aid classes; <http://www.redcross.org/prepare/location/home-family/get-kit>

**Center for Disease Control (CDC):** Lists different types of emergencies and tips for preparing and safety; <http://www.bt.cdc.gov/disasters/index.asp>



**Emergency Preparedness:** <http://www.ready.gov/>

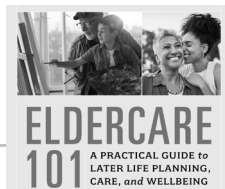
**Federal Emergency Management Agency (FEMA):** Features information on all types of emergencies and provides tips and booklets you can download; <https://www.fema.gov/what-mitigation/plan-prepare>

**Specifically on Fire Prevention and Safety**

After age sixty-five, people are twice as likely as the general population to be killed or injured in a fire. Making sure your elders have working fire detectors and fire extinguishers would be wise. Plus, here are some additional resources with ideas about fire prevention and safety:

**Federal Emergency Management Agency (FEMA):** Download free materials to train for fire safety; [http://www.usfa.fema.gov/prevention/outreach/older\\_adults.html](http://www.usfa.fema.gov/prevention/outreach/older_adults.html)

**National Fire Protection Association:** Fire safety tips for seniors; <http://www.nfpa.org/safety-information/for-consumers/populations/older-adults>



# IDENTIFYING AND REPORTING SCAMS

(From the original Eldercare 101)

Everyone is at risk from scamming—on the Internet, by phone, through the mail, at your front door, on the bus, in the store. But elders are at a higher risk. Studies note that there are some common traits among elders that make them targets for scammers:

- Elders often don't pick up on warning signs such as a “smile on the face that doesn't extend to the eyes.”
- They often are biased against negativity.
- They may live with day-to-day loneliness that leads to a willingness to listen to sales pitches.
- They have a natural desire to help.

Scammers are often very charming and caring and appear concerned for the elder's wellbeing. If visiting in person, a scammer may offer to fix something at no cost, or bring in the mail or a newspaper to gain the elder's trust. An elder may be suffering memory loss or dementia and, therefore, are unable to see through the scam. The elder may simply want to be helpful to another person. And elders may respond to scams because they are concerned about finances: If offered an “amazing deal to double his investment savings,” an elder feeling financially insecure may jump at the opportunity. Sad but true, the scam may come from other family members or friends, so the elder may not suspect fraud.

The following resources also offer the inside story on scams and how to avoid them.

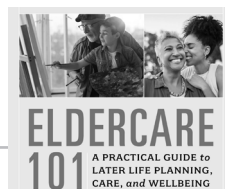
**AARP Quiz on scams:** <https://consumer.ftc.gov/articles/how-avoid-scam>

**Federal Trade Commission; Consumer Advice:** <http://www.aarp.org/money/scams-fraud/>

**Consumer Reports:** <https://www.consumerreports.org/scams-fraud/how-to-protect-yourself-from-common-scams/>

**AARP Top 14 Scams:** <https://www.aarp.org/money/scams-fraud/info-2023/top-scammer-tactics-2023.html>

**USA.gov Where to report scams:** <https://www.usa.gov/where-report-scams>



# MY MOVE MAVENS

## SENIOR MOVE MANAGER

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Referred by: \_\_\_\_\_

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## DONATION FACILITY

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Referred by: \_\_\_\_\_

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## LOCAL U-HAUL

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Referred by: \_\_\_\_\_

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## HELP FOR HIRE

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Referred by: \_\_\_\_\_

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**ESTATE SALE SERVICE**

**APPRAISER**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ Website: \_\_\_\_\_

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**MY VERY BEST FRIEND**

**MY VERY STRONG GRANDCHILD**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ Website: \_\_\_\_\_

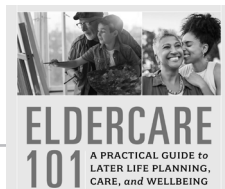
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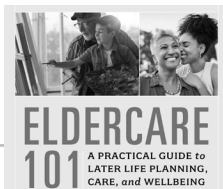
# MEDICAL PILLAR OF AGING WELLBEING

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*Make a habit of two things: to help; or at least to do no harm.*

—Hippocrates

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# MEDICAL AGING LIFE CARE TEAM

Primary Care Provider Name: \_\_\_\_\_

Group practice/company name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Website: \_\_\_\_\_

Email address (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Receptionist's name (if applicable): \_\_\_\_\_

Medical assistant name (if applicable): \_\_\_\_\_

"Back-office" phone number: \_\_\_\_\_

Business office contact's name (if applicable): \_\_\_\_\_

Business office phone number (if different): \_\_\_\_\_

## DENTIST

## EYE DOCTOR

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

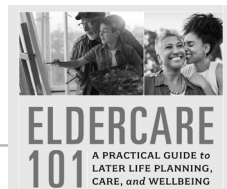
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Covered by insurance: [ ] Yes [ ] No Covered by insurance: [ ] Yes [ ] No

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**FOOT DOCTOR**

**HEART DOCTOR**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Covered by insurance: [ ] Yes [ ] No Covered by insurance: [ ] Yes [ ] No

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**EAR/NOSE & THROAT DOCTOR**

**NEUROLOGIST**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

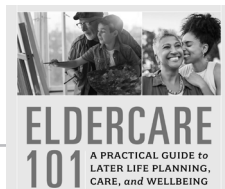
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**OTHER**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Covered by insurance:    [        ] Yes    [        ] No

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**OTHER**

Name: \_\_\_\_\_

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Address: \_\_\_\_\_

Covered by insurance:    [        ] Yes    [        ] No

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**OTHER**

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Email: \_\_\_\_\_

Address: \_\_\_\_\_

Covered by insurance:    [        ] Yes    [        ] No

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**OTHER**

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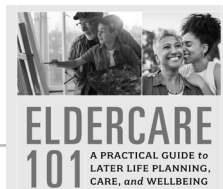
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# CHOOSING THE RIGHT PCP

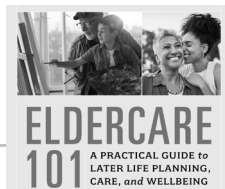
(From the original Eldercare 101)

Having a geriatrician overseeing your elder's health care is ideal, but there currently is a shortage of geriatricians in the United States. Good family practitioners, internists, osteopaths, naturopaths, nurse practitioners, and physician's assistants can quite ably care for an elder.

If the current PCP is working well for your elder, great. If it's time to find someone new, make that happen. A good relationship with a PCP can be instrumental in preventing fear, frustration, disappointment, and anger during this stage of life that can be fraught with medical issues. The last thing anyone needs is not to trust and be able to count on the healthcare team "captain"!

When evaluating your elder's PCP or choosing a new one, consider the following points:

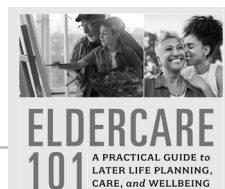
- **Your elder's expectation of the relationship:** Some people value long-term relationships and specifically look for a PCP who plans to maintain her practice for her entire career in the same area. Others value the ability to have immediate care—no matter who the doctor, nurse practitioner, or physician's assistant is—and prefer to be seen in retail clinics.
- **Service:** Consider how office staff members respond to your elder's calls, how they greet her while at the clinic, how responsive they are to urgent requests, and how they follow up on medical problems and agreements to assist your elder with ongoing care or referrals.
- **Communication:** Look for a PCP who discusses health and medical concerns in a way that meets your elder's needs. Does your elder prefer someone who gets directly to the point, someone who communicates as if you were a dear family member, or someone in the middle of the road?
- **Accessibility:** Can your elder reach her PCP directly or does she have to talk to the office staff first? Does it matter either way? Does the PCP offer direct e-mail contact, allowing you to reach her as concerns and questions arise? Do you have a choice of virtual visits for small events? Are medical records accessible online through a secure medical records system?



- **His or her treatment approach:** Approaching the treatment of medical issues can take many forms. Some PCPs prefer to take a more conservative approach and recommend the treatment with the least impact to your life versus an aggressive approach with more impact. Keep in mind, the treatment with least impact can require considerably more effort on your part. PCPs also can vary in their focus: Some focus on treating medical issues, whereas others focus on wellness and prevention.
- **Team player:** Does your elder's PCP refer her to others who might offer different treatment approaches or a wellness plan?
- **Partner in health:** Does your elder believe her PCP strives to create a partnership with her and your family when it comes to making healthcare treatment decisions?

### **Plan a First-Time Visit with the New PCP**

Before deciding on a new PCP, plan to meet and interview the PCP to determine if he is a good fit. Some PCPs will not charge for that first-time interview. Others might charge a "visit fee." You may prefer to have a virtual interview. Double check this in advance so your elder is not surprised if she gets a bill. Prepare a set of questions important to you and use these to compare the different PCPs you interview.



# MEDICAL SPECIALISTS

(From the original Eldercare 101)

Medical specialists are doctors who have completed advanced education and clinical training in a specific area of medicine. In addition to geriatricians and hospitalists (who can serve as PCPs), other examples of medical specialists (and their specialty areas) include:

**Allergist (Immunologist):** Immune system

**Cardiologist:** Heart

**Dermatologist:** Skin

**Endocrinologist:** Endocrine glands (regulate hormones)

**Gastroenterologist:** Digestive system

**Geriatric psychiatrist (also known as geropsychiatrist or geripsychiatrist):** Subspecialist of psychiatry who deals with the study, prevention, and treatment of mental disorders in elders.

**Hospice and Palliative Medicine Specialist:** Prevents and relieves suffering of patients who have a serious illness or who have only a short time left to live.

**Infectious Disease Specialist:** Complex or chronic infections

**Nephrologist:** Kidney and urinary system

**Neurologist:** Brain (such as dementia and Alzheimer's disease), spinal cord, and nervous system diseases or injuries.

**Oncologist:** Cancer

**Orthopedist:** Bones

**Ophthalmologist:** Eyes

**Pain Management Specialist:** Specializes in treatment of people who have chronic pain, such as back pain or nerve pain from diabetes. Medical doctors from many different specialties such as anesthesiology, neurology, or psychiatry might further specialize in pain management.

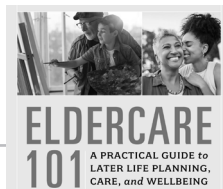
**Pathologist:** Examines tissue and blood samples to diagnose disease

**Physiatrist:** Specializes in helping people regain function after surgery, stroke, or injury

**Podiatrist:** Feet, ankles, and lower legs

**Psychiatrist:** Mental health problems such as depression

**Pulmonologist:** Lungs





**Radiation Oncologist:** Uses radiation therapy to treat people with cancer

**Radiologist:** Does imaging tests such as X-rays, ultrasounds, and MRIs; may also supervise people who perform tests such as barium enemas or CT scans

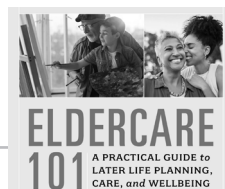
**Rheumatologist:** Joints

**Sleep Disorders Specialist:** Specializes in the diagnosis and surgical and nonsurgical treatment of sleep disorders such as sleep apnea and snoring.

**Surgeon:** Evaluates people who have potential surgical problems and performs surgical operations and techniques; many subspecialties in surgery including chest (thoracic) surgery; blood vessel (vascular) surgery; mouth or jaw (oral/maxillofacial) surgery; and bone, muscle, and joint (orthopedic) surgery. Surgeons may further specialize by limiting their practice to specific age groups.

**Urologist:** Urinary system in men and women and disorders of the male reproductive system

**Insurance Tip:** Many medical insurance companies require a referral from a primary care provider before they will pay for the services of specialists.



# IMPORTANCE OF A PODIATRIST FOR YOUR OVER ALL HEALTH

(From the original Eldercare 101)

One specialist we listed in the last section who has an important but often overlooked role is the podiatrist, a doctor specializing in the foot, ankle, and lower leg. The reason the importance of the podiatrist is often overlooked is because feet are generally overlooked—until they become a problem! With routine care, some of the problems might be avoided. Also, some individuals with chronic illnesses such as diabetes are at higher risk for infections, skin breakdown, and other disease. For them, regular foot care is extremely important—like brushing teeth twice daily.

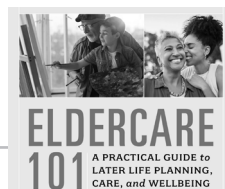
Some typical podiatry services include:

- A visual inspection of the feet, toenails, and skin up to mid-leg
- Treatment of and removal of dead skin pertaining to corns and callouses
- Cutting, clipping, trimming, or debriding toenails
- Recommendations for preventive maintenance care such as cleaning and soaking the feet and using skin creams to maintain skin tone
- Prescribing and fitting orthotics, insoles, casts, and custom-made shoes
- Ordering and performing physical therapy

Podiatrists usually have independent practices. If your elder is unable to leave home for podiatry services, you will want to find alternatives to visiting the podiatrist's office. Depending on where your elder lives, some podiatrists are now making home visits. Otherwise, home health nurses also can provide foot care. All registered, licensed practical, and licensed vocational nurses can legally care for feet and cut toenails under their scope of care.

Just as with any healthcare service, charges will vary depending on where your elder lives. Whereas some podiatry services for certain diseases are covered by most medical insurances, including Medicare and Medicaid, the reimbursement seems to be slow when it comes to home podiatry services. Because of this slow insurance processing for podiatry, it isn't unusual for healthcare professionals providing home podiatry and nail care services to ask for and receive reimbursement when services are rendered and then for the professional to reimburse the elder later, once the insurance company has paid her.

To find a podiatrist for your elder, start by asking his PCP for a referral.



# THERAPISTS

(From the original Eldercare 101)

In addition to specialists who are doctors of medicine, other healthcare professionals are highly trained and certified to provide evaluative and hands-on therapies that help patients to improve their health and wellbeing. Most likely, the elder in your life will be referred by her physician to one or more of these specialists at some point during her aging process. It pays to know your elder's options.

**Acupuncturist:** Trained and certified individual who practices the originally Chinese wellness modality of inserting fine needles through the skin at specific points to cure disease or relieve pain. Acupuncturists also offer acupressure, which is applying pressure to the specific points of the body without inserting needles.

**Art Therapist:** Therapist who works to improve overall physical, emotional, and spiritual health through art and all its modalities (e.g., drawing, painting, or sculpture).

**Audiologist:** Person trained to evaluate hearing loss and related disorders including balance (vestibular) disorders and tinnitus (ringing in the ears) and to rehabilitate individuals with hearing loss and related disorders.

**Breathwork Specialist:** An umbrella term for various New Age practices in which the conscious control of breathing is meant to influence mental, emotional, and physical state—sometimes to claimed therapeutic effect.

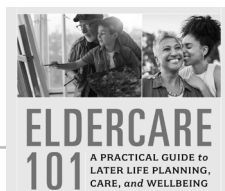
**Dietician:** Trained and certified professional who advises people on what to eat in order to lead a healthy lifestyle or to achieve a specific health-related goal.

**Feldenkrais Method Practitioner:** This movement discipline aims to reduce pain or limitations in movement, to improve physical function, and to promote general wellbeing by increasing students' awareness of themselves and by expanding students' movement repertoire.

**Horticultural Therapist:** Therapist who works to improve overall physical, emotional, and spiritual health through the modalities of gardening, pruning, growing plants, flower arranging, and designing gardens.

**Music Therapist:** Therapist who works to improve overall physical, emotional, and spiritual health through the modality of music.

**Occupational Therapist (OT):** Highly trained professional who works with people to enhance their ability to engage in everyday activities. The OT does this by teaching new techniques to do everyday activities, providing equipment that facilitates independence, and recommending environmental (or home) modifications that support independence. Like PTs, OTs work in a variety of settings such as hospitals, nursing homes, private practices, outpatient clinics, and home health agencies.



**Physical Therapist (PT):** Highly educated, state-licensed healthcare professional who can help patients reduce pain and improve or restore mobility through exercises, manipulation, massage, and other modalities—in many cases without expensive surgery and often reducing the need for long-term use of prescription medications and their side effects. In addition, the PT works with individuals to prevent the loss of mobility before it occurs by developing fitness- and wellness-oriented programs for healthier and more active lifestyles. PTs work in a variety of settings as noted for OTs.

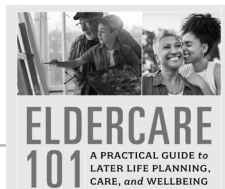
**Speech-Language Pathologist (SLP) (also known as a Speech Therapist):** Highly trained professional who identifies, assesses, and provides remediation for speech and communication disorders. The SLP's approach varies depending on the disorder and may include physical exercises to strengthen the muscles used in speech (oral-motor work), speech drills to improve clarity, or sound production practice to improve articulation.

**Note:** Most insurance companies will pay for the services of OTs, PTs, SLPs, and audiologists with a doctor's referral, but that is not the case with some of the other healthcare professionals. You need to read the fine print of your elder's insurance plan to verify coverage.

#### *Resources for Finding Healthcare Providers*

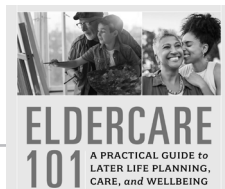
If your elder is new to an area or looking for a referral for healthcare providers, consider asking the following individuals or associations. Remember, however, despite someone else's opinion, your elder is often the best judge of who is the best fit for her.

- **Your parent's current (or past) PCP** (if available)
- **Family, friends, and neighbors**
- **Other specialists your elder already sees and trusts** (dentist, optometrist, ophthalmologist, pharmacist, etc.)
- **Local medical and/or disease specific associations** (search online for American Diabetes Association [plus state]," American Cancer Society [plus state]," "Parkinson's Association [plus state]," etc.)
- **Local professional organizations** (search online for "American Medical Association [plus state]," "Aging Life Care Managers Association [plus state]," "Nurse Practitioners [plus state]," or "Physician's Assistants [plus state]")
- **Local area hospital or insurance groups** will have referral lines, although they are only able to share identifiable information (e.g., demographics, background and training, and specialty areas).
- **Insurance companies and/or Medigap programs** also have "find a healthcare practitioner" tools on their websites.
- **Local ALCMs** working in your community



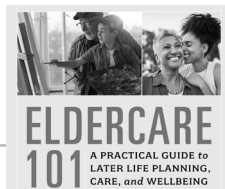
# DAILY EXERCISE LOG

	ACTIVITY	TIME	DISTANCE	MENTAL EXERCISE	TIME
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					



# POTENTIAL HEALTHCARE PROVIDERS

Name: _____	<b>Notes</b>
Phone: _____	_____
Referred by: _____	_____
Covered by insurance?: [      ]Yes [      ]No	_____
Appt. Date      /      /      Time	_____
Rating: 1      2      3      4      5	_____
Name: _____	<b>Notes</b>
Phone: _____	_____
Referred by: _____	_____
Covered by insurance?: [      ]Yes [      ]No	_____
Appt. Date      /      /      Time	_____
Rating: 1      2      3      4      5	_____
Name: _____	<b>Notes</b>
Phone: _____	_____
Referred by: _____	_____
Covered by insurance?: [      ]Yes [      ]No	_____
Appt. Date      /      /      Time	_____
Rating: 1      2      3      4      5	_____
Name: _____	<b>Notes</b>
Phone: _____	_____
Referred by: _____	_____
Covered by insurance?: [      ]Yes [      ]No	_____
Appt. Date      /      /      Time	_____
Rating: 1      2      3      4      5	_____



# CAN I TRUST THE INTERNET FOR HEALTH INFORMATION?

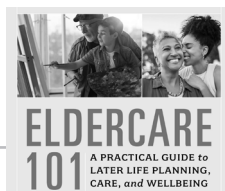
(From the original Eldercare 101)

Not all Internet sites are created equal! Here are five questions to ask yourself before you trust the health information you find online:

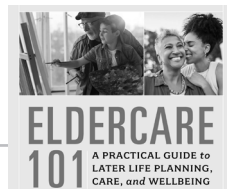
1. **Who runs this site?** For example, is the site run by a national organization versus an individual who has the medical condition you are exploring.
2. **Who is paying for this site?** Is the site advertising? If so, what is being sold? Does the information seem to favor particular products and services?
3. **Is the site run and written by experts?** Click on the “About Us” tab to see if experts are listed for the medical condition you are researching. Beware of sites offering personal “medical” opinion versus information stated by experts and supported by research.
4. **Is the site asking for my elder’s personal information?** If so, be sure you know the site’s privacy policy so you know how your elder’s personal information will be shared.
5. **Is the site reviewed annually, at a minimum?** Does it contain up-to-date information?

## *Some Reputable Online Medical Resources*

6. **American College of Physicians (ACP):** [https://www.acponline.org/patients\\_families/products/health\\_tips/](https://www.acponline.org/patients_families/products/health_tips/); ACP has an easy-to-understand tool called “HEALTH TIPS.” This tool allows you to click on a particular disease or diagnosis and download and print out a free information sheet on the topic (in English or Spanish). The sheet also includes questions to ask during a PCP appointment, along with space to write the answers.
7. **Consumerlabs.org:** <http://consumerlabs.org> offers independent review of supplements and foods.
8. **Healthfinder.gov:** <http://www.healthfinder.gov> is managed by the U.S. Department of Health and Human Services; features a variety of health topics and general information.
9. **Health in Aging:** <http://HealthinAging.org>; Created by the American Geriatrics Society’s Health in Aging Foundation by trusted professionals in the field of geriatrics. Provides consumers and caregivers with up-to-date information on health and aging.
10. **Medline Plus:** <http://www.nlm.nih.gov/medlineplus/>; A good one-stop shop for basic health information provided by the U.S. National Library of Medicine and National Institutes of Health. The site includes a medical encyclopedia to look up tricky words, information on hundreds of prescriptions by brand name, and links to doctors, hospitals, and medical libraries across the country.



11. **National Health Information Center:** <http://www.health.gov/nhic>; this website, part of the National Institutes for Health system, lists more than 1,400 organizations and government offices that can provide free health information upon request. Actually, for a quick online rundown on a condition, this might be the best place to start searching. This site allows you to search for information on a condition by its location in the body, by the disease name, or by health issues.
12. **WebMD:** <http://www.webmd.com>; a reliable standby in the online medical universe. The site offers much of the same general information as the government sites mentioned previously, but its style is extremely user-friendly and created with the general consumer in mind.





# PREPARE FOR HEALTHCARE APPOINTMENTS

(From the original Eldercare 101)

When we visit a doctor, we usually have three overall goals:

1. To communicate current needs and symptoms
2. to understand the diagnosis
3. to discuss the treatment options

That's a lot to cover in the fifteen to twenty minutes that doctors usually schedule for appointments, whether in-person or virtual.

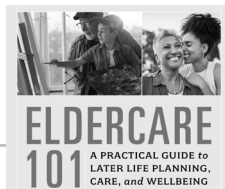
This means we need to be as prepared as possible for the appointment and get all our questions asked and answered—leaving with a mutually agreeable treatment plan. Certainly, some appointments are urgent and can't be prepared for in advance, but, if we prepare for those appointments, we will be considerably more pleased with the outcome of medical office visits.

Here are a few suggestions of how your elder can prepare for a medical appointment:

1. **Write down her symptoms and anticipate the questions the doctor might ask.** She can use a smartphone to track symptoms, either by recording comments each day through audiotaping or by writing notes on a calendar.
2. **Research the symptoms.** By doing prior research, your elder will better understand the possible causes of her symptoms and what the treatment options may be. Also, once she has a few ideas what might be occurring, she will be more prepared to discuss concerns with the medical provider and to understand the treatment recommendations.

A number of options exist for where to do the research. One can start with the Internet and look for reputable online resources. (See our “Can I Trust the Internet for My Health Information?” page at the end of this section.) If you and your elder do not have access to the Internet nor know how to use a computer as an information resource, check out these places:

- **Nearest public library.** Ask to speak with a reference librarian. Reference librarians are trained to help find specific information.
- **Nearby hospital or healthcare system.** These institutions often have medical libraries, many of which are staffed with medical reference librarians who can help research specific symptoms, questions, and concerns.
- **Nearby local associations specific to the medical concerns.** These organizations are staffed with professionals trained to provide information and resources with a focus on their specific disease (e.g., American Diabetes Association, American Cancer Association, and Parkinson's Association).



**3. Write down three to five specific questions for the doctor. Sample questions include:**

- How will this diagnosis or illness affect my day-to-day life?
- Why do you recommend this test and are there any risks associated with it?
- Are other treatments available? If so, when will we discuss those options?
- How will this medicine help me and how soon can I expect it to work?
- What are the possible side effects of this medication or treatment?
- Where can I get more information and support for my illness?
- How soon should I see you again so we can review test results and discuss my progress or options in greater detail?

**4. Plan ahead to bring along a trusted advisor.** This can be a family member, friend, or hired ALCM. The role of this advocate is essential in health care. When anyone is stressed, sometimes only 25 percent of what is being asked or said is heard and understood.

### ON THE DAY OF A HEALTHCARE APPOINTMENT

**Bring:**

- Insurance cards
- Picture ID
- Symptom tracker form (or other written notes about symptoms)
- List of questions
- List of medications (both prescribed and over the counter)
- Diagnosis list
- Water and snacks (delays happen)
- Prepared “just-in-case” kit (including the likes of extra underwear, incontinence briefs, phone charger, towelettes, hand sanitizer, light blanket, small flashlight, etc.)

### For Virtual:

- Have a thermometer, blood pressure cup, and scale. Record these numbers right before your appointment. Your doctor may request you check while on the video call as well if any issues with these numbers.
- Ask for permission to record the session or have them send you a after visit summary through your patient portal so you have a record of status and directions.
- Sign on 10-15 minutes early, or as directed by your doctor's office.
- Follow the same guidelines as an in-person visit for questions.

**Call the provider's office thirty to sixty minutes before arriving** to ensure the office is running on time. If not, you might consider waiting longer before leaving for the appointment. Some older adults do not have the attention span to wait and will begin to behave in ways that will detract from the reason for the appointment. Others might become too tired for the appointment.

**Leave plenty of time (in fact, extra) to get to the appointment.** If you're the caregiver, this includes arriving at your elder's home prepared she might not be ready (e.g., dressed, know where the keys are to lock up the home, and have gas in the tank if you need to take her car).

**Keep in mind the goals for the particular office visit.** Some possible examples are:

- Discuss new symptoms and get medical provider to diagnose and treat.
- Discuss recent changes and get support.
- Discuss urgent medical issues or concerns.
- Clarify next steps, possible referrals, and where to go next for the best medical care or treatment.

**Tip:** Remind your elder to keep focused on the goals and don't let herself get off track.

**Ask questions any time something doesn't make sense.**

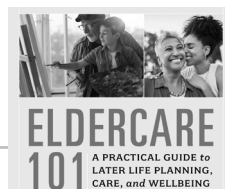
For example, you might not understand a word or terminology describing a medical test, medication or procedure, or a possible treatment option.

**Be open and honest with the provider, even if the discussion feels uncomfortable.** Without honesty, the medical provider ultimately can't help.

**Be sure to ask the questions you came with.** For example, are there other ways to treat this problem that don't involve all these medications? Or, to whom do we talk about the treatment and medication costs?

**Request written materials about the diagnosis or follow-up treatment.** These materials can be helpful to review at home.

**Request a copy of the "after-visit note."** These notes detail what was said in the visit, recommendations made, and any new medications and treatments.





# MY MEDICATIONS

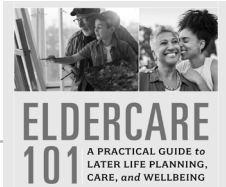
Name \_\_\_\_\_ DOB \_\_\_\_\_ Date Filled in \_\_\_\_\_

Allergies \_\_\_\_\_

Conditions \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Insurance ID#: \_\_\_\_\_

<b>MEDICINE</b> <small>(BOTH PRESCRIBED AND OVER THE COUNTER)</small>	<b>STRENGTH</b>	<b>WHEN DO YOU TAKE IT?</b> <small>(HOW OFTEN &amp; WHAT TIME OF DAY?)</small>	<b>WHAT'S IT LOOK LIKE?</b>	<b>WHAT'S IT FOR?</b>
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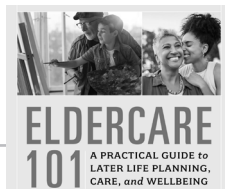
# HOW TO DISPOSE OF OLD UNWANTED MEDS

(From the original Eldercare 101)

Medications are important for a variety of medical and health reasons. When a medication is no longer ordered or needed, has been discontinued, or has expired, what happens to those unused pills or liquid? They must be disposed of properly to avoid being possibly ingested by anyone other than the person for whom the medicine was prescribed; even a single dose of some medicines can be lethal. Also, improperly disposing of drugs can be harmful to the environment and pets.

Because of the importance of properly disposing unwanted and expired meds, the U.S. Department of Justice's Drug Enforcement Administration offers city and county "take-back" programs. Contact your city or county government's household trash and recycling service to see if there is a medicine take-back program in your community and learn about any special rules regarding which medicines can be taken back. You also can talk to your pharmacist to see if she knows of other medicine disposal programs in your area, or visit the U.S. Drug Enforcement Administration's website for information on National Prescription Drug Take-Back Events at [http://www.deadiversion.usdoj.gov/drug\\_disposal/takeback/](http://www.deadiversion.usdoj.gov/drug_disposal/takeback/).

Interestingly, some especially harmful medicines should be flushed down the sink or toilet if the medicine is no longer needed—to absolutely ensure that they will not be accidentally ingested by children, pets, or anybody else. Note that disposal by flushing is **not** recommended for the vast majority of medicines. For information on drugs that should be flushed, visit the FDA website at <http://www.fda.gov/downloads/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/UCM337803.pdf>



You may also discuss with your pharmacist for local options for disposal.

If you and your elder live in a location that is inconvenient for participating in drug take-back programs, then consider disposing of medications at home. To do so:

- Place the unwanted medication in a plastic bag that can be securely sealed or in a disposable container with a lid (such as a margarine tub). For liquid medications, mix the liquid with an absorbent substance such as flour or kitty litter to help discourage misuse or unintentional use.
- Mix the drug with an inert material such as used coffee grounds or kitty litter.
- Add a liquid such as soda, water, or an over-the-counter liquid medication no longer needed (such as an antacid medication).
- Seal the disposable container or plastic bag and throw in your household trash.
- Conceal with duct tape, cross out with black permanent marker, or scratch off any personal information, including the Rx number, on the empty medicine containers before throwing them into the trash.

# KEEPING UP WITH CHECKUPS AND VACCINES

Staying on top of regular physicals, eye exams, dental checkups, and vaccines is also important to health maintenance and overall wellness. Use this form as an annual reminder of what to do when.

YEAR \_\_\_\_\_ YEAR \_\_\_\_\_

WHEN DUE

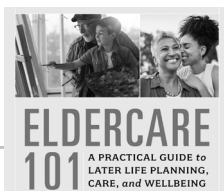
WHEN DONE

WHEN DUE

WHEN DONE

ANNUAL PHYSICAL				
ANNUAL EYE EXAM				
6-MONTH DENTAL CHECK-UP/ CLEANING (OR MORE FREQUENTLY, DEPENDING UPON NEED)				
3-MONTH ROUTINE NAIL CARE AND/OR PODIATRY VISIT				
FALL FLU SHOT*				
TD/TDAP VACCINE*				
ANNUAL PNEUMOCOCCAL VACCINE TO FIGHT PNEUMONIA*				
ONE-TIME SHINGLES VACCINE*				
COVID VACCINE/BOOSTERS				
DERMATOLOGIST				

\* Talk to your primary care provider to find out if these vaccines are right for you.



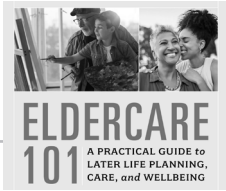


# DIAGNOSIS LIST

BODY SYSTEM	DIAGNOSIS	DATES OF ILLNESS/ EVENT	TREATMENT
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<b>CARDIOVASCULAR</b> (HEART AND CIRCULATION)			
<b>RESPIRATORY</b> (LUNGS AND BREATHING)			
<b>MUSCULOSKELETAL</b> (BONES AND BODY'S CONNECTIVE TISSUE)			
<b>GASTROINTESTINAL</b> (DIGESTION SYSTEM)			
<b>INTEGUMENT</b> (SKIN)			
<b>ENDOCRINE</b> (HORMONES)			
<b>MENTAL HEALTH</b>			
<b>SENSES</b> (EYES, EARS, NOSE)			

Feel free to copy this page for ongoing diagnosis tracking.



# CHECKLIST OF WHAT TO PACK FOR A HOSPITAL STAY

(From the original Eldercare 101)

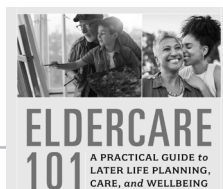
At some point, your elder may need to be hospitalized because of a fall, for a procedure, or in the event of a major health crisis. Whatever the reason, your elder doesn't need to bring much for the stay. In fact, she may want to have a bag packed, just in case, with the following items:

- Medication list
- Copies of POLST, advance directive, and HCPOA forms
- Robe and rubber-soled slippers (if she won't want to wear the rubber-soled socks the hospital usually gives to patients)
- Personal toiletries such as toothbrush, toothpaste, deodorant, razor, lip balm, and denture cream
- Watch, clock, and calendar

## CHECKLIST OF WHAT TO PACK FOR A HOSPITAL STAY

At some point, your elder may need to be hospitalized because of a fall, for a procedure, or in the event of a major health crisis. Whatever the reason, your elder doesn't need to bring much for the stay. In fact, she may want to have a bag packed, just in case, with the following items:

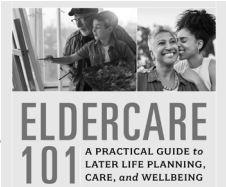
- |  |  |
|--|--|
| <input type="checkbox"/> Medication list   | <input type="checkbox"/> <b>Leave home: Jewelry, wallet, and anything else of value</b>  |
| <input type="checkbox"/> Copies of POLST, advance directive, and HCPOA forms   | <input type="checkbox"/> Books, magazines, or crossword puzzles  |
| <input type="checkbox"/> Robe and rubber-soled slippers (if she won't want to wear the rubber-soled socks the hospital usually gives to patients)  | <input type="checkbox"/> Small amount of cash (no more than \$20) for vendors  |
| <input type="checkbox"/> Personal toiletries such as toothbrush, toothpaste, deodorant, razor, lip balm, and denture cream   | <input type="checkbox"/> Snacks or protein nutritional supplements that aren't heat and time sensitive and can provide much-needed protein and calories when hospital cafeterias aren't open late at night |
| <input type="checkbox"/> Books, magazines, or crossword puzzles  | <input type="checkbox"/> Put in at the last minute: Eyeglasses, hearing aids, dentures, cane/walker, and cell phone and charger  |
| <input type="checkbox"/> Small amount of cash (no more than \$20) for vendors  | <input type="checkbox"/> Only include if there's a safe storage place in the hospital room: Cell phone, charger, iPad, Kindle, iPod, or other electronic device for entertainment                          |
| <input type="checkbox"/> Snacks or protein nutritional supplements that aren't heat and time sensitive and can provide much-needed protein and calories when hospital cafeterias aren't open late at night | <input type="checkbox"/> <b>Leave home: Jewelry, wallet, and anything else of value</b>  |
| <input type="checkbox"/> Put in at the last minute: Eyeglasses, hearing aids, dentures, cane/walker, and cell phone and charger  |  |
| <input type="checkbox"/> Only include if there's a safe storage place in the hospital room: iPad, Kindle, iPod, or other electronic device for entertainment   |  |



# RECORD OF MEDICAL VISITS

DATE	CHIEF COMPLAINT	DIAGNOSIS	TREATMENT	FOLLOW UP
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Feel free to copy this form for ongoing tracking of your symptoms.



# TRANSITION GURUS

## AGING LIFE CARE MANAGER

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Notes

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## INSURANCE CASE MANAGER

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Notes

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## DISCHARGE PLANNER

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Notes

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## FINANCE/BILLING ADVOCATE

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Notes

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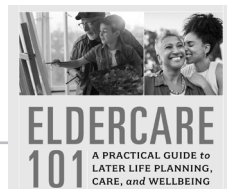
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**PCP NURSE**

**RESOURCE COORDINATOR**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Notes**

**Notes**

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**OTHER**

**OTHER**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

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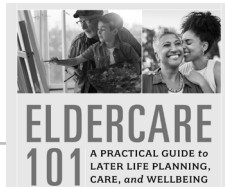
Email: \_\_\_\_\_

**Notes**

**Notes**

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# TIPS FROM THE DENTIST

By Dr. Ben Hellickson

## The Daily Routine of Oral Hygiene

**Use an electric toothbrush:** As aging patients lose manual dexterity and arthritis sets in, electric toothbrushes make regular brushing much easier. A few of the popular brands include Sonicare and Oral B. They can be expensive, but ask the dentist if she can offer them at a discount. Also, the replacement heads are expensive as well, but stores regularly offer coupons to make purchasing them less cost prohibitive.

**Stuck on a manual toothbrush?** Twinbrush is a duel-headed toothbrush which promotes the Bass Method of cleaning at the gumline and saves time. Search online for “Bass Method of teeth brushing” to view a number of YouTube videos demonstrating the technique.

**For patients who have a hard time holding a toothbrush:** Wrap tape or an elastic bandage around the handle. A sponge or rubber grip attached to the handle are other options for facilitating a better hold.

**Use oral rinses for dry mouth:** Biotene and Carifree, in particular, have a line of oral rinses and gels.

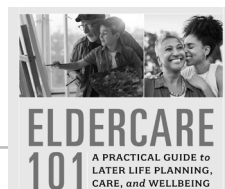
**Xylitol gum:** This gum increases saliva flow and neutralizes pH in the mouth.

**Picks, flossers, and tongue brushes:** Ask the dentist about the array of dental tools on the market designed to aid home oral care. She even may have samples for you!

## Before the Dentist Appointment

**Who to choose:** As “corporate” dentistry increases, elders should carefully consider their choice of dentist. Although great dental care can be had at a corporate dental office, corporate dental models tend to have a higher turnover rate and may not offer the consistency and familiarity for an elderly patient that a private or group practice can offer.

**Request an extended exam:** Dentists should be willing to take more time with elderly patients. When calling for an appointment, request an extended exam. Dentists and staff will appreciate the advance warning.

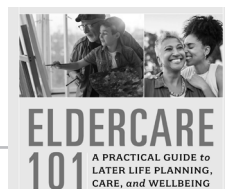


**Inform your dentist of the following:**

1. High blood pressure on the day of treatment
2. Use of bisphosphonates (medications to prevent the loss of bone mass or to treat osteoporosis and similar diseases)
3. Recent stroke (should delay more extensive treatment such as extractions for at least six months)
4. Acute infection (makes it difficult to anesthetize)
5. Use of anticoagulants (inform dentist of medication and, if appropriate, get a PT/INR). The prothrombin time (PT) and its derived measures of prothrombin ratio (PR) and international normalized ratio (INR) are measures of the extrinsic pathway of coagulation. This test is also called “ProTime INR” and “PT/INR.” Communication of a current PT/INR to staff, family, and doctors may lead to an adjustment of medications that could be life-saving.

**Final Tip:** WebMD has a great page on frequently asked questions for the elderly dental patient:

<http://www.webmd.com/oral-health/guide/senior-dental-care-faq>.



# UNDERSTANDING HOSPICE CARE

(From the original Eldercare 101)

Hospice is a philosophy of care focused on comfort—for the patient and her family—when the patient no longer has curative options or has chosen not to pursue treatment, perhaps because the side effects outweigh the benefits. This comprehensive program, administered through hospice agencies, addresses physical, emotional, and spiritual pain including such common end-of-life concerns as the sense of fear and loss, feeling like a burden, and worrying about the wellbeing of the family left behind. See our “Spiritual” section for more on hospice care and end-of-life approaches.

As noted, hospice care is all encompassing when it comes to end-of-life care and comprises a variety of services and supplies including but not limited to:

- Coordination and care by an interdisciplinary hospice team.
- Durable medical equipment, medications, oxygen, and supplies for pain relief and for treatments related to the life-limiting diagnosis.
- If symptoms are out of control, the hospice staff can authorize to have the elder transferred to a hospital, where care will be provided.
- If the caregivers are in need of rest and support, the hospice team can authorize to have the elder transferred to a nursing facility, where care will be provided.
- Grief and bereavement support for the family following the death of the loved one.
- Occasionally, alternative therapies, depending on authorization from the hospice team.

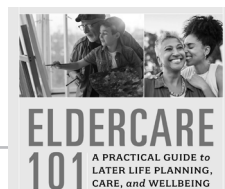
## Hospice Team Members

**Hospice Physician:** The hospice team “captain,” who makes the decision to “accept” someone as a hospice patient and oversees the care. Typically, patients only see the hospice physician once for a face-to-face visit.

**Hospice Nurse:** Focuses on pain and symptom management and acts as the hospice team “quarterback,” communicating with the hospice physician and other hospice team members.

**Hospice Aide:** Provides assistance with personal care such as showering and bathing, shampooing hair, and other light housekeeping as requested by the client or family. The hospice aide is under the supervision of the hospice nurse.

**Hospice Social Worker or Counselor:** Focuses on legal, financial, and social issues. She can assist the client and family with end-of-life planning and with communicating with emergency response systems.





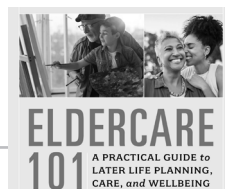
## Hospice Team Members

**Hospice Chaplain:** Focuses on spiritual or religious support and intervention and can offer prayer, guided meditation, and other comfort.

**Hospice Volunteer:** Has been trained for forty hours in how to care for someone who has a terminal illness. She typically visits once per week for four hours to allow the primary caregiver time to run errands or rest, if needed.

## What Hospice Team Members Do Not Do

Many families want to know what hospice will do at the very end of life if your elder is at home. Will someone from the hospice team stay as long as necessary to care for Mom or Dad in the final days and hours? Will a hospice team member stay up at night so other family members can rest? The answers are, “No.” Whereas hospice team members will visit during the day at scheduled times, they do not provide shift care in the home. The hospice nurse and social worker, however, can help you to find around-the-clock caregivers, if needed. Depending upon availability, however, someone from the hospice team is “on call” twenty-four/seven to come to the home in an emergency situation and offer support. An ALCM also can collaborate with and assist the hospice team in addressing end-of-life needs and concerns.



# HOSPICE AND MEDICAL INSURANCE

(From the original Eldercare 101)

To be eligible for hospice benefits through Medicare:

1. The PCP certifies that your elder has a terminal diagnosis and no more than six months left to live.
2. A hospice physician agrees to the PCP's prognosis.
3. Then Medicare or other insurance will cover hospice benefits (There are some exceptions. Check with your Medicare.gov account representative).

Hospice is different from other healthcare services in that hospice agencies charge one cost per patient day. That is, clients are not billed for individual services and visits, because all the services are grouped into one cost and billed a daily fee, which Medicare covers. Medicaid mimics Medicare in its reimbursement of hospice services, and most private insurances do as well. Just to be sure of the details, verify the specific hospice provisions of your elder's medical insurance. You also might check out Medicare's web page on hospice at: <http://www.medicare.gov/coverage/hospice-and-respite-care.html>.

Also, note that, generally, when someone is covered by insurance for hospice services, the insurance will not pay for:

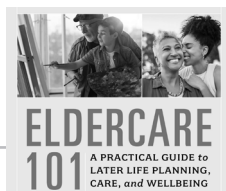
- Treatments, medications, equipment, and supplies for conditions unrelated to the life-limiting illness
- Care from physicians or other healthcare providers not arranged by hospice
- Room and board if the patient lives at home, in a nursing home, or in a hospice residential facility
- Emergency room visits, inpatient facility care, and ambulance transportation, unless arranged by the hospice team

## What Happens When a Patient Is Discharged from Hospice?

An important consideration is that hospice agencies occasionally discharge clients if a patient no longer fits the criteria of having six months or less to live or no longer has the life-limiting diagnosis that qualified her for the hospice services in the first place. If this happens to your elder, she has the right to appeal the decision. To learn how to do so, ask your hospice team or refer to the **National Association of Home Care and Hospice** at <http://www.nahc.org>. Also know that the insurance rules and regulations regarding someone being discharged from hospice and being able to come back under the program if she requalifies are very complex. Work with your elder's hospice team and insurance provider to understand all the ramifications.

*Another Good Resource on Hospice*

**National Hospice and Palliative Care Organization:** <http://www.nhpco.org/about/hospice-care>



# WHEN HOSPICE IS RECOMMENDED

(From the original Eldercare 101)

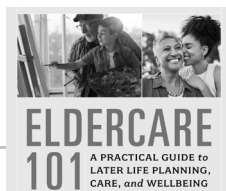
**PCP Referral:** The PCP sends a referral to the chosen hospice agency.

**Hospice Agency Review and Initial Processing:** The hospice agency reviews the referral. If the hospice physician agrees with the PCP's prognosis, the hospice team verifies insurance benefits, calls the family, and sets up an initial visit.

**Initial Visit—The Paperwork:** A hospice nurse will facilitate the initial visit. During this visit, the nurse will ask your elder or a family member to sign paperwork authorizing “acceptance of hospice services,” which will trigger the ability of the hospice agency to bill your elder's medical insurance; this agreement also triggers a discontinuation of the insurance company paying for any medical expenses other than what is authorized by the hospice team.

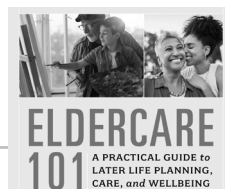
**Initial Visit—The Evaluation:** During the initial visit, the hospice nurse also will discuss the available hospice services and—based on her professional evaluation and the input of the patient and her family—identify the hospice team members who will be visiting the patient. In addition, she will determine and order the durable medical equipment, medications, and supplies that will be needed. Each person has different requirements as she reaches life's end. Some people need regular skin and wound care, some choose not to have the chaplain visit, some have enough support that they decline having a volunteer visit for caregiver respite, and others need or request every available hospice service.

**Hospice Team Member Visit Arrangements:** After the initial evaluation and once the paperwork is signed, start expecting a lot of phone calls. Within two weeks of the initial visit, each team member who was identified as necessary will attempt to call and set up a time to visit your elder. Most hospice team members organize their own schedules, so they will each call individually to arrange meeting times.



**Hospice Team Member Visits:** The first visit with each hospice service provider might take up to one-and-a-half to two hours, as she gets to know your elder, family members, and caregivers. Follow-up visits usually last approximately thirty to sixty minutes. The frequency of how often each hospice provider visits will depend on the services she provides. You can expect each to review her service plan during the first visit. If you have questions, ask. Also, know that some hospice team members will leave paperwork in the home outlining what they've done during a visit; others use computerized systems and leave synopsis reports at an agreed-upon interval. If all key family members can't be present during every hospice team member visit with your elder and depend upon written communication, discuss the "paperwork trail" with the providers and specify what you would like to see.

**Twenty-four/Seven Access for Consultation:** If a time comes when your elder is experiencing pain or other symptoms, when you are concerned medications are running out, when your elder is falling or isn't able to get into bed, or when your elder's primary caregiver (perhaps a spouse or you) isn't able to get enough rest, pick up the phone and call the hospice agency—even if the nurse is not scheduled for a visit.



# PALLIATIVE CARE

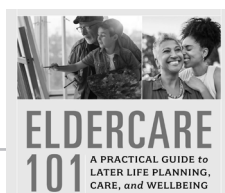
(From the original Eldercare 101)

Palliative care is a U.S. board-certified medical specialty focused on keeping a patient comfortable and as pain free as possible. Like hospice, palliative care addresses physical, emotional, and spiritual pain through a comprehensive program that delivers care, symptom treatment, medications, medical equipment, and bereavement counseling. Unlike hospice, however, palliative care is comfort care with or without curative intent. That is, whereas hospice services are specifically geared toward care in the last six months of life, palliative care can be delivered at any time or at any stage during an illness, whether it is terminal or not. For example, when we talk about palliative care, it's often in the context of serious illnesses such as HIV/AIDS, cancer, renal disease, chronic heart failure, progressive neurological conditions, or chronic pulmonary disorders.

For example, with the previously listed conditions, the treating physician would prescribe treatments and medications to address the symptoms, medication side effects, and any pain, depression, or anxiety. She might suggest the patient speak with a counselor or participate in art or music therapy. If the illness causes family stress, a social worker or chaplain might visit with the patient and family members. All these coping mechanisms are considered palliative; they improve the quality of life while coping with an illness.

In addition to differing from hospice care in regard to who is eligible for services (terminally ill versus non-terminally ill) and the timing of those services (last six months of life versus any time), palliative care also differs from hospice care in the care location and what services are included. That is, depending on where your elder lives, palliative care may be administered through a hospital or a regular medical provider, rather than in the home as is the norm for hospice. Also, the services included in the palliative care program can vary from organization to organization. For example, one organization might offer a palliative care team that will visit the hospital and explain various services that can be provided for your elder when she is discharged from the hospital (home health, community services, etc.). Another organization might be a teleservice that provides phone care consultation.

Another way hospice and palliative care programs differ is in the insurance coverage. Some hospice agencies offer palliative care through the same or different team members and separately bill private insurance or Medicaid; Medicare has an insurance benefit under different plans that cover palliative care services at home if elder is house bound. The rules are complex in both cases, so it pays to explore the details of insurance coverage with your elder's insurance company and medical providers when considering hospice or palliative care programs.



# WHAT HAPPENS IN THE FINAL HOURS

(From the original Eldercare 101)

## Palliative Care at End of Life

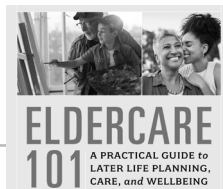
Sometimes providing palliative care at the end of life can temporarily disrupt an elder's peace but overall add to comfort. Generally, as symptoms progress and the elder is less aware of her surroundings, the care provided becomes focused on preventing infection and skin breakdown. Care providers are encouraged to turn someone every two hours while awake and every four hours during the night. Basic oral and skin care are attended to, and all are focused on ensuring that the elder isn't in pain, have shortness of breath, or suffer anxiety. Food and fluids are always offered as tolerated (unless the PCP orders otherwise).

### One to Two Weeks before Passing:

- Sleeps most of the time. She can awaken, but generally falls back asleep.
- Appetite wanes. Although she may attempt to eat, nothing tastes good anymore.
- There can be disorientation, picking at the sheets or in the air, calling out to others during sleep or during the day.
- Blood pressure is lower than normal.
- Pulse is either slightly faster or significantly slower.
- Temperature of body can either become cooler or hotter.
- Skin changes. She can either be flushed with fever, or cold and bluish from lack of circulation.
- Breathing may increase to twenty to thirty breaths a minute or decrease to nine or six breaths a minute.
- Congestion of the lungs can occur and cause a rattle sound from the upper throat. Sometimes it comes with coughing.
- Restlessness can increase because there is less oxygen in the blood.
- Breathing will now be irregular and unpredictable.
- Congestion can become louder and worse when the elder is turned from side to side.
- Face becomes relaxed (if she has good pain control).
- Eyes will open wide, but not as if looking at you. Rather, they are glassy, as if she is looking far away.
- Hands and feet are now more purple or splotchy in color, and cool or cold to touch.
- As time progresses, the elder will not respond to your voice or touch. You should assume she can hear you. Talk and let her know what you are doing, thinking, praying.
- Eventually, the breathing slows down, and the last breath can be followed by one, maybe two very long breaths, sometimes interspersed by no breath.

**One to Two Days, Maybe Hours, Before the Passing:** She might have a surge of energy. All of a sudden the elder might wake up and be able to talk, ask for a favorite food, or request to sit in a favorite chair. Then you might see the following:

Being present, or vigiling as it is called, at this time can be done in shifts with others so your elder is not alone.



# CARE OF THE BODY AFTER DEATH

(From the original Eldercare 101)

There are no specific rules or processes after death. Often, care is determined culturally. (We address after-life arrangements in detail in the “Spiritual” section.) Family members and caregivers can and sometimes do the following, based on the elder’s wishes:

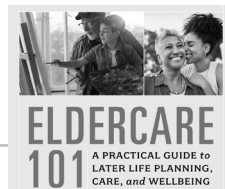
- Wash the body
- Remove all medical devices and supplies
- Dress in fresh clothes
- Light candles or dim lighting
- Play soft music
- Offer a drink to toast the elder
- Pray and quietly meditate
- Tell the elder’s life stories
- Share in tears and laughter
- Reflect on the impact of the elder’s life

## Call the Funeral Home or Cremation Service

If hospice is involved, family members can call the hospice agency and the hospice nurse will visit. At this visit, she can call a funeral home or cremation service to arrange for pickup of the body, when the family determines the time is right. If hospice is not involved, a family member will need to call the funeral home or cremation service. Each state varies, but, generally, in many states, the body is allowed to stay at home for twenty-four hours, giving the family time to grieve with the body.

## Do We Need to Call the Coroner or Medical Examiner?

Calling the coroner or medical examiner varies depending on where you live and the circumstances of your elder’s death. Generally, if the elder is on hospice and death is expected, “cause of death” already has been determined by two medical physicians and involving the coroner or medical examiner is not necessary. If the death is unexpected, however, the funeral home will generally call or ask the coroner to visit and review the body before funeral home staff members take away the body.



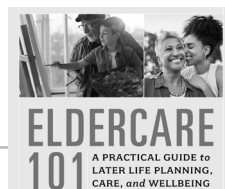
### **What Does the Funeral Home Need to Know?**

The funeral or cremation service organization will pick up the body at the time requested by the family. The funeral or cremation service personnel will need to know:

- Full name of deceased
- Date of birth
- Physician's name and cause of death
- If the deceased is an organ donor
- Plans for burial or cremation
- If there are any funeral prearrangements

### **Follow-up Meeting with the Funeral Home or Cremation Services Director**

Depending upon the time of day, the funeral or cremation services director usually sets up an appointment within hours or on the following day to meet with family members. During this time, the funeral or cremation services director will assist the family in writing an obituary or other announcements, in ordering death certificates, and in helping to arrange funeral or memorial services.





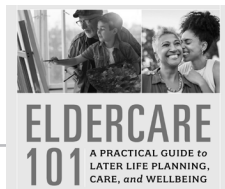
# FINANCIAL PILLAR OF AGING WELLBEING

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The greatest treasures are those invisible to the eye and  
found by the heart.

—Buddha

---



# MY FINANCIAL AGING LIFE CARE TEAM

## TAX PREPARER/CPA

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Referred by \_\_\_\_\_

\$ \_\_\_\_\_

## HOME/RENTER'S INSURANCE AGENT

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Referred by \_\_\_\_\_

\$ \_\_\_\_\_

## AUTO INSURANCE AGENT

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Referred by \_\_\_\_\_

\$ \_\_\_\_\_

## DAILY MONEY MANAGER

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Referred by \_\_\_\_\_

\$ \_\_\_\_\_

## BROKER

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Referred by \_\_\_\_\_

\$ \_\_\_\_\_

## CFP

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Referred by \_\_\_\_\_

\$ \_\_\_\_\_

## ESTATE PLANNING ATTORNEY

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Referred by \_\_\_\_\_

\$ \_\_\_\_\_

## FINANCIAL ADVISOR

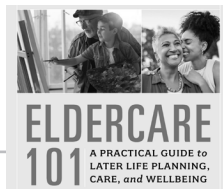
Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Referred by \_\_\_\_\_

\$ \_\_\_\_\_





# STRONG BOX INVENTORY

I have a safe deposit box. [       ] Yes [       ] No

I have a lock box. [       ] Yes [       ] No

If yes, the box is located at:

If yes, the box is located:

Box number: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

The key(s) to the box are located:

Phone: \_\_\_\_\_

\_\_\_\_\_

Key(s) to the box are located:

\_\_\_\_\_

## These people have access to my safe deposit box:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

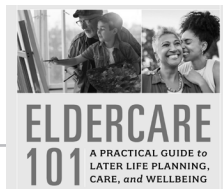
Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

## Contents of the box include:

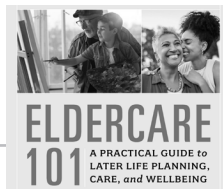
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# IMPORTANT FINANCIAL DOCUMENTS

Collect and keep in fire safe storage or copy to your secure iCloud provider,

- TAX RETURNS FOR THE LAST FIVE TO SEVEN YEARS
- DOCUMENTS RELATED TO ASSET PURCHASES
- INSURANCE POLICIES (HOME, AUTO, ETC.)
- STATEMENTS OF ACCOUNTS (BANK, 401K, INVESTMENTS, ETC.)
- DEEDS TO HOUSE OR CONDO, OR OTHER PROPERTY
- TITLE TRANSFERS
- CAR TITLE AND REGISTRATION
- RV, BOAT, AND OTHER RECREATIONAL VEHICLE TITLES AND REGISTRATIONS
- GIFTING INFORMATION FOR ESTATE TAX PURPOSES
- MILITARY SERVICE RECORDS INCLUDING YEARS OF SERVICE, BRANCH, AND IDENTIFICATION NUMBERS
- WILLS AND TRUST DOCUMENTS



# RETIREMENT INCOME: SALARIES, PENSIONS, AND BENEFITS

## SALARIES

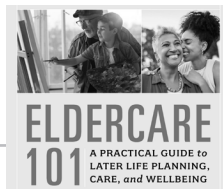
I currently receive a SALARY (or part-time salaries).

[        ] Yes    [        ] No

EMPLOYER	ADDRESS	PHONE	EMAIL

## OTHER INCOME SOURCES (E.G., DIVIDENDS, CHILD SUPPORT, ETC.)

EMPLOYER	ADDRESS	PHONE	EMAIL



# PENSIONS

I currently receive a PRIVATE COMPANY PENSION

[        ] Yes    [        ] No

Former employer name #1: \_\_\_\_\_

Pension administrator: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I currently receive a VETERANS' PENSION.

[        ] Yes    [        ] No

Military Branch: \_\_\_\_\_

Pension administrator: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## BENEFITS

I currently receive SOCIAL SECURITY benefits.

[        ] Yes    [        ] No

My Social Security number is:  
\_\_\_\_\_

My Social Security card is located:  
\_\_\_\_\_

I also receive money from:

Source: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I currently receive benefits from a TRUST FUND:

[        ] Yes    [        ] No

Date trust fund established: \_\_\_\_\_

State where trust fund established: \_\_\_\_\_

Names of trustees: \_\_\_\_\_

The trust agreement is located: \_\_\_\_\_

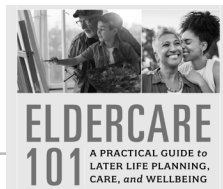
Name of the lawyer who prepared the trust agreement:

Law Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_







# TIPS ABOUT BANK ACCOUNTS

## **Tip #1: Appoint a Durable Power of Attorney (DPOA) Representative**

You may be doing fine right now, paying bills on your own. But what happens if you become ill or incapacitated? Plan ahead by selecting a DPOA representative who can step in as needed. Alternatively, you can hire a bill-paying service called Daily Money Management (DMM), who are licensed and bonded.

## **Tip #2: Close Accounts No Longer Being Used**

While this may not be a good idea for younger people establishing credit, it can protect elders from fraud and simplify the financial picture.

## **Tip #3: Review Checkbooks and Bank Statements at Least Bimonthly**

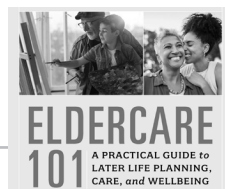
Pencil in two days on your calendar, perhaps the fifteenth and the thirtieth of each month, for a systematic review of accounts. Ask, “Does everything match up? Do the numbers make sense? Is there anything suspicious?” Pay careful attention to large transactions and transfers between accounts to make sure all money is accounted for.

## **Tip #4: Bank Online**

Having access to your bank accounts online can save time—as well as trees! You can check balances, confirm transfers, and even pay bills online. If you do not have access to your accounts online, talk to your banker and investment advisors. Have them set up your accounts with a username and password and show you how to navigate the financial institution’s website. Online banking also can be helpful when you are being assisted with bill paying by a caregiver or an adult child who does not live nearby.

## **Tip #5: Combine Accounts**

The easiest way to simplify a financial life is to reduce the number of accounts you have. Generally, only one checking account and one savings account is needed to manage a household. The same goes for credit cards; it makes sense to consolidate and have one main credit card and perhaps one additional card, in case of an emergency. Make sure credit cards have fraud protection included.



**Tip #6: Review How Your Accounts Are Held**

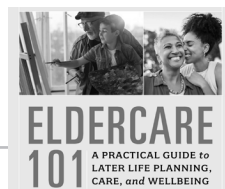
- Joint or single?
- In trust or held individually?
- Determine who has authority to sign on the accounts. If necessary, update the signatures. This will require a trip to the bank with personal identification such as a driver's license, birth certificate, or passport.

**Note these pitfalls of joint accounts:** Once something is titled jointly, including checking and savings accounts, the account is truly joint. Either person can withdraw any amount at any time. Also, when a person is deceased, all remaining funds go directly to the joint holder, regardless of direction in a will. In addition, if the joint owner has credit issues or declares bankruptcy, the creditor can make a claim on the jointly owned account. Make sure the entire family is clear on this point before having a joint account.

**Paid on Death (POD)** may be a better option than a joint account. You can add a person to have authority to sign with a POA, but the account does not have to be a joint account. Unlike with the joint account, with the POD, you need to properly notify your bank whom you want to receive the account balance upon death. The bank may have a form to fill out and sign. Make sure you have proper identification when you talk to the banker about having an account POD. This type of beneficiary designation also will generally bypass probate upon death and is free. The beneficiary has no right to the money as long as the account owner is alive.

**Tip #7: Ask If a Death Benefit Is Attached to the Account**

Often, bank accounts will have a small death benefit as a perk for having the account. Inquire directly with the bank to see if a death benefit or small accidental life insurance is included with the account.



# CHECKING AND SAVINGS ACCOUNTS

## CHECKING ACCOUNTS

I have checking accounts with:

**Institution:**

Branch: \_\_\_\_\_

Account number: \_\_\_\_\_

Web address: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Security question answer(s): \_\_\_\_\_

\*Power of attorney recorded? \_\_\_\_\_

\*Second signature on file? \_\_\_\_\_

\*Beneficiary stated, who? \_\_\_\_\_

**Institution:**

Branch: \_\_\_\_\_

Account number: \_\_\_\_\_

Web address: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Security question answer(s): \_\_\_\_\_

\*Power of attorney recorded? \_\_\_\_\_

\*Second signature on file? \_\_\_\_\_

\*Beneficiary stated, who? \_\_\_\_\_

**Institution:**

Branch: \_\_\_\_\_

Account number: \_\_\_\_\_

Web address: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Security question answer(s): \_\_\_\_\_

\*Power of attorney recorded? \_\_\_\_\_

\*Second signature on file? \_\_\_\_\_

\*Beneficiary stated, who? \_\_\_\_\_

\*Beneficiary stated, who? \_\_\_\_\_

**Institution:**

Branch: \_\_\_\_\_

Account number: \_\_\_\_\_

Web address: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Security question answer(s): \_\_\_\_\_

\*Power of attorney recorded? \_\_\_\_\_

\*Second signature on file? \_\_\_\_\_

\*Beneficiary stated, who? \_\_\_\_\_

\*Beneficiary stated, who? \_\_\_\_\_

These people have been authorized to sign checks for me:

Name: \_\_\_\_\_

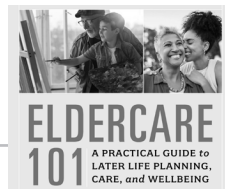
Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



**SAVINGS ACCOUNTS**

**I have savings accounts with:**

**Institution:**

Branch: \_\_\_\_\_

Account number: \_\_\_\_\_

Web address: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Security question answer(s): \_\_\_\_\_

\*Power of attorney recorded? \_\_\_\_\_

\*Second signature on file? \_\_\_\_\_

\*Beneficiary stated, who? \_\_\_\_\_

\*Beneficiary stated, who? \_\_\_\_\_

**Institution:**

Branch: \_\_\_\_\_

Account number: \_\_\_\_\_

Web address: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Security question answer(s): \_\_\_\_\_

\*Power of attorney recorded? \_\_\_\_\_

\*Second signature on file? \_\_\_\_\_

\*Beneficiary stated, who? \_\_\_\_\_

\*Beneficiary stated, who? \_\_\_\_\_

**Institution:**

Branch: \_\_\_\_\_

Account number: \_\_\_\_\_

Web address: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Security question answer(s): \_\_\_\_\_

\*Power of attorney recorded? \_\_\_\_\_

\*Second signature on file? \_\_\_\_\_

\*Beneficiary stated, who? \_\_\_\_\_

\*Beneficiary stated, who? \_\_\_\_\_

**Institution:**

Branch: \_\_\_\_\_

Account number: \_\_\_\_\_

Web address: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

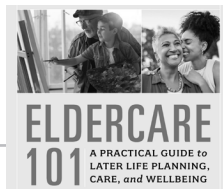
Security question answer(s): \_\_\_\_\_

\*Power of attorney recorded? \_\_\_\_\_

\*Second signature on file? \_\_\_\_\_

\*Beneficiary stated, who? \_\_\_\_\_

\*Beneficiary stated, who? \_\_\_\_\_



# INVESTMENTS

CERTIFICATES OF DEPOSIT (traditionally held at banks or credit unions)

I own the following certificates of deposits (CDs):

AMOUNT	INTEREST RATE	TERM/ MATURITY DATE	BENEFICIARY

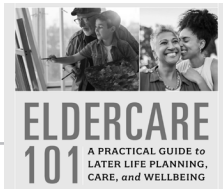
Purchased from bank or other company:

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

The certificates are located:

\_\_\_\_\_



**MONEY MARKET ACCOUNTS**

**I have money market accounts with:**

**Bank or institution:**

**Bank or institution:**

Website: \_\_\_\_\_ Website: \_\_\_\_\_

Interest Rate: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Access via check writing? [ ] Yes [ ] No

Access via check writing? [ ] Yes [ ] No

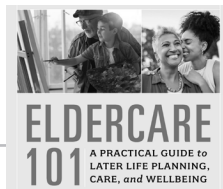
Access via electronic transfer? [ ] Yes [ ] No

Access via electronic transfer? [ ] Yes [ ] No

Bank or Broker Contact: \_\_\_\_\_ Bank or Broker Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_



**STOCKS**

I own the following stocks:

COMPANY NAME	NO. OF SHARES	PURCHASE DATE	VALUE

Stock ownership is:

[ ] in my name only [ ] jointly with:

The stock certificates are:

[ ] in my possession, located: \_\_\_\_\_

[ ] held by my broker: \_\_\_\_\_

Broker's name: \_\_\_\_\_

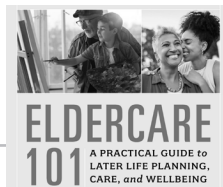
Brokerage firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

[ ] I have a trading account with my broker, with a current value of \$



**BONDS**

I own the following bonds and they are located: \_\_\_\_\_

Type of bond: \_\_\_\_\_

Purchase date: \_\_\_\_\_

Serial number: \_\_\_\_\_

Maturity date: \_\_\_\_\_

Value at maturity: \_\_\_\_\_

Ownership is [  ] in my name only

[  ] held jointly with:

\_\_\_\_\_

Beneficiary: \_\_\_\_\_

Type of bond: \_\_\_\_\_

Purchase date: \_\_\_\_\_

Serial number: \_\_\_\_\_

Maturity date: \_\_\_\_\_

Value at maturity: \_\_\_\_\_

Ownership is [  ] in my name only

[  ] held jointly with:

\_\_\_\_\_

Beneficiary: \_\_\_\_\_

Type of bond: \_\_\_\_\_

Purchase date: \_\_\_\_\_

Serial number: \_\_\_\_\_

Maturity date: \_\_\_\_\_

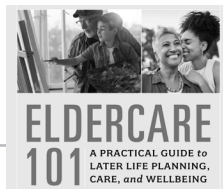
Value at maturity: \_\_\_\_\_

Ownership is [  ] in my name only

[  ] held jointly with:

\_\_\_\_\_

Beneficiary: \_\_\_\_\_





## MUTUAL FUND ACCOUNTS

Mutual funds are held in brokerage accounts and should be listed on brokerage account statements.

### I have mutual fund accounts with:

Bank or institution: \_\_\_\_\_ Bank or institution: \_\_\_\_\_

Branch: \_\_\_\_\_ Branch: \_\_\_\_\_

Account number: \_\_\_\_\_ Account number: \_\_\_\_\_

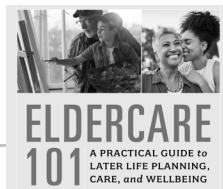
Passbook Location: \_\_\_\_\_ Passbook Location: \_\_\_\_\_

Bank or institution: \_\_\_\_\_ Bank or institution: \_\_\_\_\_

Branch: \_\_\_\_\_ Branch: \_\_\_\_\_

Account number: \_\_\_\_\_ Account number: \_\_\_\_\_

Passbook Location: \_\_\_\_\_ Passbook Location: \_\_\_\_\_



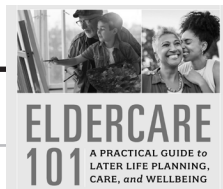
# CREDIT AND DEBIT CARD ACCOUNTS

## CREDIT CARD(S)

COMPANY	ACCOUNT #	PHONE #	EMAIL	PIN (OR PASSWORD)	ONLINE USERNAME (ONLY IF APPLICABLE)

## DEBIT CARD(S)

COMPANY	ACCOUNT #	PHONE #	EMAIL	PIN (OR PASSWORD)	ONLINE USERNAME (ONLY IF APPLICABLE)



# FIRST RULE OF BEING SCAMWISE?

(From the original Eldercare 101)

Do not open, but delete, an e-mail if you are unsure who sent it to you is valid and/or you do not know the sender. If someone you know or someone with whom you do business wants to contact you, he will have your phone number. Also, beware of friend's accounts being hacked. If an email or other form of digital communication looks odd, use a different way to communicate to confirm it was sent by your friend.

## List of Top Scams

<https://www.aarp.org/money/scams-fraud/info-2023/top-scams-mer-tactics-2023.html>

## What to Do If You Have Been the Victim of a Scam?

Contact the attorney general's office of your state. To locate the attorney general for your state, go to <http://www.naag.org/>.

## How Do I Place a Fraud Alert/Security Freeze on My Credit Report?

You may call any one of the credit bureaus or request a fraud alert or security freeze online. You also may contact the other two bureaus if you wish, but fraud alerts are shared with the other bureaus once you place one with a single bureau.

## General Resources on Scams

<http://www.aarp.org/money/scams-fraud/> - AARP has a helpline if you suspect fraud, 877-908-3360.

<http://www.Snopes.com> – Helps identify if emails and other digital offers are fraud.

<http://www.scamwatch.gov.au>

## Resources on Unsolicited Mail, Telemarketing, and E-mail Fraud

<https://www.donotcall.gov> or call 1-888-382-1222

<https://www.dmachoice.org/index.php>

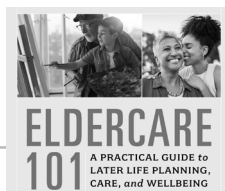
Call 1-888-567-8688 to opt out of preapproved credit offers.

## Charity Fraud Resources

**BBB Wise Giving Alliance:** <http://www.give.org>

**American Institute of Philanthropy:** <https://www.charity-watch.org>

**Charity Navigator:** <http://www.charitynavigator.org>









# DOCUMENTATION OF INSURANCES

## MEDICARE INSURANCE

Policy Number: \_\_\_\_\_

\_\_\_\_\_

## SUPPLEMENTAL HEALTH INSURANCE

Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Copays: \_\_\_\_\_

## MEDICARE INSURANCE

Policy Number: \_\_\_\_\_

\_\_\_\_\_

## OTHER/TYPES:

Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Copays: \_\_\_\_\_

## HOME/RENTER'S INSURANCE

Policy number: \_\_\_\_\_

Value: \_\_\_\_\_

Issuing company: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

## AUTO INSURANCE

Policy number: \_\_\_\_\_

Value: \_\_\_\_\_

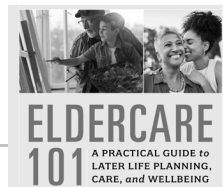
Issuing company: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Beneficiary: \_\_\_\_\_



**LONG-TERM CARE INSURANCE**

**LIABILITY/UMBRELLA INSURANCE**

Policy number: \_\_\_\_\_ Policy number: \_\_\_\_\_

Value: \_\_\_\_\_ Value: \_\_\_\_\_

Issuing company: \_\_\_\_\_ Issuing company: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

**LIFE INSURANCE**

**I own the following life insurance policies:**

Type: \_\_\_\_\_ Type: \_\_\_\_\_

Face value: \_\_\_\_\_ Face value: \_\_\_\_\_

Cash value: \_\_\_\_\_ Cash value: \_\_\_\_\_

Policy number: \_\_\_\_\_ Policy number: \_\_\_\_\_

Issuing company: \_\_\_\_\_ Issuing company: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Type: \_\_\_\_\_ Type: \_\_\_\_\_

Face value: \_\_\_\_\_ Face value: \_\_\_\_\_

Cash value: \_\_\_\_\_ Cash value: \_\_\_\_\_

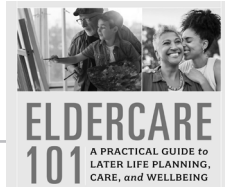
Policy number: \_\_\_\_\_ Policy number: \_\_\_\_\_

Issuing company: \_\_\_\_\_ Issuing company: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Beneficiary: \_\_\_\_\_



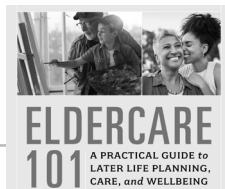


I have borrowed money against some policies, from:

Company: \_\_\_\_\_ Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Amount: \_\_\_\_\_ Amount: \_\_\_\_\_



# FINANCIAL ADVISOR RESOURCES

(From the original Eldercare 101)

## Had a Bad Experience with an Advisor?

Most financial advisors are registered by the state in which they operate or nationally with the SEC. To file a complaint, contact your state's licensing office. You also can contact the North American Securities Administrators Association to find your state's registration office at <http://www.nasaa.org>. In addition, visit the SEC complaint center at <http://www.sec.gov/complaint.shtml> for tips on filing a complaint online and to help with completing the form.

## Ready Reference for Financial Contacts

**Aging Life Care Association:** <http://www.aginglifecare.org>

**American Association of Daily Money Managers:** <http://www.AADMM.com>

**Attorney General for your state:** <http://www.naag.org>

**Centers for Medicare & Medicaid Services website:** <https://www.cms.gov>

### Credit Bureaus:

**Experian:** <http://www.experian.com>

**Equifax:** <http://www.equifax.com>

**TransUnion:** <http://www.transunion.com>

**Credit Report:** <https://www.annualcreditreport.com>

**CFP® Information:** <http://www.letsmakeaplan.org>

**CPA Information:** <http://www.aicpa.org>

**Federal Healthcare Marketplace:** <https://www.healthcare.gov>

**Medicare:** <https://www.medicare.gov>

**National Association of Personal Financial Advisors:**

<http://www.napfa.org>

**National Foundation for Credit Counseling:** <https://www.nfcc.org>

[nfcc.org](https://www.nfcc.org)

**Securities and Exchange Commission:** <https://www.sec.gov>

**SHIBA:** SHIBA is an organization that protects consumers

regarding their health insurance

and provides oversight of the insurance industry. Examples of

state SHIBA programs can

be found at <http://www.insurance.wa.gov/> and <http://www.oregon.gov/dcbs/insurance/shiba/Pages/shiba.aspx>.

**Social Security Administration:** <https://www.ssa.gov>

**Veterans' ADL Help:** <http://www.VeteranAid.org>

**Veterans' ADL Help:** <http://www.VeteranAid.org>

**Veterans' Benefits:** <http://www.benefits.va.gov/benefits>

