

# How to create a long-term care plan

---

**Future care needs are unpredictable but creating a care plan can help you and your family face the future with confidence. Use this worksheet as a guide to help you get started.**

**This worksheet will help you answer four crucial questions:**



**Where do you want to live and receive care?**



**How will you pay for care?**



**Do you have any health needs?**



**What are your wishes?**

By the end, you'll have a better understanding of your long-term care goals and a plan to help you reach them. When you're done, share this plan with loved ones and let them know where they can find it — if your health changes unexpectedly, this worksheet can be their roadmap to your care.



# Where do you want to live?

**It's important to consider what kind of environment will best support you in your later years. There are numerous options to consider:**

- **Staying in your current home**
- **Moving to a home with a more accommodating layout and/or less upkeep**
- **Moving to be closer to family or other loved ones**
- **Moving into a housing community that offers amenities and takes care of maintenance**

**Use the information below to help you start thinking about your preferred future living arrangements.**

**As we age, our ability to navigate the world around us changes. Will your current home — or any place you're considering — help you move around safely and comfortably?**

**Does it have:**

- ☐ No-step entry into the home
- ☐ Wide doors and hallways to accommodate wheelchair or walker
- ☐ Carpeting with a short enough pile to accommodate a wheelchair or walker
- ☐ Sturdy railing by any stairs
- ☐ Bedroom and bathroom on the main floor
- ☐ Walk-in shower
- ☐ Grab bars near toilet and on shower wall
- ☐ Stove that alerts you when a burner is left on
- ☐ Slide-out drawers or trays to existing cabinets for easier access
- ☐ Ample indoor and outdoor lighting to help with visibility
- ☐ Appliances you could still access/operate from a wheelchair
- ☐ Lever handles instead of doorknobs (easier to use with stiff hands or limited mobility)

**What parts of the home could create challenges in the future?**

**Is your current home — or new place you're considering — conveniently located to amenities that are important to you, such as:**

- ☐ Grocery store
- ☐ Pharmacy
- ☐ Doctor's office/medical care
- ☐ Gym
- ☐ Dining/shopping
- ☐ Recreational activities/hobbies
- ☐ Parks/nature
- ☐ Place of worship
- ☐ Family/friends
- ☐ Other

**Would you need to rely on others to get you to these places if you couldn't drive yourself?**

- ☐ Yes   ☐ No

**If yes, who would do the majority of the driving?**

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

**Would you like loved ones to be involved in your care?**

- ☐ Yes   ☐ No

**If yes, what would you like them to help you with?**

- ☐ Household chores (cleaning, grocery shopping, meal preparation, help with pets, etc.)
- ☐ Yard work
- ☐ Money management
- ☐ Drive to appointments
- ☐ Medical advocacy
- ☐ Activities of Daily Living (bathing, dressing, eating, toileting, mobility, continence)
- ☐ Meal preparation
- ☐ Creating a long-term care plan

**If yes, who would you prefer to provide the majority of that care? Are they aware of your wishes?**

Name: \_\_\_\_\_ ☐ Yes   ☐ No

**If no, who would you like to be involved in your care?**

- ☐ Home aide
- ☐ Nurse
- ☐ Other: \_\_\_\_\_

**Think about what makes a place feel like home to you. Is it proximity to family or loved ones? The ability to do your favorite activities, attend religious services or eat familiar foods? List your priorities below:**

**Research what local support resources are available to you as you age. Visit [eldercare.acl.gov](http://eldercare.acl.gov) or call 1-800-677-1116 to learn more.**

Name of local department on aging:

Phone number:

Website:

**Discover what other living arrangements are available in your area such as home sharing, home senior housing communities, continuing care retirement communities, assisted living and nursing homes.**

Notes:

**Have you toured any care-providing facilities?**

☐ Yes

☐ No

**If yes, which facility(s) did you tour and what did you like/dislike?**

Notes:

## **Your housing and community goal**

**After exploring the different housing options available to you and considering what you need to feel at home, it's time to come up with your personal housing and community goal.**

Here are a couple examples:

*My home will be too much house to maintain as I get older. Within the next 10 years, I'd like to sell my house and use the money from the sale to buy into a continuing care retirement community. I'd like to move to a community in a warmer climate and in a city with a decent public transportation system.*

*I want to stay in my current home for as long as I can. For the parts of my house that may create challenges as I get older, I will begin saving to implement safer alternatives. I will also begin saving for a home care service.*

**Your goal:**



## How will you pay for care?

Paying for long-term care can be expensive. As costs continue to rise, it's important to identify how you'll pay for care, if you need it. If you're counting on Medicare to cover future long-term care expenses, it's important to understand that Medicare is not designed to pay for long-term care. In fact, it only covers some long-term care costs for the first 100 days, but after that, there is no coverage.

Luckily, there are other options. And by looking at your financial situation today, you can begin to develop a strategy to help you reach your long-term care goals.

Discover what long-term care costs in the area you want to live at <https://www.ltcnews.com/resources/states>. Make sure to look at both today's costs and the projected costs down the road when you may need care.

|                  | Today's cost | Cost in ___ years |
|------------------|--------------|-------------------|
| House Keeper     |              |                   |
| Home health aide |              |                   |
| Adult daycare    |              |                   |
| Assisted living  |              |                   |
| Nursing home     |              |                   |

### Make a list of the assets you could use to help pay for long-term care:

#### Retirement income

|                                   |    |
|-----------------------------------|----|
| Social Security (monthly benefit) | \$ |
| Pension (monthly benefit)         | \$ |
| 401(k) (monthly benefit)          | \$ |
| IRA/Roth (monthly benefit)        | \$ |

#### Other assets

|  |    |
|--|----|
| Checking/savings (current balances)                          | \$ |
| House/jewelry/boat/car/other tangible assets (current value) | \$ |
| Stocks/bonds/mutual funds/annuities/etc. (current value)     | \$ |
| Life insurance (accessible cash value)                       | \$ |

**Do some research and talk with a trusted financial resource to uncover strategies that may help you accomplish your future goals and protect your assets from the impact of long-term care expenses.**

Notes:



## Do you have any health needs?

**Your health is one of your greatest assets — take steps today to continue to protect it! Use this part of the worksheet to keep track of your health needs and regularly update it.**

**Create a family health portrait to learn about your risk for certain conditions.**

When you're done, attach a copy to this worksheet and share with loved ones. Date completed:

**Are there any health problems you are concerned about?**

**What can you do to help prevent these health problems as you age?**

**My medical conditions**

**My allergies**

**Date of my last screening:**

---

### My care team

**Who would you like to be the primary point of contact for care purposes?**

Name:

Phone number:

**Primary care physician**

**My pharmacy/drugstore**

Name:

Address:

Phone number:

Phone number:

**Other health care practitioners I see**

Clinic name:

Clinic name:

Practitioner:

Practitioner:

Speciality:

Speciality:

Clinic name:

Clinic name:

Practitioner:

Practitioner:

Speciality:

Speciality:

---

## My medications

Make sure to include all prescription drugs, over-the-counter drugs, vitamins and herbal supplements

| What I'm taking | Reason for use | How much and when | Doctor who started the med | Date started/ stopped |
|-----------------|----------------|-------------------|----------------------------|-----------------------|
|-----------------|----------------|-------------------|----------------------------|-----------------------|



## What are your wishes?

**If you're ever unable to make your own medical or financial decisions, would your loved ones know your wishes and be empowered to act on them? It's crucial to articulate your wishes to your loved ones so they don't have to guess about what you want.**

**Would you ever want to undergo a life-sustaining medical treatment? Under what conditions? Why or why not?** Write your thoughts down below and share them with your loved ones.

**Who do you want to have health care power of attorney?** Make sure to tell them and talk about your wishes. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Who do you want to have financial power of attorney?** Make sure to tell them and talk about your wishes. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Prepare your living will and powers of attorney.** You can complete these documents on your own or by meeting with a lawyer.

Date completed: \_\_\_\_\_

Where are these documents kept? \_\_\_\_\_

## My legal and financial team:

### Lawyer

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

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

### Financial planner

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

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

### Insurance agent

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

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