



Act III: Your Plan for Aging in Place



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Welcome. This template is designed to help you make your own plan for Aging in Place.

Aging in Place is a rapidly growing lifestyle option for Americans approaching or beyond retirement age. It facilitates remaining in the home of your choice for as long as you would like as opposed to relocating to a nursing home or other medical facility. You are able to do this because the services you need to live a secure and safe life are now available to you in your home.

In order to successfully age in place we strongly recommend some planning. And this template will make planning easy for you.

This will take a chunk of time. We estimate about an hour. But you don't have to do it all in one sitting. You can save your responses, take a break, and come back. You might want to involve your family or trusted advisors in this process. Make it fun, make it an occasion. Invite them to join you around the dining room table and answer the questions together.

Using This Template

We are going to walk you through the essential concerns to sustain a safe and secure lifestyle in your home. We are going to ask a lot of questions you need to ask yourself. The questions are primarily about what you now have and what you might need.

The key areas we are going to evaluate are:

- Housing
- Health and wellness
- Personal finance
- Transportation
- Community and social interaction
- Education and entertainment

At the end of each section, you will find space entitled "My Needs." Here, you fill in your needs in that area.

"My Needs" Evaluation

When you complete answering the questions in all of the areas, you will be given a "My Needs Summary." This summary will provide you with resources and information on the areas that you may need assistance, based on your answers to the questions. When you complete this template, you should have a clearer picture of your own future.

After receiving your "My Needs Summary," we will provide you with a "My Needs Evaluation." If you have a local Chapter in your community, a member of the Chapter will assess your "My Needs Summary" to assist you with finding the resources and providers that you will need to age in place. If no local Chapter exists in your community, the NAIPC National staff will assist you with your "My Needs Evaluation."

If an event occurs in your future that alters your circumstances (a change in location, a financial gain or loss, a health issue, etc.), we recommend you revisit your plan to determine if you need to do some rethinking.

So now let's begin to go through the essentials of your lifestyle and evaluate your circumstances.

Housing



Choice of Residence

Are you comfortable in your current residence? Yes No

Would you like to remain in your current residence for as long as possible? Yes No

What is it that most makes you want to remain in your current residence?

- Location Familiarity Size Accessibility to family
 Accessibility to friends

Comfort & Accessibility

Can you comfortably move around your home? Yes No

If not, have you considered or researched home modifications? Yes No

Personal Home Assessment

Please check one of the following:

- My current home is comfortable, safe and affordable for me
 My current home is not comfortable enough safe enough affordable enough

If your current home is not comfortable, safe or affordable, what changes are you considering? _____

My Housing Needs:



Health and Wellness

General

On a scale of 1-10, where 10 is “Excellent” and 1 is “Poor,” how would you rate your overall health?

1 2 3 4 5 6 7 8 9 10

What concerns do you have in particular about your health?

- Medical Condition/Chronic Illness
- Chronic Pain
- Limited mobility
- Costs of medical care
- Difficulty getting to doctor’s appointments

Daily Living/In Home Care

Are you able to independently perform daily activities? Check all that you are still able to perform:

- Bathing and showering
- Personal hygiene and grooming (*including washing hair*)
- Dressing
- Eating/feeding
- Functional mobility (*moving from one place to another while performing activities*)
- Personal device care
- Toilet hygiene (*completing the act of relieving oneself*)

Do you have a family member or friend who can serve as your caregiver and assist you with these activities? Yes No

Do you have the financial resources to hire a caregiver to assist you with your daily activities? Yes No

Health and Wellness

If you were to experience a major health problem (surgery, diagnosis with chronic illness, etc.), do you have a plan for how you will pay for your medical expenses? Yes No

Have you completed the appropriate legal medical documents, including a health care power of attorney, a living will, and an advanced directive? Yes No

If not, do you have information on how to complete these documents? Yes No

My Health & Wellness Needs:

Personal Finance



Do you currently have sufficient income and or/savings to cover your monthly expenses? Yes No

Are you concerned you will not have enough money to cover your expenses for the remainder of your life? Yes No

Have you prepared a list of your income and assets and your expenses? Yes No

Do you get advice on how to utilize your savings or pension? Yes No

Whom do you depend on for advice?

- Professional financial advisor
- Family
- Friends
- Banker

My Personal Finance Needs:

Transportation



Do you have a plan in place for your future transportation needs if your ability to drive changes? Yes No

Have you set aside money for your potential future transportation needs? Yes No

My Transportation Needs:

Community & Social Interaction



Do you feel that you have enough social interaction with other people?

Yes No

If you answered “no”, what are the reasons? *(Select all that apply)*

- Transportation
- Home is isolated
- Children/family no longer live in the area

Do you feel that you are a part of your local community? Yes No

My Community & Social Interaction Needs:

My Needs Summary

My Housing Needs:

My Health & Wellness Needs:

My Personal Finance Needs:

My Transportation Needs:

My Community & Social Interaction Needs:

My Priority List

Things I can accomplish myself:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Things for which I need help and support:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.