

A GUIDING LIGHT FOR SENIORS & THEIR FAMILIES

A comprehensive manual to guide you through the stages of aging.

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FLORIDA

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For our beloved parents **New Edition**

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PROLOGUE

A Guiding Light for Seniors and Their Families is an all-encompassing resource for the transition into senior life. Whether you are giving some forethought to your journey into aging, or you want to get educated and find some help for your aging loved one, Assisted Living Made Simple and the Senior Resource Center will provide information and guidance—with various options for the most qualified senior services along the way.

How Assisted Living Made Simple’s A Family Guide to Senior Living Can Help

Think of this guide as an educational tool to prepare you for senior care and its many facets. Our aim is to educate first, and provide quality senior care options for your consideration second. The information we offer in this guide and at our Senior Resource Center offer solutions to some of life’s most difficult decisions. Some of these solutions include recommendations for assisted living facilities, in-home care, nursing homes, elder law, estate sales, medical equipment, senior financial advice, and more.

**PRAISE FOR THE AUTHORS,
SUSAN H. LITTLE AND ROSE K. TRAUB**

JANUARY 2017

"Dealing with an elderly loved one? One of the most powerful things you can have in this situation is knowledge. Designed and written by two caring, educated daughters, this manual provides techniques, terminology, best practices, and strategies for caregivers. Not only is this book full of information about the elderly, but it also provides sample documents one needs when planning for the stages of life. Priceless and beneficial to all!"

Dr. Tammy Owens, Owner/Administrator, Timberlane Lodge (ALF) Assisted Living Facility, Inc., New Smyrna Beach ALF, and Spruce Creek ALF

December 2016

"With love and compassion, Susan Little and Rose Traub, guided me through making critical advanced care decisions based on my wishes. This has given me and my family a profound peace of mind."
Mina Wales

July 2016

"This resource came along just as we were beginning the journey of caring for aging parents. The information is accurate, practical, and realistic. It proved to be an invaluable tool in helping us make the best decisions for our loved ones. We highly recommend it to anyone who is facing the complex issues of caring for elderly loved ones."
Linda and Larry Reader

October 2012

"Susan and Rose, I just read through this resource and found a lot of useful information, samples and charts. My mother and stepfather are aging rapidly and I found this information really helpful. I've made some notes; I plan to talk to my brothers and then see what we can do together to document and honor the wishes of Mom and Roy. Thank you for putting together such helpful and useful information!"
Nancy Lail

RECOGNIZING THE NEED

The older population—persons 65 years or older—numbered 46.2 million in 2014 (the latest year for which data is available). By 2060, there will be about 98 million older persons, more than twice their number in 2014. People 65+ represented 14.5 % of the population in the year 2014 but are expected to grow to be 21.7% of the population by 2040. The world population is rapidly aging. (Aging 2015).



Children age 50+ taking care of parents has tripled since 1994 (AARP 2011). Over 61 million Americans care for older relatives or friends (AARP 2011). The National Council on Aging states that by 2050, 20% of America's population will be over age 65 (Helping 2011). Crunched by the recession, states are facing 10% cuts in services to older adults (Helping 2011).

By 2020, roughly 60 million Americans, 1 in 6 will be over 65. The world's population aged 80 and over is projected to increase 233% between 2008 and 2040, compared with 160% for the population over 65 and over and 33% for the total population of all ages (World 2012).

The population of the world is aging at an unprecedented rate. Improved healthcare and declining fertility have generated rising numbers and proportions of the older population. In one way, this represents a human success story in longevity; in another way, it presents many new challenges.

Caring for elders presents difficult challenges--especially when a crisis hits and you are suddenly faced with the responsibilities of their care. What if your widowed mother is diagnosed with Alzheimer's? What if your divorced father falls and breaks several bones in his legs? You may be the only person to step in and become their caregiver. Are you ready?

You may find yourself in the middle of a crisis and decisions have to be made quickly. Or you may be planning ahead for an aging loved one.

In either case, you will find the answers you need in the coming pages.

You should start by having “The Talk.” Ideally, this is where you and your siblings discuss with your elders how they would like to have their sunset years handled. Unfortunately, this rarely happens in our society because it is not easy to discuss the subject of dying. There is a strong taboo in our culture about discussing the end of life, especially with the elderly. But you, the individual, and/or the rest of your family will gain some peace of mind if you can get your loved one to start thinking and talking about this subject. Eventually you will then be able to help them prepare the documents that specify their wishes.

The objective is to get them thinking about what will be important to them when they are incapacitated, and particularly when they are dying such as; where they want to be--at home (if possible), or in a hospital--and what treatments (particularly life-prolonging ones) they want or don't want.

This can be emotionally difficult, so this responsibility should go to someone who cares deeply about their welfare. And it should be someone who has the ability to stand up to family members, doctors, and hospital personnel if necessary. It should not automatically be assigned to the eldest child; sometimes a grandchild with medical experience is a more logical choice for this difficult task. Sometimes a trusted friend will make more objective decisions or will follow the person's wishes more carefully than a family member will. Often family members have strong opinions about what should or should not be done for their elders' healthcare.



Therefore, it is extremely important to remember this important fact: Your elders' personal health care decisions are theirs to make until they become incapacitated to the extent that they are unable to communicate their wishes, desires and preferences.

Susan explains this point by sharing her personal experience.

“When my mother was diagnosed with terminal cancer three years after my father died from the same type of cancer, I learned how difficult this could be. When Mom was given a choice between extending her own life by going through chemo treatments or limiting her life without the treatments, I encouraged her to have the treatments. When Mom chose to forego the chemo

treatments, I was devastated. Then I remembered that my father's last six months of life--while he was on chemo--were excruciatingly painful for both him and for us.

It helped me better understand my Mom's decision and I also realized that it was her decision to make and not mine. Did I want to support my Mom's personal health care decision? No, I wanted her to do whatever was possible to prolong her life so I could keep her with me. In addition, I realized that I had no idea of her end-of-life choices. We both could have avoided this difficult time by “Having the Talk.”

HAVING THE TALK

Use the following questionnaire to begin this discussion. You may need to allow your elder time to process their answers so this discussion may take more than one session. Begin “The Talk” by asking them the following questions:

What are your wishes and desires for your sunset years?

What are your resources and assets?

Where are these assets located?

Where do you want to live if you need assistance?

Who would you like to act as your power of attorney (for health care and finances) should you become unable to make financial or end-of-life decisions?

HAVING THE TALK

When would you like to add the name of your power of attorney to your bank accounts, titles, and real estate?

Do you need to have any additional names changed or deleted on any of your legal

documents? _____ If so, which ones? _____

Do you have a current will, living will and other health care directives?

If so, where are they located?

Do you have all of your medical documents updated and easily accessible?

If so, where are they located?

(Hunt 2011)

PERSONAL IDENTIFICATION

[illegible]

Legal Name of Elder _____

Nickname _____

Maiden Name (if applicable) _____

Home/Cell Phone _____

Address _____

Date of Birth _____

Place of Birth _____

Religion _____

Social Security Number _____

Current Marital Status _____

Spouse's Name _____

Emergency Contacts

Name _____

Home/Cell Phone _____

Name_____

Home/Cell Phone _____

PERSONAL IDENTIFICATION

Additional Information

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Other ID considerations (for security reasons, only copies)

Social Security Card

Marriage Certificate

Driver's License

Divorce Decree

Birth Certificate

Passport

Death Certificate

Other Legal documents

DETERMINING CARE NEEDS

Use your five senses to assess your senior’s care needs.

Care Needs		Suggested Assistance
Looking at the senior’s appearance can you tell if they are being limited either physically or mentally from completing otherwise normal daily tasks?		<i>Always consult a Health Care Professional for any concerns about changes in senior’s appearance or behavior.</i> The suggested assistance listed below should be considered to meet your senior’s care needs.
Senior’s clothing is not clean, freshly washed, and without food stains		In-home care Companion Service Assisted Living
Senior’s hair is not clean and combed		In-home care Companion Service Personal Care Service Assisted Living
Senior’s teeth and breath are not clean		In-home care Companion Service Personal Care Service Assisted Living

Care Needs		Suggested Assistance
Female senior does not continue to style her hair and wear makeup. Male senior does not continue to shave and groom himself		In-home care Companion Service Personal Care Service Adult Day Care Assisted Living
Listening to what and how the senior speaks in conversations can tell you a lot about their current mental status. Don’t assume that “old age” is causing these problems; doing so can sometimes cause their mental state to decrease further.		
Senior is not able to call you by name		Referral to Health Care Professional Needed In-home care Companion Service Assisted Living
Senior is unable to speak clearly		Referral to Health Care Professional Needed In-home care Companion Service Assisted Living
Senior is unable to comprehend and follow simple directions		Referral to Health Care Professional Needed In-home care Companion Service Assisted Living
Senior is unable to effectively communicate in conversations		Referral to Health Care Professional Needed In-home care Companion Service Assisted Living

Care Needs		Suggested Assistance
Senior is unaware of current news		In-home care Companion Service Assisted Living
Senior has discontinued with their outside activities		In-home care Companion Service Assisted Living
Using your sense of smell can help you determine if your senior is bathing properly, cleaning their house, and whether or not they are eating regularly (if they have spoiled food in their kitchen).		
Senior is not clean and freshly bathed		In-home care Companion Service Personal Care Service Assisted Living
Senior's bathrooms are not clean and fresh		In-home care Companion Service Chore Service Assisted Living
Senior's refrigerator and cupboards are not clean		In-home care Companion Service Chore Service Assisted Living
Senior's home is not free of garbage, clutter, dust, or dirt		In-home care Companion Service Chore Service Assisted Living

Care Needs		Suggested Assistance
Tasting their food and sorting through their medications can help you determine if they are eating healthy or even worse, taking expired medicine.		
Senior's refrigerator and pantry have spoiled foods with expired dates		In-home care Companion Service Assisted Living
Senior's pantry and refrigerator lack fresh healthy food		In-home care Companion Service Assisted Living
Senior's medications are outdated		In-home care Companion Service Assisted Living
Senior's are not taking their medications as prescribed		In-home care Companion Service Assisted Living
Touching a senior can tell you whether they are fragile or losing weight or are in jeopardy of injury or even malnourishment from not eating properly.		
Senior does not appear healthy		Referral to Health Care Professional Needed In-home care Companion Service Assisted Living

Care Needs		Suggested Assistance
Senior has appearance of noticeable weight loss		Referral to Health Care Professional Needed In-home care Companion Service Assisted Living
Senior’s skin is not soft, supple and normal in color		Referral to Health Care Professional Needed In-home care Companion Service Assisted Living
Senior’s senses are diminished (sight, touch, taste, and hearing)		Referral to Health Care Professional Needed In-home care Companion Service Assisted Living

(Using 2009)

AGING IN PLACE

The “Aging in Place” philosophy strives to allow seniors to remain in their regular place of residence for as long as possible, to minimize the stress and detrimental effects of relocation. Discover how by aging in place, an elder can live a more enjoyable life in dignity and health.

In-Home Care

The great majority of older adults say they’d prefer to live out their days in their own home. The good news is that there are wide and growing arrays of supports available to help older adults age in place safely and comfortably, from high-tech home-monitoring systems to in-home care. Practical things to consider include: medical needs, transportation, finances and in-home safety.



Use the **In-Home Checklist** as a guide to determine if some additional in-home service is right for your elder.

IN-HOME CHECKLIST

In Home	Yes	No	Suggested Services if the answer is Yes
Does the senior have any medical, physical or mental conditions which limit their ability to move freely in their home?			Medical alert service Medical ID Alert Jewelry Companion service Personal Care Service Chore Service
Does the senior have any medical, physical or mental conditions which require monitoring (heart disease, stroke, dementia, COPD, osteoporosis, diabetes, arthritis, other)?			Medical Alert Service Medical ID Alert Jewelry Home Health Services Medical Transportation Chore Service
Has the senior fallen or been afraid of falling in their home?			Medical alert service Companion service Medical Transportation Chore Service
Has the senior been hospitalized or to an urgent care/emergency room in the recent past?			Medical alert service Medical ID Alert Jewelry Companion service Medical Transportation

In Home	Yes	No	Suggested Services if the answer is Yes
Does the senior use a mobility assistance device (cane, walker, wheelchair, other) for walking or help with balance?			Medical alert service Medical ID Alert Jewelry Companion service Medical Transportation Chore Service
Is the senior a fall risk?			Medical alert service Medical ID Alert Jewelry Companion service Chore Service
Does the senior forget to take his or her medications on time?			Medical Alert/Notification Service Medical ID Alert Jewelry Companion service Adult Day Care
Does the senior require assistance with daily living skills (bathing, toileting, meal preparation, etc.)?			Medical Alert Service Personal Care Service Home Health Service Medical Transportation Meal or Nutrition Service Adult Day Care
Would additional assistance provide peace of mind for the senior or their caregiver?			Medical alert service Medical ID Alert Jewelry Companion service Adult Day Care

In Home	Yes	No	Suggested Services if the answer is Yes
Is it important for the senior to continue to live independently?			Medical alert service Medical ID Alert Jewelry Companion service Adult Day Care
Is the senior alone during the day and/or night? Are you concerned about the senior being alone for long periods of time?			Medical Alert Service Home Health Service Medical Transportation Meal or Nutrition Service Adult Day Care

(Take 2009)

IN-HOME SERVICES

► **Companion services (In-home care aide, non-medical)**

Encourages independence while providing daily phone calls and/or regular visitations for: errands, meal preparation, shopping, light housekeeping, respite care, and medication reminders.

► **Personal Care Services (In-home, non-medical)**

Provides assistance with personal hygiene such as bathing and toileting, etc.

► **Chore Services (House cleaning, home maintenance, lawn care, etc.)**

► **Medical Alert Service (Emergency Alert Response System)**

Systems specifically designed to protect seniors in a home medical emergency. By pushing a button a senior can summon help fast in the event of a fall, fire, home invasion or other emergency. These systems provide peace of mind for seniors and their caregivers.

► **Medical ID Alert Jewelry (Usually a bracelet)**

Engraved jewelry specifically designed to alert doctors or medics of medical conditions, allergies and medications. Informing medical personnel about your elder’s unique medical conditions and needs will greatly aid emergency and pre-hospital care before treatment is begun. Including emergency contact information on the medical alert jewelry may prove vital for elders suffering from conditions such as dementia if they become disoriented or “lost.”

► **Home Health Services (skilled medical assistance)**

Skilled nursing, home health aides, physical therapy, occupational therapy, speech therapy, medical social worker, etc. NOTE: Seniors may qualify for Medicare Home Health, when they are under the care of a physician who orders the home health care.

► **Medical Transportation**

Public transit systems may provide transportation to doctors, rehabilitation, dialysis or similar treatments for seniors (at a reduced rate). If the senior has limited mobility, verification by a physician may be required.

► **Meal or Nutrition Service**

Home delivered meals may be provided to homebound seniors or congregate dining may be offered at dining sites located throughout the county (Elder 2008).

► **Adult Day Care Service**

Adult day care provides an organized program of services during the day in a community group setting for the purpose of supporting the personal independence of older adults and promoting their social, physical, and emotional well-being.

► **Home Care Safety**

Each year, according to estimates by the U.S. Consumer Product Safety Commission (CPSC), nearly one million people over age 65 are treated in hospital emergency rooms for injuries. Slips and falls are the main cause of injury for older people in the home. The CPSC recommends the use of grab bars and non-slip mats in the bathtub, handrails on both sides of the stairs, and slip-resistant carpets and rugs. Burns occur from hot tap water and from open flames. The CPSC recommends that consumers turn down the temperature of their water heater to 120 degrees Fahrenheit to help prevent scalds. The CPSC also recommends the installation and maintenance of at least one smoke detector on every floor of the home. Older consumers should also wear flame-resistant nightwear.

HOME SAFETY CHECKLIST

Use this checklist to spot some possible safety problems which may be present in your elders’ home.

Home Safety Checklist		Recommendations
CHECK ALL CORDS		
Lamp cords, extension and telephone cords are within the flow of traffic.		Remove all cords stretched across walkways.
Cords are beneath furniture and rugs or carpeting.		Remove cords from under furniture and carpeting.
Electrical cords are frayed or cracked.		Replace frayed or cracked cords.
CHECK ALL RUGS, AND MATS		
Small rugs and runners are not slip-resistant.		Remove or replace rugs that slide.
CHECK SMOKE DETECTORS		
Smoke detectors are not in working order or properly located.		Check the smoke detector and read the instructions for proper location.
CHECK BATHTUB AND SHOWER AREAS		
Bathtubs and showers are not equipped with non-skid mats, abrasive strips, or surfaces that are not slippery.		Use non-skid mats or textured strips in the tub and shower, and on the bathroom floor.

Home Safety Checklist		Recommendations
Bathtubs and showers do not have at least one (preferably two) grab bars.		Attach grab bars, through the tile, to structural supports in the wall, or install bars specifically designed to attach to the sides of the bathtub.
Unstable elder does not have a walk-in tub or shower chair		Replace or remodel with walk-in tub or shower with shower chair.
CHECK ELECTRICAL OUTLETS AND SWITCHES		
Outlets or switches are not cool to the touch. All outlets and switches do not have cover plates.		Unplug cords from outlets and do not use the switches if they are warm or hot to the touch. Have an electrician check the wiring as soon as possible.
CHECK THE KITCHEN AREA		
Kitchen ventilation systems or range exhausts are not functioning properly.		Replace ventilation systems and range exhausts.
Appliance and power cords are not clear of, sink and range areas.		Move appliances and power cords away from sink and range.
CHECK PASSAGEWAYS		
Hallways, passageways between rooms, and other heavy traffic areas are not clear and well lit.		Install adequate lighting and clear passageways.
CHECK AREAS AROUND BEDS		
Lamps, light switches and telephones are not within reach of each bed.		Move lamps and telephones to within easy reach of bed.

Home Safety Checklist		Recommendations
CHECK OUTSIDE AREAS		
Garage and outside areas are not well lit.		Have an electrician install switches at each entrance to a dark area.

(Home 2011)

ELDER IN YOUR HOME

Another alternative to in-home care is moving an aging parent into your home (or you moving into theirs). It is important to remember that making this decision will affect your entire family. Even though this arrangement may seem to be financially advantageous it may not be the best decision. Listed below are a few things to consider:

Think carefully about how much room you have in your home. Shared living tends to work best in large homes, or those with separate bedroom and bathroom facilities. Passageways may not be wide enough to accommodate mobility devices and steps severely limit mobility.



Moving someone into your home will affect not only you, but your entire family. Will you or your children feel uncomfortable about inviting friends over to visit? Moving an aging parent into your home could jeopardize your relationships with your own family and cause resentment.

How much time and energy do you really have to care for an elderly parent in your home? If you work, will you be able to manage caregiving in addition to your

job? If you and your family decide to move your elder into your home, you may want to take advantage of Day Care and Elder Programs available at local Senior Living facilities.

If you have serious second thoughts about the decision to move an elder into your home, or you are making the decision because of “guilt” or to ease your conscience, don’t invite them anyway. You’ll both be better off in the long run if you make an acceptable, alternative arrangement (When 2000).

If you choose to move an aging parent into your home, especially if they have serious health problems, be as prepared as possible.

The following is how Rose learned that you cannot be too prepared.

“It had been three years since my Dad had passed; my mother had been traveling a lot to visit with her friends and family. She had been going to different doctors on her travels complaining of a sore throat, ear pressure, and headache--and generally not feeling up to par. All the doctors kept saying she had a sinus infection and gave her antibiotics. Not long after she returned home I found her passed out on her living room floor.

Her diagnosis was throat cancer, inoperable and aggressive. She was unable to live at home any longer so I moved her into my home. Because I had no idea of what to do, I made an appointment with her specialist as if I was going to see him myself. Once in the exam room I asked the nurse to leave. I then told the doctor that he had my \$150 and I wanted my 40 minutes. I asked him to tell me everything and anything that I could expect to happen. He was shocked, and by the time I left both he and I were crying. I did that because I needed to know what to expect because I did not want anything to traumatize my two young children. Later the same week my Mother had a bad coughing attack and spewed blood from her mouth. Because I had been told that this might happen, I did not panic. I didn’t even freak out about my new white carpet. As horrendous as the situation was at least I was prepared.

But, was my family? At the time, I thought having my Mom move in with me was the only alternative. Would I make the same decision today? Maybe not, now I know there are alternatives.”

Each person and each family must make their own decisions about eldercare. There are no right and wrong decisions--but knowledge of alternative elderly living is a powerful tool to help with these difficult decisions.

ONE PERSON CARING
ABOUT ANOTHER
REPRESENTS LIFE'S
GREATEST VALUE

— JIM ROTH

SENIOR AND ASSISTED LIVING

Assisted Living Referral Services

Take advantage of **Free** consultations such as those offered by Assisted Living Made Simple. This referral service is passionate about helping families when they become faced with the difficult task of deciding what services and living conditions are best for you or an aging loved one who requires assistance.

They offer extensive information about senior living and care options available in their area. Deciding what services and living conditions are best for you or your loved one can be overwhelming. They simplify the process and reduce stress by providing recommendations. They are knowledgeable and compassionate advocates for seniors. They base their recommendations of individual needs and preferences.

Based on you or your loved one's individual budget, specific care needs and lifestyle preferences, they can help families choose the appropriate assisted living community that best meets their needs. Because they are compensated by their assisted living partners, they are happy to provide their senior housing and assisted living referral services at no charge.

They match families with the top three or four of their assisted living partners that offer the most appropriate living options. One of their senior care advisors personally escorts families on tours of the matched assisted living communities, small residential care homes, Alzheimer's and dementia care communities--so the families can decide which senior housing option is best for them.

Assisted Living

Depending on the amount of care your elder needs, assisted living may be a viable option. Elders have as much independence as they want with the knowledge that personal care and support services are available if they need them. Some states also allow assisted living to offer medication assistance and/or reminders.

Assisted living facilities range from residential homes to continuing care retirement communities. Assisted living is often more appealing to both potential residents and their families. Many of these facilities offer a more home-like atmosphere with apartment styles that offer suites for couples or smaller bedroom models.

Some Options within Assisted Living Communities

Independent Living is often a first step for those seeking minimal help with daily living. This helps include housekeeping, meals, and transportation. Seniors live in an age restricted apartment complex setting and pay monthly rent.

Independent Living Option--Assisted Living Facility is for seniors who anticipate needing an increased level of assistance at some point in the future. This option includes housekeeping, meals, transportation with options for personal and medical services. As additional care is needed; a resident can easily transition within the same facility (often within the same apartment) and have access to the services as needed.

Small residential home Assisted Living is for seniors who seek a more intimate homelike setting. These are residential homes where residents rent a bedroom or small suite. These homes offer the same help as large facilities, such as housekeeping, meals, and personal care. Some medical care may be available, but is often provided by outside home health care agencies. An advantage of the small facilities is that there are fewer residents; therefore, they provide more interaction and supervision.

Most Assisted Living Facilities (big or small) provide limited services for seniors affected by some memory challenges, as long as the senior is not exit seeking. When more intensive services are needed for seniors suffering from Alzheimer's/Dementia it is a safer option for them to move into an Assisted Living Facility with Memory Care.

Memory Care Assisted Living is for seniors who are suffering from moderate to severe Alzheimer's/Dementia. These should be secured facilities with higher levels of monitoring and assistance. The health care workers in these communities should have special training to effectively handle some of the unique behavioral challenges presented by these diseases.

Continuing Care Retirement Communities are all encompassing senior living with an array of housing options including single family homes, villas, and apartments. They offer many options from independent living to nursing home care. This allows seniors to advance in treatment care as their needs grow. This top level option usually comes at a higher cost for the residents.

Nursing Homes are for seniors that need a level of medical care, supervision, and activity that is not possible at home or in an assisted living community. Most people over 65 will spend at least some time in a nursing home or rehabilitation center. Usually this is for a month or so following an injury or illness.

When researching facilities, be sure to check your state's agency for regulation of health care facilities or the American Health Care Association (AHCA).

HOW THEY ARE PAID

Assisted living is typically paid for from private funds, but there are a few exceptions. Some long-term care insurance policies cover licensed assisted living facilities. Check your elder's insurance policy to see if it is covered. Another source may be through veteran's benefits. In a limited number of states, Medicaid funds and waivers are available to help with assisted living costs (Overview 2011).

Nursing Homes

A nursing home is a long-term care facility licensed by the state that offers 24-hour room and board and health care services, including basic and skilled nursing care, rehabilitation, and a full range of other therapies, treatments, and programs (A Guide 2007). Also, remember to check your state's agency for regulation of health care facilities or the AHCA.

HOW THEY ARE PAID

Nursing homes are paid based on individual circumstances. Some health and long-term care insurance policies cover the cost of licensed nursing homes. Contact the business office at the nursing home you are considering to find out what is and is not covered. They will advise you.



HOSPICE CARE

If your loved one is diagnosed with a life-limiting illness, Hospice Care may be the best choice for you and for them. As the American Cancer Society explains, hospice is a philosophy of care. The hospice philosophy or viewpoint accepts death as the final stage of life. The goal of hospice is to help patients live their last stage of life as alert and pain-free as possible. Hospice care tries to manage symptoms so that a person's last days may be spent with dignity and quality, surrounded by their loved ones. Hospice affirms life and neither hastens nor postpones death. Hospice care treats the person rather than the disease; it focuses on quality rather than length of life. Hospice care is family-centered. It includes the patient and his/her family in making decisions.

Hospice care utilizes a team of professionals and trained volunteers to provide expert medical care, and pain management, as well as, emotional and spiritual support to patients and family caregivers. All care is tailored to the individual patient's needs and wishes.

Hospice provides *palliative care*, which is treatment to help relieve disease-related symptoms, but not cure an illness; the main purpose is to improve quality of life. Together patients, their family, and their doctor usually decide when hospice care should begin.

One problem with hospice care is that it is often **not started soon enough**. Sometimes the doctor, patient, or family member will resist hospice because they think it means that they are "giving up", or that there's no hope. This is not true. If a patient gets better they can be taken out of the hospice program. They can go back to hospice care later, if needed. But the hope that hospice brings is the hope of a quality life, making the best of each day during the last stages of advanced illnesses (Find 2011).

Facts about Hospice:

- Hospice care is usually covered by Medicare, private insurance, and by Medicaid in most states.
- Hospice care can be given in a patient's home, a hospital, a nursing home, an assisted living facility or a private hospice facility.

- Hospice care is not just for people with cancer. Hospice serves those with advanced Alzheimer's disease, heart disease, lung disease, HIV/AIDS--anyone who is facing a life-limiting illness.
- Hospice benefits may pay for medications and medical equipment related to the illness.
- Hospice care is available as long as a doctor believes the patient is eligible.
- Hospice care can include complementary therapies, such as music and art, to bring additional comfort.
- Hospice offers grief support to families following the death of a loved one (Programs 2011).

SUPPORT FOR CAREGIVERS

One of the hottest issues in today's media is the difficulties facing caregivers today. The reason this topic is getting so much attention is because adult children age 50+ taking care of parents has tripled since 1994 (AARP 2011). Most of this 50+ age group are also working full-time and raising a family of their own. Of the 60+ age group, many are also caught between caring for aging parents, helping their adult children, and caring for grandchildren.



Jane Green, one of our friends who is married and in her 60s, is caught in this situation. Her daughter and husband are both working full time but still having difficulty making ends meet.

One of their biggest expenses is childcare for their two small children. As a loving mother and grandmother, Jane has offered her assistance and now provides full-time care for her grandchildren. The difficulty is that she also has a 95 year old mother who requires a great deal of care. Jane shared that juggling the care of her mother and her grandchildren has created many stressors in her life. She has had to abandon many of the activities that she enjoyed with her husband and friends. Her husband has had to postpone his retirement plans due to the financial pressures this has put on his family. In addition, the sheer amount of work involved in caring for all of them leaves Jane exhausted.

Even though providing this type of care is a centuries-old act of kindness, love, and loyalty—trying to accomplish it all can take a heavy toll. As life expectancies increase and medical treatments advance, more and more of us will participate in the caregiving process, either as the caregiver, the recipient of care, or possibly as both.

As the stress piles up, frustration and despair can take hold and burnout can become a very real danger. Caregiver burnout may be avoided by following a few essential guidelines.

Learn as much as you can about how to be an effective caregiver. The more you know, the more effective you'll be, and the better you'll feel about your efforts.

Know your limits. Be realistic about how much of your time and yourself you can give. Set clear limits, and communicate those limits to family members, and other people involved.

Accept your feelings. Realize that caregiving can trigger a host of difficult emotions, including anger, fear, resentment, guilt, helplessness, and grief. As long as you don't compromise the well-being of the care receiver, allow yourself to feel what you feel.

Confide in others. Talk to people about what you feel; don't keep your emotions bottled up. Caregiver support groups are invaluable, but trusted friends and family members can help too (Smith and Kemp 2010).

Therefore, it is important to recognize and avoid caregiver burnout. If you are a caregiver and are concerned about burnout, complete the following warning signs of caregiver burnout and take action right away when you recognize the problem (Smith and Kemp 2010).

TIPS FOR CAREGIVERS

The National Family Caregiver’s Association
Tips for Caregivers include:

1. Caregiving is a job and respite is your earned right. Reward yourself with respite breaks often.
2. Watch out for signs of depression, and don’t delay in getting professional help when you need it.
3. When people offer to help, accept the offer and suggest specific things that they can do.
4. Educate yourself about your loved one’s conditions and learn how to communicate effectively with their doctors.
5. Learn the difference between caring and doing. Be open to technologies and ideas that promote your loved one’s independence.
6. Trust your instincts. Most of the time they’ll lead you in the right direction.
7. Be good to your back. Caregivers often do a lot of lifting, pushing, and pulling.
8. Grieve for your losses, and then allow yourself to dream new dreams.
9. Seek support from other caregivers. There is great strength in knowing you are not alone.
10. Stand up for your rights as a caregiver and a citizen (10 Tips 2010).



Being a caregiver is challenging for all ages, but caring for an elder, especially one with health care issues can be particularly problematical. The problem for the caregiver is that some of these elders become cantankerous, demanding and forgetful.

WARNING SIGNS OF CAREGIVER BURNOUT

Avoiding Caregiver Burnout	Yes	No
Do you have much less energy than you used to?		
Do you catch every cold or flu that’s going around?		
Are you constantly exhausted, even after sleeping or taking a break?		
Are you neglecting your own needs or those of your family, either because you’re too busy or you don’t care anymore?		
Does your life revolve around care giving, but it gives you little satisfaction?		
Do you have trouble relaxing, even when help is available?		
Have you increased your use of stimulants or alcohol?		
Are you increasingly impatient and irritable with the person you’re caring for and others?		
Do you feel overwhelmed, helpless, and hopeless?		
Are you depressed and subject to excessive crying?		

If you answered yes to any of the questions listed above you are recognizing the signs of caregiver burnout. The following will give you strategies to guard against this debilitating condition.



STRATEGIES TO PREVENT CAREGIVER BURNOUT

By learning and understanding burnout, caregivers can guard against this debilitating condition.

The first strategy for preventing caregiver burnout is to acknowledge that being a caregiver is filled with frustration, stress and anxiety. Therefore, don’t try to do it all alone. Taking on all of the responsibilities of caregiving without regular breaks or assistance is a surefire recipe for burnout. It cannot be said often enough; the best way to be an effective caregiver is to first take care of you.

The second strategy is to request help when you need it. Ask friends and family to assist by running errands, bringing in meals, or sitting with your loved one so you can take a well-deserved break.

The third strategy is to use services that are available in your community; the cost is often based on ability to pay or covered by the care receiver’s insurance. The services that may be available in your community include adult day care centers, companion services, home health aides, meal or nutrition services, respite care, medical transportation services, and skilled nursing.

As caregivers you may often be isolated from others; therefore, it is essential that you receive the emotional support you need. So you don’t lose that capacity--share what you’re going through with at least one other person. Turn to a trusted friend or family member, join a support group, or make an appointment with a counselor or therapist. You can also draw strength from your faith. A congregation in a church or synagogue can provide the encouragement you need to feel good about your caregiving role. You may feel conflicted about your commitment to your loved one and to your faith community but continuing to attend church may provide the emotional and spiritual support you need.

When you are a caregiver, it is essential that you find time to nurture yourself even if this might seem impossible. If you don’t, you may not have the mental or physical strength to deal with all of the stress you experience as a caregiver. Give yourself permission to rest and to do things that you enjoy on a daily basis. You will be a better caregiver for it.

**MORE THAN 65 MILLION PEOPLE, 29% OF
THE U.S. POPULATION PROVIDE CARE FOR A
CHRONICALLY ILL, DISABLED OR AGED FAMILY MEMBER
OR FRIEND DURING ANY GIVEN YEAR AND SPEND AN
AVERAGE OF 20 HOURS PER WEEK PROVIDING CARE FOR
THEIR LOVED ONE.
CAREGIVING IN THE UNITED STATES; NATIONAL
ALLIANCE FOR CAREGIVING IN COLLABORATION
WITH AARP; NOVEMBER 2009**

TAKING CARE OF YOURSELF AS A CAREGIVER

Some suggestions for taking care of yourself:

- Take time to do activities that give you pleasure even when you don't really feel like it. Read, listen to music, visit with friends, get outside, engage in a hobby . . . whatever it is that you enjoy.
- Eat balanced meals and as often as possible, with your family. Exercise, even if it's a short walk every day. Make a good night's sleep a priority.
- Laugh. It really is the best medicine. Try to find some humor in everyday situations.
- Maintain telephone contact with family members and friends to let them know if you need anything. Ask volunteers from your church or senior center to call each day to be sure everything is all right.
- Draw on spiritual support to make it through hard times. Take time to go to your place of worship.
- Take time for afternoons or evenings out.

Seek out friends and family to help you so that you can have some time away from the home. If it is difficult to leave, invite friends and family over to visit with you. It is important that you interact with others (Smith and Kemp 2010).

The use of a nursery type monitor may be very helpful. A monitor provides the opportunity to hear or see your loved one while doing other things like visiting with friends.

Susan states that when she became the primary caregiver for her mother, she found that a 20 minute walk in the fresh air with her husband made a world of difference in managing her caregiver stress.

PAY FOR FAMILY CAREGIVING

Many family caregivers wonder about getting paid for their work, but the questions are not without dilemma: Is there pay available for caregiving for Mom or Dad? Is it morally right for an adult child to get paid for taking care of elderly parents? What should the family caregiver get paid, and for what work?

Some pay solutions may be available for family caregivers. Some elders have resources available to pay a family caregiver directly. In this case the quandary is not where to find funds, but whether to pay them to a family member for caregiving.

Ideas include cash payments to the caregiver, gifts, or contributions to grandkids' college funds. If one child picks up a majority of the parental care, that individual can have a legal contract drawn up that outlines the care to be provided and stipulates either an hourly wage or per diem charge. Note: If wages are given, taxes are withheld.

Another option is Medicaid. If the elder qualifies for Medicaid, the caregiver should be able to get paid for care, depending on a number of criteria. One of the steps includes applying for your state Medicaid. Secondly, the caregiver must be trained and certified. Information on both steps can be obtained from U.S. government websites about Medicaid.

A possibility for pay also exists if the elders have a long-term care insurance cash policy. After certain criteria are met, the insurance company will send the insured the entire monthly benefit of the cash policy. The elder can use the cash to pay family caregivers.

Other long-term care policies pay only for licensed care through an agency, but some pay for individual aides who are certified. In that case, the caregiver will need to become certified to receive pay for elderly care.

This same principle applies if the elder does not have the above mentioned long-term care coverage—or if family members are uncomfortable with the direct pay approach. The caregiver needs to become licensed and then go to work for the health care agency providing service for their elder.

Veterans Benefits

If your elder was a veteran and qualifies for veteran's benefits from the Veteran's Administration (VA), they offer a paid caregiving program. This program called "Aid and Attendance," is an extra cash payment available if the veteran is disabled or needs custodial care. Consult your local VA office for more information, but beware--many local offices do not provide much information about this benefit. You may have to be pushy and dig for the facts (Moros 2008).

Family caregivers are undoubtedly the backbone of our long-term care system and vital to meeting the needs of our aging population. As a result of our country's dependence on families to care for loved ones at home, the federal government enacted the Family Caregiver Support Program (FCSP) in 2000.

All states now provide some type of support in varying degrees under FCSP which focuses efforts on family care giving relief. State agencies on aging, with the assistance of local area agencies on aging, oversee and administer family care giving services. Many local programs offer families counseling and support groups, training, and respite.



GERIATRIC HEALTHCARE

Navigating the healthcare system has become difficult for everyone – it is especially difficult for our seniors and their families. As people age, they tend to have more and more healthcare issues. As a result, most elderly people see numerous doctors, have a calendar full of medical appointments and take numerous prescriptions. It is another difficult task of a caregiver, but whether it is you; or if you hire someone, it is critical that your beloved elder has a healthcare advocate. You should keep an ongoing record of their medical history, symptoms, treatments, and instructions.

Just as some families hire legal or financial advisors, they can now hire (geriatric) healthcare advisors.

David Bellotti, Geriatric Care Manager and Professional Guardian of American Geriatric Care Group, provides the following description of what services they provide:

A Geriatric Care Manager is a health and human services specialist who acts as a guide and advocate for families who are caring for older relatives or disabled adults. The Geriatric Care Manager is educated and experienced in any of several fields related to Geriatric Care Management including, but not limited to nursing, gerontology, social work, or psychology, with a specialized focus on issues related to aging and elder care.

The Geriatric Care Manager assists clients in attaining their maximum functional potential. The individual’s independence is encouraged, while safety and security concerns are also addressed. Geriatric Care Managers are able to address a broad range of issues related to the well-being of their client. They also have extensive knowledge about the costs, quality, and availability of resources in their communities.

Geriatric Care Managers become the “coach” and families or clients the “team captain.” The best Geriatric Care Management Professionals are members of the Aging Life Care Association (ALCA) and differ from Patient Advocates, Senior Advisors, Senior Navigators, and Elder Advocates, ALCA members must meet stringent education, experience, and certification requirements of the organization, and all members are required to adhere to a strict Code of Ethics and Standards of Practice.

How do you know that you need a Geriatric Care Manager?

When caregiving for an aging family member becomes overwhelming, it may be time to contact a Geriatric Care Manager.

You may need a Geriatric Care Manager if:

The person you are caring for has limited or no family support.

Your family has just become involved with helping the individual and needs direction about available services.

The person you are caring for has multiple medical or psychological issues.

The person you are caring for is unable to live safely in his/her current environment.

Your family has limited time and or/expertise in dealing with your loved ones’ chronic care needs.

Your family is at odds regarding care decisions.

The person you are caring for is not pleased with current care providers and requires advocacy

The person you are caring for is confused about his/her own financial and/or legal situation.

Your family needs education and/or direction in dealing with behaviors associated with dementia.

Geriatric Care Management services are offered in a variety of settings—are personalized compassionate and can serve the needs of their clients by providing;

Accessibility – care is typically available 24 hours a day, 7 days a week

Continuity of care – communications are coordinated between family members, doctors and other professionals, and service providers.

Cost containment – inappropriate placements, duplication of services, and unnecessary hospitalizations are avoided

Quality control – Geriatric Care Management services follow ALCA’s Standards of Practice and Code of Ethics.

HEALTH INSURANCE

A yearly review of your elder’s health insurance and benefits could also save a great deal of time, money and frustration. If you find comparisons of insurance programs confusing—seek a Health Insurance Advisor. Their services are free and they should be able to provide clear, concise information on the pros and cons of different insurance offerings.

MEDICAL DOCUMENTS THAT EVERYONE NEEDS

The forms provided in here can provide healthcare workers with a snapshot of your elder’s medical history and current condition. Caregivers will also learn what information to furnish healthcare providers so they can develop a thorough and effective plan of care.

Personal and Healthcare information

Current Medications

Non-Prescriptive Medications

Nutritional Supplements

Current Medical Diagnoses

Physicians’ Medical Information

Prior Surgeries and Hospitalizations

Additional forms that your elder might prefer to complete are included on the following pages.

DNR (Do Not Resuscitate)

A DNR spells out the conditions under which you prefer not to be resuscitated by CPR (cardio pulmonary resuscitation), so that if your heart stops, you will not be revived.

SAMPLE D N R

DO-NOT-RESUSCITATE ORDER

I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me.
This order is effective until it is revoked by me.
Being of sound mind, I voluntarily execute this order, and I understand its full impact.

(Declarant’s signature) (Date)

(Type or print declarant’s full name)

(Signature of person who signed for declarant, if applicable) (Date)

(Type or print full name)

ATTESTATION OF WITNESSES

The individual who has executed this order appears to be of sound mind, and under no duress, fraud, or undue influence. Upon executing this order, the individual has (has not) received an identification bracelet.

(Witness signature) (Date) (Witness signature) (Date)

(Type or print witness’s name) (Type or print witness’s name)

Please note: In some states these forms are a particular color and should be signed by a physician. They should also be placed in a certain location in the home. Check with your local health care professionals for the instructions specific to your location.

This sample form does not provide specific medical advice and does not endorse any medical or professional service. The use of this form does not replace medical consultation with a qualified health or medical professional to meet the health and medical needs of you or others. (Do Not 2011).

ORGAN DONOR CARD

The need for donated organs is far greater than the supply. You can save lives by deciding to be an organ donor.

People who must wait for an organ from an anonymous donor live in limbo. They cannot predict whether they will live to receive an organ. A patient could get an organ donation tomorrow or wait several years.

What a terrible waste to bury healthy organs rather than donate them to provide life to others in need.

Organ Donor Card

By completing the organ donor card (below) in the presence of your family, you will know they support your wishes. The donor card serves as a reminder to your family and medical staff. Carry it in your wallet or purse at all times.

Uniform Donor Card

I, _____, have spoken to my family about organ and tissue donation. The following people have witnessed my commitment to be a donor. I wish to donate the following:

_____ any needed organs and tissue,

___only the following organs and tissue:

Donor Signature: _____ Date: _____

Next of Kin: _____

Telephone :(_____) _____

(Live 2001)

PERSONAL AND HEALTHCARE INFORMATION

Medical Information

Legal Name of Elder

Nickname

Maiden Name (if applicable)

Telephone

Address

Date of Birth

Place of Birth

Religion

Social Security Number

Current Marital Status

PERSONAL AND HEALTHCARE INFORMATION

Spouse's Name

Health Care Insurance

Name of Insurance

Type of Policy

Member number

Group & Plan Number

Agency or Insurance Company's Telephone

Address

Medicare #

Medicaid #

Long-term Care Insurance (Carrier and Number)

Other Insurance (Carrier and Number)

Blood Type

Allergies

Emergency Contact

Address

Telephone

Primary Caregiver

Address

Telephone

Name of Power of Attorney (Health Care Surrogate)

Address

Telephone

Name of Power Attorney (Finances)

Name(s), Address (es), and Phone Number(s) of Elder’s Children

Name(s), Address (es), and Phone Number(s) of other Relatives

(Indicate Relationship to Elder)

CURRENT MEDICATIONS

List all prescription medications, dosages, and prescribing physician. Bring this list to all medical appointments and notify each doctor of current medications. (Update Regularly)

Medication

Purpose

Physician

Phone

Dosage

Date Prescription Expires

Instructions

Medication

Purpose

Physician

Phone

Dosage

CURRENT MEDICATIONS

Date Prescription Expires

Instructions

Medication

Purpose

Physician

Phone

Dosage

Date Prescription Expires

Instructions

Medication

Purpose

Physician

Phone

Dosage

Date Prescription Expires

Instructions

Medication _____

Purpose _____

Physician _____

Phone _____

Dosage _____

Date Prescription Expires _____

Instructions _____

Medication _____

Purpose _____

Physician _____

Phone _____

Dosage _____

Date Prescription Expires _____

Instructions _____

Medication _____

Purpose _____

Physician _____

Phone _____

Dosage _____

Date Prescription Expires _____

Instructions _____

Medication _____

Purpose _____

Physician _____

Phone _____

Dosage _____

Date Prescription Expires _____

Instructions _____

NON-PRESCRIPTIVE MEDICATIONS

List all non-prescription medications and dosages—vitamins, over-the-counter drugs.
(Update regularly)

Medication

Purpose

Dosage

Date Expires

Instructions

Medication

Purpose

Dosage

Date Expires

Instructions

NON-PRESCRIPTIVE MEDICATIONS

Medication

Purpose

Dosage

Date Expires

Instructions

Medication

Purpose

Dosage

Date Expires

Instructions

NUTRITIONAL SUPPLEMENTS

Supplement _____

Purpose _____

Advisor _____

Phone _____

Dosage _____

Date _____

Instructions _____

Supplement _____

Purpose _____

Advisor _____

Phone _____

Dosage _____

NUTRITIONAL SUPPLEMENTS

Date _____

Instructions _____

Supplement _____

Purpose _____

Advisor _____

Phone _____

Dosage _____

Date _____

Instructions _____

PHYSICIAN, CURRENT MEDICAL DIAGNOSES

Physician (specialty) _____

Diagnosis _____

Phone _____

Date of Diagnosis _____

Treatment Plan _____

Physician (specialty) _____

Diagnosis _____

Phone _____

Date of Diagnosis _____

Treatment Plan _____

Physician (specialty) _____

Diagnosis _____

PHYSICIAN, CURRENT MEDICAL DIAGNOSES

Phone _____

Date of Diagnosis _____

Treatment Plan _____

Physician (specialty) _____

Diagnosis _____

Phone _____

Date of Diagnosis _____

Treatment Plan _____

Physician (specialty) _____

Diagnosis _____

Phone _____

Date of Diagnosis _____

Treatment Plan _____

Physician (specialty) _____

Diagnosis _____

Phone _____

Date of Diagnosis _____

Treatment Plan _____

Physician (specialty) _____

Diagnosis _____

Phone _____

Date of Diagnosis _____

Treatment Plan _____

Physician (specialty) _____

Diagnosis _____

Phone _____

Date of Diagnosis _____

Treatment Plan _____

Physician (specialty) _____

Diagnosis _____

Phone _____

Date of Diagnosis _____

Treatment Plan _____

Physician (specialty) _____

Diagnosis _____

Phone _____

Date of Diagnosis _____

Treatment Plan _____

PRIOR SURGERIES AND HOSPITALIZATIONS

Diagnosis for Surgery or Hospitalization

Physician (specialty)

Phone

Date of Surgery or Hospitalization

Hospital

Diagnosis for Surgery or Hospitalization

Physician (specialty)

Phone

Date of Surgery or Hospitalization

Hospital

Diagnosis for Surgery or Hospitalization

Physician (specialty)

Phone

Date of Surgery or Hospitalization

Hospital

Diagnosis for Surgery or Hospitalization

Physician (specialty)

Phone

Date of Surgery or Hospitalization

Hospital

Diagnosis for Surgery or Hospitalization

Physician (specialty)

Phone

Date of Surgery or Hospitalization

Hospital

Diagnosis for Surgery or Hospitalization

Physician (specialty)

Phone

Date of Surgery or Hospitalization

Hospital

(Fannie Mae 2000)

LEGAL DOCUMENTS EVERYONE NEEDS

Everyone needs to have certain legal documents outlining their health care and end of life wishes. Yes, everyone, not only the elderly. This is why Debra G. Simms a Florida Bar Certified Elder Law Attorney provides the following information for estate planning.

Is Your Estate Planning Up to Date?

Take this simple test (by answering yes or no) to see if it is.

1. Have you prepared a will or a trust?

Without proactive planning, you are relying on the Florida legislature to determine how your assets pass, to whom they pass, and when they pass. In addition to having potentially undesired results, this is perhaps the most costly and time consuming means of passing your assets to your loved ones.

2. If you have done a will or trust, has it been reviewed in the last two years?

You may have experienced family or financial changes since your plan was reviewed. In addition, there have been major tax law changes in the last several years. An out-of-date estate plan perhaps is worse than no estate plan at all. Our experience is that people view estate planning as an event rather than a process. Keeping your plan current is vital to achieving the goals you set out to accomplish.

3. Are all of your heirs over the age of 18 and financially responsible?

Under Florida law, children inherit property at age 18 *without restriction*. Proper planning is crucial to prevent an heir from squandering his or her inheritance, or worse, from causing harm to himself or herself.

4. Are you absolutely certain that your assets will not be subject to probate?

going to avoid probate. Assets owned as "joint tenants with rights of survivorship," assets owned in the name of a trust, and assets that pass by beneficiary designation (such as IRAs, life insurance, etc.) will avoid probate. However, joint tenancy may not yield the most favorable capital gains tax (depending upon your specific situation). Everything else is subject to probate. (Also, note that

assets owned jointly are typically subject to probate upon the death of the last joint tenant or community property survivor.) Probates are costly and typically require twelve (12) to eighteen (18) months from the date of death to conclude.

5. Do you have assets titled jointly with a child or children or someone else?

Holding assets jointly with someone other than a spouse is quite common, but has some potentially devastating consequences of which most people are unaware. In Florida, a creditor of a joint tenant can claim title to the asset to satisfy the creditor's claim. A creditor would include a divorcing spouse, judgment creditor, or business creditor. Additionally, problems can be created if joint tenants die in the wrong order,

6. Does your current plan provide your heirs with asset protection, divorce protection, and lawsuit protection?

The most common means of providing for heirs is with outright distributions. By doing so, however, the inheritance becomes subject to the creditors of your heirs.

7. Is this your only marriage?

Second or subsequent marriages present unique planning issues, particularly if both spouses have children from a prior marriage. Proper planning is critical to prevent undesired results.

If you answered "No" to any of the above questions or "Yes to #5, you should make an appointment to speak to an attorney.

ESTATE PLANNING MATERIALS

Which documents do you need in case you become incapacitated?

A. Durable Power of attorney – you name someone to make financial decisions for you whether you are incapacitated or not (you must really trust them); FYI – in Florida, if you have power of attorney that says it only works once you become incapacitated is invalid – if get this kind of power of attorney for use in Florida, then someone ripped you off.

B. Health Care Surrogate –very, very important to have one! – almost everyone ends up using one of these several times – you name people to make health care decisions for you when you are incapacitated.

C. Living Will – A living will is a document wherein you state that you do not wish to be on artificial life support if you are at the end of life and if you are incapacitated, the people named in the living will may carry out your decision.

D. All 3 documents listed above are shredded when you die because then your Last Will and Testament takes over.

Basics of a Last Will and Testament

A. What is a Last Will and Testament (Will)? It is a document prepared with a specific format that is formally witnessed which outlines who inherits what when you die. If you do not have a Will when you die, the State of Florida has one for you and everything goes to your closest next of kin and follows the family tree. So, if your cousin is your closet next of kin, he/she gets it all.

1. A Last Will and Testament is NOT the same thing as a Living Will. A living will is a document wherein you state that you do not wish to be on artificial life support if you are at the end of life.

2. Gifting to a Church or Charity – Leaving a gift to a church or charity in your Last Will and Testament can be a wonderful thing. A large gift may be a drop in the bucket to a large charity but a

small gift can be a big benefit to a small charity such as a church. If you feel called to give, please add them to you Last Will and Testament as a beneficiary. Or you can gift them by naming as a beneficiary all of a percentage of an IRA (a great way to get a tax savings) or a life insurance policy. Many of my clients have small “burial procedures” their parents bought for them when they were babies. These policies make great gifts to charity because they are almost never needed for a burial (or they are not even enough money).

3. In your Will you name the guardian for your children – very important!

Basics of a Living Trust

A. What is a Living Trust? Living Trusts are called “living” because the legal term for them is “inter vivos trust”, which means during life. Clients are much more comfortable with everyday language rather than legalese therefore the habit formed of always calling the “living” trusts.

1. **Revocable Trust** –Another term used for a living trust is “revocable trust”. Just as it implies, a revocable trust (or inter vivos trust of living trust) allows the client to revoke it, amend it or withdraw all of the assets from it during their lifetime. It only becomes irrevocable at the client's death. Living trusts are sued because they avoid most probate and guardianship procedures.

Probate

A. What is Probate? After a client passes away, the court process which transfers the title or ownership of their assets to their loving heirs is called “probate”. Probate usually costs about 5% to 8% of whatever passes through the courthouse. Many clients choose to have a trust as their main estate planning documents to save the family this expense.

B. Guardianship – If a client becomes incapacitated and they do not have a living trust or a durable power of attorney then the client's family must go to the court and petition to be named guardian for the incapacitated client. This is an expensive process and very time intensive. Having a living trust avoids the procedure because in the trust there is a provision that says if the client becomes incapacitated and cannot serve as trustee of their own trust then someone is named as successor trustee to handle the affairs of the trust. If most or all of the client's assets are in the trust then the successor trustee will have very little problem taking care of the client if they are incapacitated.

Summary of Important Points

1. It is important that you review your exact asset ownership and titling and coordinate with your estate planning, insurance planning and business planning.

- 2. It is important to know exactly what and who is covered by your insurances.
- 3. Set up some time to review on an annual or even bi-annual basis your overall asset protection, and your estate planning, which is what asset protection is largely about.
- 4. Take care of what you can and then stop worrying and enjoy life!

MONEY MATTERS

Nearly 10 million seniors live alone, according to the National Council on Aging, and most need help keeping their finances straight.

When bills aren't paid, seniors run the risk of having their utilities shut off, or worse, losing their home. Should that happen, there's a good chance a social worker or family member could take the matter to court, seeking to label the senior as incapacitated, which means complete financial control would be turned over to a court appointee. Therefore, the elder's power of attorney for finances should periodically sort through their mail, and when needed, pay their bills, balance their checkbook and help them maintain a budget. This person should also keep track of medical bills and Medicare forms. Other financial accounts which should be carefully monitored include: money market and savings accounts; retirement and investment accounts; stocks; bonds and loans. The power of attorney for finances may also need to negotiate with creditors and financial institutions as well as organizations seeking contributions. All too often, seniors fall prey to unethical or even illegal business practices (Caring 2011).

A credit report should be done periodically to protect your elder's identity. This report may also reveal outstanding debts that have been incurred of which you are not aware.



To avoid having your elder victimized by unethical or illegal business practices their confidential information should be gathered and placed together in a convenient, secure place accessible only by the person or persons designated by them.

TAKE ANY PROBLEM
IN LIFE AND IT WILL
FALL UNDER ONE OF
THREE CATEGORIES —

MONEY, HEALTH OR
RELATIONSHIPS

CHECKING AND MONEY MARKET ACCOUNTS

The following lists will help you summarize your older relative’s financial assets and liabilities.

Account in Name of _____

Bank Name and Address _____

Type of Account _____

Account Number _____

Password _____

Account in Name of _____

Bank Name and Address _____

Type of Account _____

Account Number _____

Password _____

Account in Name of _____

Bank Name and Address _____

Type of Account _____

Account Number _____

Password _____

Safe Deposit Box

Name of Bank and Branch _____

Safe Deposit Box Address _____

Name of Box Holder _____

Box Number _____

Location/Custodian Key _____

Savings Accounts

Account in Name of _____

Bank Name and Address _____

Type of Account _____

Account Number _____

Password _____

Account in Name of _____

Bank Name and Address _____

Type of Account _____

Account Number _____

Password _____

PERSONAL PROPERTY

Automobiles

Title in the Name of _____

Make/Model _____

Year _____

Vehicle ID Number _____

Color _____

Price _____

Date Purchased _____

Title in the Name of _____

Make/Model _____

Year _____

Vehicle ID Number _____

Color _____

Price _____

Date Purchased _____

(Other Vehicles– Boats/Motorcycles)

Title in the Name of _____

Make/Model _____

Year _____

Vehicle ID Number _____

Color _____

Price _____

Date Purchased _____

Title in the Name of _____

Make/Model _____

Year _____

Vehicle ID Number _____

Color _____

Price _____

Date Purchased _____

PROPERTIES OWNED

Real Estate

Description _____

Property in the Name of _____

Date Acquired _____

Purchase Price _____

Mortgager _____

Mortgager’s Address _____

Mortgage Amount _____

Term _____

Description _____

Property in the Name of _____

Date Acquired _____

Purchase Price _____

Mortgager _____

Mortgager’s Address _____

Mortgage Amount _____

Term _____

Description _____

Property in the Name of _____

Date Acquired _____

Purchase Price _____

Mortgager _____

Mortgager’s Address _____

Mortgage Amount _____

Term _____

Description _____

Property in the Name of _____

Date Acquired _____

Purchase Price _____

Mortgager _____

Mortgager’s Address _____

Mortgage Amount _____

Term _____

Description _____

Property in the Name of _____

Date Acquired _____

Purchase Price _____

Mortgager _____

Mortgager’s Address _____

Mortgage Amount _____

Term _____

Description _____

Property in the Name of _____

Date Acquired _____

Purchase Price _____

Mortgager _____

Mortgager’s Address _____

Mortgage Amount _____

Term _____

RETIREMENT ACCOUNTS

Financial and Banking Information

Account in Name of _____

Type of Account _____

Account Number _____

Name of Institution _____

Telephone _____

Address _____

Account in Name of _____

Type of Account _____

Account Number _____

Name of Institution _____

Telephone _____

Address _____

Insurance

Type of Policy _____

RETIREMENT ACCOUNTS

Name of Agent _____

Agent’s Telephone _____

Name of Insurance Company _____

Agency or Insurance Company’s Address _____

Type of Policy _____

Name of Agent _____

Agent’s Telephone _____

Name of Insurance Company _____

Agency or Insurance Company’s Address _____

Type of Policy _____

Name of Agent _____

Agent’s Telephone _____

Name of Insurance Company _____

Agency or Insurance Company’s Address _____

SECURITIES

Stocks, Mutual Funds, bonds, etc.

Account in Name(s) of _____

Name of shareholding company _____

Number of Shares _____

Account in Name(s) of _____

Name of shareholding company _____

Number of Shares _____

Account in Name(s) of _____

Name of shareholding company _____

Number of Shares _____

Account in Name(s) of _____

Name of shareholding company _____

Number of Shares _____

Account in Name(s) of _____

Name of shareholding company _____

Number of Shares _____

Certificates of Deposit

Account in Name(s) of _____

Certificates of Deposit _____

Amount _____

Account in Name(s) of _____

Certificates of Deposit _____

Amount _____

Account in Name(s) of _____

Certificates of Deposit _____

Amount _____

Account in Name(s) of _____

Certificates of Deposit _____

Amount _____

LOANS

Loan in Name of _____

Type of Loan _____

Loan Account Number _____

Original Amount of Loan _____

Due Date _____

Interest Rate _____

Term _____

Lender _____

Telephone _____

Address _____

Loan in Name of _____

Type of Loan _____

Loan Account Number _____

Original Amount of Loan _____

LOANS

Due Date _____

Interest Rate _____

Term _____

Lender _____

Telephone _____

Address _____

Other Indebtedness

In Name of _____

Type _____

Account Number _____

Amount _____

Due Date _____

CREDIT CARD(S)

Account in Name of _____

Issuing Company _____

Telephone _____

Company Address _____

Account Number _____

Expiration Date _____

Account in Name of _____

Issuing Company _____

Telephone _____

Company Address _____

Account Number _____

Expiration Date _____

Account in Name of _____

Issuing Company _____

CREDIT CARD(S)

Telephone _____

Company Address _____

Account Number _____

Expiration Date _____

Account in Name of _____

Issuing Company _____

Telephone _____

Company Address _____

Account Number _____

Expiration Date _____

FUNERAL ARRANGEMENTS

Your beloved elder should be encouraged to plan and pre-pay for their funeral in advance. This assures that their wishes will be met and demonstrates love and consideration toward their family members. This will reduce the stress of indecision and uncertainty when their death occurs.

Advanced planning for religious services should also be completed. If your loved one is currently a member of a church or religion this can be done with their religious leader. If they are not a member, they should share their preference for a religious service and designate the clergy they would prefer handle the service.

Complete and thorough advanced planning can save families considerable sums of money, as well as, avoid potential family conflict (Caring 2011).

Name of Funeral Home

Address of Funeral Home

Telephone Number of Funeral Home

Location of Pre-Payment Receipts or Deeds

Name of Church

Address of Church

Name of Clergy

Name of Cemetery

Address of Cemetery

Telephone of Cemetery

Plot Number and Location

Cremation Instructions

Crypt Number and Location

Cremation Instructions

Special Instructions:



OBITUARY INSTRUCTIONS

A GUIDING LIGHT FOR SENIORS & THEIR FAMILIES

(Fannie Mae 2000)

PERSONAL PROPERTY DISTRIBUTION LIST

Along with advanced preparations for funeral services the elder should designate who they would like to inherit personal property not designated in their will.

Personal Property Distribution List				
Item	Date Acquired	Personal/Sentimental Value	Person Designated to Receive Item	Comments

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