



Elder Care Planning Worksheet

As you begin the process of planning for your future medical, financial and legal needs, this worksheet will assist you in preparing for the types of questions that may come up along the way. Use it as a guide to discuss advance care planning with your family, as a checklist to make sure you have covered your bases, or as a place to jot down any thoughts or concerns you may have. You won't have all the answers, but this is a good place to start.

PLANNING FOR MEDICAL DECISIONS

Have you already done anything to prepare for future medical decisions? If so, what?

How well do you feel you understand the progression of dementia, or other serious and life-threatening illnesses and the type of care you may need?

How well do you feel you understand the types of decisions that may need to be made in the advanced stages of dementia or at the end of life?

Have you given someone legal authority to make medical decisions for you when you can no longer do so? If not, who would you consider?



Have you discussed your health care choices with your agent and are they prepared to make care decisions in the future? Is there anything else you would still like to discuss?

[Empty text box for response]

Have you reviewed your advance health care directive or goals of care with your doctor within the last year?

[Empty text box for response]

MEDICAL DOCUMENTS AND INFORMATION

Advance Health Care Directive(s) (AHCD)

Status:	<input type="text"/>	Date Completed:	<input type="text"/>
Agent:	<input type="text"/>	Relation:	<input type="text"/>
Backup Agent:	<input type="text"/>	Relation:	<input type="text"/>

Conservator/Guardian

Status:	<input type="text"/>	Date Completed:	<input type="text"/>
Name:	<input type="text"/>	Relation:	<input type="text"/>

POLST/IPOST

Status:	<input type="text"/>	Date Completed:	<input type="text"/>
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Goals of Care (usually included in AHCD)

Status:	<input type="text"/>	Date Completed:	<input type="text"/>
Discussed with Doctor?	<input type="text"/>	When?	<input type="text"/>

Do plans and preferences match across these documents?



LEGAL AND FINANCIAL PLANNING

- Have you already done some planning around paying for your current or future care needs?

- Have you given someone legal authority to make financial and legal decisions for you when you are no longer able to do so?

- Does that person/people need help understanding or managing your financial resources? Who needs to be brought into the discussions?

- Do you have any insurance or benefits such as Medicare, Medi-Cal, Social Security Income, VA Benefits, Long Term Care Insurance, etc?

- Do you have any concerns about your insurance or benefits?

Do you have any worries about being able to afford to pay for future care and end of life needs?

Do you have any concerns with your housing? This includes concerns about a community residence or nursing facility where you may be living.

Have you (or anyone who is helping you) made any financial or legal decisions that concern you?

LEGAL AND FINANCIAL DOCUMENTS AND INFORMATION

Person/People who help manage your money and property (fiduciaries)

Agent in Durable Power of Attorney for Finances (DPOA-F)

Status: Date Completed:

Agent: Relation:

Backup Agent: Relation:

Trustee/s in a Living Trust:

Conservator/Guardian:

Continued...



- Social Security Representative Payee:
- VA Fiduciary:
- Private/Professional Fiduciary:
- Someone other than above:

Health Insurance

- Medicare Supplemental Insurance/Medi-Gap
- Medicaid / Medi-Cal Share of Cost
- Veterans Health Care VA Long-Term Care
- Private Insurance
- Other

Plan to Pay for Long Term Care (LTC) Needs

- Private LTC insurance
- Medicaid LTC Program
- In-Home Supportive Services (IHSS - CA only)
- VA Benefits / Compensation / Pension
- Personal savings and/or assets
- Pension/retirement funds
- Social Security Retirement Income
- Financial product (reverse mortgage, annuity, other)
- Other
- None

Continued...



End of Life Plans

- Trust and/or Will
- Funeral arrangements
- Other

Previous Professional Consultation

- Social Worker
- Attorney
- Financial Advisor
- Other

Additional Comments:



MY VALUES AND BELIEFS

When it comes to quality of life, the following matter most to me (check all that apply):

- Spending time and connecting with loved ones
- Recognizing family and friends
- Making my own decisions
- Communicating meaningfully
- Being physically active
- Being socially active
- Living independently
- Taking care of my personal hygiene (bathing, dressing)
- Living in my home
- Working or volunteering
- Participating in hobbies or interests
- Honoring my spiritual beliefs and/or religion
- Other:

Notes:

How my cultural, spiritual, religious and/or belief system influences my health care decisions:

When considering **where** to receive elder care, select what is important to you:

- Home health care
- Living with family members
- Proximity to medical care
- Transportation
- Medical staff
- Access to outdoor spaces
- Levels of care offered (locations with multiple levels of care may avoid having to move in the future)
- Stay in current town or move to location near family (underline your preference)
- Move while still cognitive or ambulatory to adjust to new environment before more advanced care is needed
- Faith-based facilities
- Other:

Strategies for Multiple Children

When multiple children are involved, early communication and assignment of roles can help avoid conflict and ensure your wishes are met.

- Primary Care Coordinator
- Medical Decisions
- Financial Management
- Medication Management
- Geriatric Care Manager



Thoughts, concerns, or additional information:

A large, empty light grey rectangular area intended for handwritten or typed notes, thoughts, or concerns.

Next Steps:

- Share or talk through information in this document with your loved one(s).
- Identify gaps or needed documents.
- Make a plan to start completing documentation one at a time.