

CAREGIVER TOOLKIT

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GUIDE TO SENIOR HOUSING AND CARE



U.S. EDITION



Guide to Senior Housing and Senior Care

Families have many decisions to make during a senior care search. With so many options available in the U.S., it's easy to feel confused and overwhelmed. We created this Guide to Senior Housing and care to empower families with current market information so they may act as strong advocates for their aging loved ones. With the right information and resources, you'll be better prepared to make informed and confident choices for your family.

Remember you're not alone. Our team of Senior Living Advisors offers free senior care assessments and one-on-one guidance for families across the nation. If you are currently working with an Advisor, they will answer questions not addressed in this guide. If you're not yet connected with an Advisor, call us at **(877) 311-6099**. You'll be connected with an Advisor who knows your area and can help you determine which housing or care options your family should explore.



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Senior Living Communities

Independent senior living communities cater to seniors who are self-sufficient and who do not need hands-on care. Residents live in fully equipped private apartments that typically include a kitchenette, and sometimes a full kitchen. These communities usually offer a broad range of intellectual, physical and social activities.

These communities offer a carefree lifestyle, free of many potentially difficult or burdensome responsibilities, such as meal preparation, housekeeping and laundry and house maintenance.

Senior apartments are also considered independent senior living communities, but provide few, if any, amenities. See the Senior Apartments section in this chapter for more information about senior apartments.



Other Names for Independent Senior Living

- Retirement communities
- Senior apartments
- Active senior communities
- 55+ communities
- Retirement homes
- Active senior living

Independent senior living is generally appropriate for seniors who are fully or mostly independent, but who may enjoy the companionship of others their age, or who may benefit from amenities such as prepared meals and weekly housekeeping.

These communities' services and amenities cater to senior citizens and promote active, healthy lifestyles. Here are a few of the benefits of independent senior living communities:

- Community involvement
- Amenity-filled, maintenance-free living
- Opportunity to pursue self-actualization
- On-site and off-site activities

Retirement Community Costs

Independent senior living costs vary depending on the size of the apartment and the geographic location of the community. According to Genworth.com, the average cost of a one-bedroom, independent living or retirement community in the U.S. in 2014 was \$2,750 per month, although communities that are less hospitality oriented can cost significantly less.

It's important to ask each community about their individual costs and services, as they vary by community. For example, concierge and guest services may be included at some communities for an additional cost.

Senior Apartments

Senior apartments are apartments with a minimum age for residents (usually 55 or 62 years). A few basic services may be offered, such as transportation and housekeeping, but residents are generally independent and self-reliant. Senior apartments, like other senior living types, vary greatly in price. Some senior apartments are subsidized, and have low rent, or rent that is calculated based on a percentage of the resident's incomes. Other senior apartments can be posh and very luxurious. Whether affordable or upscale, they generally offer a quiet living option for seniors who are independent, but who prefer to avoid the hustle and bustle of family apartments.



Living Costs: \$2,750/mo*

Common Services Offered

- All-inclusive utilities (usually excepting telephone and cable)
- On-site beauty and barber salon
- 1-to-3 restaurant-style, chef-prepared meals in a community dining room
- Exercise and activity programs
- Maintenance repairs, including appliance, safety and living repairs and updates
- Housekeeping, including laundering of linens and towels
- Scheduled transportation for shopping, medical and off-site activities
- Activities, entertainment and events

**According to Genworth.com, the average cost of a 1-bedroom, independent living or retirement community in the U.S.*

Senior Living Articles

[Senior Independent Living](#)

[New Trends in Retirement Communities](#)

[Senior Communities](#)



Assisted Living **Communities**

Assisted living communities provide housing and care to seniors who may need some assistance with daily tasks, but who do not require the skilled care provided at a nursing home. Assistance with medications, activities of daily living, meals and housekeeping are routinely provided. Three meals per day are also served in a central dining room. Residents live in private apartments that frequently have a limited kitchen area (kitchenette). Staff is available 24 hours per day for additional safety. Social activities and scheduled transportation are also available in most communities. A special area for memory care is available in some, but not all communities (see Memory Care).

Assisted living communities come in all shapes and sizes. They can be towering apartment buildings in urban centers, sprawling complexes in the suburbs, or more intimate communities catering to a relatively small number of residents. By our own definition, assisted living communities are licensed to care for at least 20 people, but many communities have hundreds of residents.



Other Names for Assisted Living

- Assisted living facility
- Personal care homes
- Residential care facility
- Assisted living residence
- Adult congregate care

Redefining Senior Care

A relatively new concept 25 years ago, assisted living is the fastest growing long-term care option. Assisted living communities provide a viable option for adults who are mostly independent, but who do require some assistance with day to day living. It is also often selected by older people who are still independent but anticipate needing care in the not too distant future.

Did you know?

A 2013 survey by the Assisted Living Federation of American found that 93% of residents and their families rate the assisted living experience as good or excellent.

Cost of Assisted Living

According to Genworth.com, the average cost for a one-bedroom assisted living apartment in the U.S. in 2014 was \$3,500 per month. Studio and two-bedroom assisted living apartments varied accordingly.

Assisted living costs depend on a number of factors:

- Type of residence
- Types of services needed
- Size of apartment (studio, one or two-bedroom apartment)
- Geographical location of the community
- The level of luxury

Assisted living communities often charge a flat rate that covers many basic services, with additional fees for special services. Other communities will charge a fee for each service, known as a la carte payment, so that residents only pay for services they utilize.

Typically, the base rates covers only rent and meals, with care charged separately. Furthermore, entrance fees and deposits are often required. Fees and rate vary by community, so it's important to ask communities you are exploring about their costs and services.



Services Offered in Assisted Living

Each state has its own [licensing and regulation requirements for assisted living providers](#), which can affect the services and care offered. For example, some assisted living communities are able to provide insulin injections while other communities cannot, depending on their licensing and the state the community is located. Another example of varying levels of care is based on ambulation; some states require that all assisted living residents be able to walk, while other states permit residents that need help walking or even need to be lifted.

Assisted living communities provide basic medical monitoring as well as daily activities and care. The care offered typically includes help with dressing, eating, mobility, hygiene, bathing, toileting, using the telephone and shopping.

Living Costs: \$3,500/mo

Common Services Offered

- 24-hour supervision and security
- Three daily meals
- Basic housekeeping
- Maintenance repairs, including appliance, safety and living repairs and updates
- Laundry
- Health and exercise programs
- Activities and entertainment
- Social programs
- Transportation
- Access to medical services

**According to Genworth.com, the average cost of a 1-bedroom, independent living or retirement community in the U.S. in 2013*

Assisted Living Articles

[Assisted Living Residence Checklist](#)
[3 Myths About Senior Assisted Living](#)

[Choosing Assisted Living](#)
[Assisted Living Costs](#)



Memory Care

Alzheimer's and dementia care, also known as memory care, is often provided in a secure area of an assisted living community or nursing home usually in a separate floor or wing. The secure aspect of memory care communities is intended to prevent residents from wandering off and becoming lost, which is a common and dangerous symptom of Alzheimer's disease and dementia. The security usually takes the form of alarmed exit doors rather than locked exit doors.

Residents usually live in semi-private apartments or private rooms and have structured activities conducted by staff members trained specifically trained to care for those with Alzheimer's or other kinds of dementia.



Other Names for Memory Care

- Alzheimer's Care
- Dementia Care
- Alzheimer's Special Care Unit

How Memory Care Differs from Standard Assisted Living

As Alzheimer's disease or dementia progresses, the level of care and assistance a person requires increases. While many families prefer to keep their loved one home for as long as possible, a person who suffers from dementia and Alzheimer's will eventually require 24-hour supervised care in a supervised settings.

For example, Alzheimer's living environments have secured areas to prevent wandering; a common symptom of the disease. Also, residents in memory care typically need help with medications, bathing, grooming, eating, dressing and other daily tasks. Memory care provides intensive, long-term medical care to seniors with serious health and dementia conditions in a fully-staffed and monitored facility.

Cost of Memory Care

Memory care requires more staff than regular assisted living, and these staff members require additional training to ensure the safety of all the residents. Therefore the cost is usually higher than regular assisted living.

According to Genworth.com, in 2014, the national average cost of memory care for a single resident was almost \$5,000 per month. This cost does vary widely by community, however. For example, some communities are as low as \$2,000 per month and other communities as high as \$7,000 per month.

Costs may vary depending on the following factors:

- Level of care needed
- Whether a room is private or semi-private
- Size of room
- Geographical location of the community

Services Offered in Memory Care

Memory care offers 24-hour supervised care with meals, activities and health management for residents.

Living Costs: \$5,000/mo*

Common Services Offered

- › Comfortable private, or semi-private rooms
- › Three daily meals
- › Housekeeping and laundry service
- › Medication management
- › Exercise and physical therapy programs
- › Social programs and activities
- › 24-hour staffing and personal assistance

**According to Genworth.com, the national average cost of memory care for a single resident*

Memory Care Articles

[Alzheimer's Care Facilities](#)

[Alzheimer's Warning Signs](#)

[Guide to Dementia Symptoms
and Information](#)



Residential Care Homes

Residential care homes are houses in neighborhoods that have been adapted to take care of a limited number of residents. They offer personalized service to a small group of adults. They are private homes that serve residents who live together and receive care from live-in caretakers. These homes offer assisted care services for seniors who want a more intimate, home-like community. Assistance with activities of daily living such as bathing and dressing are typically provided. Amenities and nursing services vary greatly between homes.



Other Names for Residential Care Homes

Residential care homes have numerous other names including but not limited to:

- › Group home
- › Board and care home
- › Adult foster care homes
- › Adult family care home
- › Personal care home

Family Ambiance

Residential care homes offer a smaller, more home-like family setting for seniors. Care homes offer food services and assistance with daily living. The level of care that they can offer varies, but tends to be comparable to that of a nursing home. Some residential care homes employ nurses, or are even operated by nurses and can offer a higher level of care. There are also residential care homes that specialize in memory care.

Care home residences are typically located in traditional homes and neighborhoods and provide care for fewer residents than assisted living communities. It is uncommon for a care home to offer services for more than 10 seniors; which helps to create the more personal, home-style living environment.

Cost of Care Homes

Living in a residential care home is often half the cost of nursing home care, and sometimes is also more affordable than assisted living care. However, cost can vary depending on the geographical location of the residential care home, as well as the types of services needed. In-home care can cost anywhere from \$1,500 per month to \$4,500 each month; and dementia care can cost even more.

Cost can also vary depending on room privacy. According to Genworth.com, a residential care home typically runs \$2,200 per month for a shared bedroom and \$3,400 per month for a private bedroom. Most residential care homes have private rooms available for their residents, as well, as shared rooms.

Services Offered in Residential Care Homes

Residential care homes offer supervised care, meals, activities and health management. While assisted living communities may offer extensive activities, such as senior aerobics and field trips, a care home is a better fit for someone who needs more individual, home-setting care.

Living Costs: \$2,200-\$3,400/mo*

Common Services Offered

- › Comfortable private, or semi-private, rooms
- › Medication management
- › 1-to-3 daily, home cooked meals
- › Social programs and activities
- › Housekeeping and laundry service
- › Transportation to doctor's appointments

**According to Genworth.com, a residential care home typically runs \$2,200 per month for a shared bedroom and \$3,400 per month for a private bedroom*

Residential Care Articles

[How to Choose a Residential Care Facility](#)
[Residential Care Homes](#)

[State Differences in Residential Care Services](#)



Nursing Homes

Nursing homes are for seniors who require 24-hour monitoring and medical assistance. Nursing home patients typically suffer from severe or debilitating physical or mental illnesses, so they are unable to care for themselves. For example, many nursing home residents are bed-ridden. Today's nursing homes offer engaging resident activities, skilled medical attention-such as physical therapists and licensed physicians, as well as gourmet dining services.



Other Names for Nursing Homes

- › Skilled nursing facility
- › Convalescent home

Skilled Nursing Facilities for Seniors

Nursing homes provide not only the care offered at assisted living, such as bathing, eating, dressing, cooking and housekeeping, but also intensive, long-term medical care to seniors with serious health conditions in a fully staffed and monitored facility.

Cost of Nursing Homes

Nursing home cost is dependent on whether your stay is short-term or long-term. Short-term stay is generally for those who have been hospitalized due to injury or illness and require supervised care while recovering.

Fortunately, most short-term care is covered by Medicare for those eligible to receive benefits.

Long-term stay cost is affected by the following factors:

- › Size of room
- › Geographical location of the community
- › Whether a room is private or semi-private

**According to Genworth.com, in 2013, the national median cost of a semi-private room in a nursing home in the U.S. was \$212 a day. The cost of a private room was \$240 a day.*

Services Offered in Nursing Homes

Nursing homes offer 24-hour supervised care with meals, activities and health management and support for residents. Communities usually have a licensed physician or nurse on the premises and often have physical and occupational therapists to cater to their residents' needs.

Many nursing homes are also stocked with medical equipment, such as X-ray machines, electronic beds and pharmacies to cater to their patients' needs. Some facilities also provide Alzheimer's care, with special facilities and layouts for those who suffer from dementia.



Living Costs: \$212-\$240/day*

Common Services Offered

- Comfortable private, or semi-private, rooms
- Three daily meals
- Housekeeping and laundry service
- Exercise and physical therapy programs
- Social programs and activities
- 24-hour staffing and personal assistance
- Speech therapy, pain/medication management and hospice care

**According to Genworth.com, in 2013, the median cost of a semi-private room in a nursing home in the U.S. was \$212 a day. The cost of a private room was \$240 a day.*

Nursing Home Articles

[Nursing Home Checklist](#)

[Nursing Home Care](#)

[Questions to Ask When Touring](#)

[Nursing Homes](#)



Home Care

Home care allows older people to remain in their own homes while receiving the assistance they need to help them remain independent.

More than 7.6 million Americans receive home care, according to the U.S. Census Bureau. The number is much greater when you consider that it does not include informal care which is care given by a friend or family member. Home care may be appropriate if a senior prefers to stay at home but needs minor assistance with activities of daily living. On the other hand, seniors who need higher levels of care, or more frequent care, homecare isn't always practical or affordable. The cost for live-in homecare, greatly exceeds the cost of assisted living, for example.

Cost of Home Care

According to Genworth.com, in 2013, the median cost of homecare is \$20 per hour.

Services Offered in Home Care

Typically, home care involves providing help with activities of daily living (ADLs) such as bathing, dressing and meal preparation. Home care providers can also help with activities such as transportation, paying bills, making appointments and simply being there to provide companionship and emotional support. Home care services range from once a week to 24 hours a day depending on the needs of the senior.

Home Care Costs: \$20/hr*

Common Assisted or Services Offered

- Bathing
- Transportation
- Companionship and Emotional
- Dressing
- Paying Bills
- Meal Preparation
- Making Appointments

**According to Genworth.com, in 2013, the median cost of homecare is \$20 per hour.*



Adult Day Services

Adult day services is a day program that supports caregivers in keeping their family members at home. It is a comprehensive program specially tailored for adults who need supervision and assistance during the day. Adult day services centers provide social activities and health care services for adults with physical disabilities and/or cognitive impairments, elders who are frail or may be lonely and need to be with people and participate in activities instead of sitting at home alone. People who attend an adult day services center usually live in their own home or in the home of a family caregiver. Centers are usually open from about 7 a.m. to 6 p.m. Adult day services are designed to improve the quality of life for those who attend and help each person function at their best.

Cost of Adult Day Services

Approximately 30% of adult day services participants pay privately for the services. According to Genworth.com, in 2014, the median cost of homecare is \$65 per day. Services include personal care, therapeutic activities, nursing care, and nutritious meals.

Adult Day Services Costs: \$65/day*

Common Services Offered

- Personal Care
- Nursing Care
- Therapeutic Activities
- Nutritious Meals

**According to Genworth.com, in 2014, the median cost of homecare is \$65 per day.*



Respite Care

Respite care typically refers to a short-term stay at a senior community, such as an assisted living or memory care community. This type of care can also sometimes refer to in-home caregiving services used for only a short period.

A Temporary Care Solution for Adults

For the 65 million Americans caring for an aging or disabled loved one, respite care can serve a number of valuable functions. Respite is often used when:

- The family caregiver needs to travel
- The family caregiver needs a break
- As a trial of a senior community, when a family is deciding whether a community is right for them
- A family caregiving recipient needs a temporary change of pace, or a break
- A family is gradually easing their loved one into life at a senior community

Because of the high stress associated with caring for a loved one with a memory disorder, respite is frequently sought by the family of people with Alzheimer's or other kinds of dementia. Family caregivers use the opportunity to "recharge their batteries."

Cost of Respite Care

At assisted living communities, temporary care respite stays are usually less than one month long, and can cost between \$75 to \$200 per day, according to Genworth.com data. It's important to keep in mind that the cost of respite care varies with the type of agency and services the person needs. Fortunately, there are financial programs that may help pay for respite care. For example, long-term care insurance policies may cover some of the cost of respite care.



Services Offered in Respite Care

Most assisted living and memory care communities, assuming they aren't full, offer respite care. The services and amenities available to long-term assisted living residents are also available to respite residents.

Respite Care Costs: \$75-\$200/day*

Common Services Offered

- › 3 nutritious meals daily
- › Medication management
- › 24-hour supervision and security
- › Laundry service
- › Housekeeping
- › Activities and outings
- › Assistance with personal care needs such as bathing, dressing, toileting and grooming

**According to Genworth.com, temporary care respite stays at assisted living communities are usually less than one month long, and can cost between \$75 to \$200 per day.*



Senior Housing and Care Quick Reference

The chart below shows the characteristics of the housing types and care types we've outlined:

	Independent Living Communities	Senior Apartment Buildings	Assisted Living Communities	Memory Care/ Dementia Care	Residential Care Homes	Skilled Nursing	In-Home Care	Adult Day Services	Respite Care
Average Age	75	65	80	80	80	Varies	Varies	Varies	Varies
Cost	\$2,000-\$5,000 per month	\$400-\$1,900 per month	\$3,500-\$10,412 per month	\$3,500-\$6,600 per month	\$1,000-\$8,000 per month	\$6,000-\$13,000 per month	\$20-\$39 per hour	\$60-\$215 per day	\$90-\$250 per day
Meals Per Day	Meal Plan Options	None	3+	3+	3+	3+	None	1+	1-3
Medication Management	No*	No	Yes	Yes	Yes	Yes	Varies	Varies	Yes
Diabetes Management	No	No	Varies	Varies	Varies	Yes	Varies	No	Most Yes
Incontinence Care	No	No	Most Yes	Yes	Most Yes	Yes	Yes	Varies	Yes
Personal Care	No*	No	Yes	Yes	Yes	Yes	Yes	Varies	Yes
Alzheimer's Care	No	No	Varies	Yes	Varies	Varies	Yes	Yes	Varies
Nurses On-Site	No	No	Varies	Varies	Varies	Yes	Varies	Varies	Varies
Mobility Assistance	No	No	Most Yes	Yes	Most Yes	Yes	Yes	Yes	Most Yes
Accepts Wheelchairs	Varies	Varies	Most Yes	Yes	Most Yes	Yes	Yes	Yes	Most Yes
Transportation	Yes	No	Yes	Yes	Varies	No	Varies	Varies	Varies
Housekeeping	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Most Yes
Personal Laundry	No	No	Yes	Yes	Yes	Yes	Yes	No	Most Yes

*Home Health Companies may be available to contract these services on-site.



5 BEST-KEPT SECRETS TO FINANCING SENIOR CARE



U.S. EDITION



5 Best-Kept Secrets

Thank you for contacting A Place for Mom. We hope you find our "5 Best-Kept Secrets to Financing Senior Care" guide a helpful resource as you consider options for financing senior care.

A Place for Mom is the nation's largest senior living referral information service. For 14 years, our company has been helping seniors and their families across the U.S. find senior care and housing that fits their personal needs. Our knowledgeable and compassionate Senior Living Advisors are easy to talk to about any family situation and can answer a wide range of questions about senior care. With a nationwide network of more than 18,000 providers of senior living services, A Place for Mom is a time-saving resource you can trust to help find appropriate living options for loved ones. We are paid by our participating communities and providers, to offer this valuable service to you at no charge.

If you have questions about financing care or finding senior living options in your geographic area, please give us a call. We'll connect you with a Senior Living Advisor who will help guide you every step of the way.

Again, thank you for your interest in A Place for Mom. We look forward to your call.

–A Place for Mom



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Empowering families to make informed and confident decisions regarding senior care and housing options.

“How do I pay for senior care?” It’s a question that many aging Americans and their families struggle with now more than ever. With the economy taking its toll on investment nesteggs and a sluggish real estate market making it difficult to sell the family home, retirees may need to look beyond traditional ways of financing their golden years. From innovative new financial vehicles to under-used benefits, we’ve turned up five hidden ways to pay for elder care.



#1: Check Your Benefits

Veterans Aid and Attendance

Did you know that the Veterans Administration will pay a monthly benefit to any active-duty veteran or their spouse who needs care? Any vet who has served even one day during a period of foreign war can apply for this Aid and Attendance Special Pension; beneficiaries need not have served overseas, retired from the military, or seen combat. Surprisingly, however, only a few of those who are eligible for these benefits take advantage of them.

Under recent increases to the new benefit plan, a married veteran can receive over two thousand dollars a month to pay for senior care, while a veteran's surviving spouse can receive just over a thousand. Funds can be used to pay for any kind of assistance, from in-home attendants to assisted living to nursinghome care. Veterans can even pay family members or friends to help them, whether or not they are licensed medical professionals.

The pension is "medically driven," says Chris Merrill of the National Care Planning Council, an organization that helps families plan for long term care. The disability does not need to be service-related. Any vet who has difficulties with one or more activities of daily living, such as eating, bathing and dressing, as well as financial planning and medication management, may be eligible.

Aid and Attendance is also income and asset-dependent. "In order to get the full benefit, I need to be paying out in care everything that's coming in to me as income," says Merrill. There is also an asset maximum, the amount of which varies with life expectancy. Given the number of veterans and their survivors in the U.S. population, the National Care Planning Council estimates that up to 25% of seniors could potentially apply for Aid and Attendance. But, "it's our belief that of all the people eligible, only 5% receive this benefit," says Merrill. Even veterans who have heard of the pension may not realize they can receive benefits even if they are healthy and their spouse is sick—veterans can earn up to \$1337 a month, in fact.

Other Sources of Help

Even if you're not a veteran, both public and private programs offer benefits to seniors feeling a financial squeeze. From sources of information about long term care to foreclosure prevention assistance, to subsidies for food, medication and housing, the National Council on Aging has identified more than 2000 different programs assisting seniors in making ends meet. That's free money, and it often goes unclaimed.



“There are lots of programs out there to make ends meet,” Scott Parkin, vice president at the NCOA, told the U.S. News and World Report, “but it’s rare that more than half the people who qualify actually use them.”

For instance, the Alzheimer’s Association offers a \$1000 grant to defray the cost of respite care. The money can be used to give families a break from daily caregiving responsibilities so they can provide better in-home care for loved ones suffering from Alzheimer’s.

Other programs include rebates from drug manufacturers on senior medications, assistance with paying utility bills, free or reduced dental care, and even free cell phone minutes. While many of these programs are for very low-income seniors, others are open to those with slightly higher incomes who are still having a hard time making ends meet. “We encourage anyone who may know a struggling older adult to go ahead and do a screening to see what help may be available,” says Brandy Bauer from the National Council on Aging.

To learn more, visit the National Council on Aging’s benefitscheckup.org. Answer a series of survey questions to identify benefits that could help cover or lessen the costs of senior care. The site creates a report detailing which programs could be beneficial in your situation and tells how to apply for them. Since the site’s founding in 2001, it has identified more than \$10 billion in benefits for more than 3 million older adults.

Who is Eligible for VA Benefits?

- Any Veteran with 90 days of consecutive active duty services
- Any Veteran who served at least one day during active war time
- Veterans do not have to have served overseas or in combat
- A surviving spouse of a veteran is eligible if married to the Veteran at time of the Veteran’s death

How to Apply for VA Benefits:

Many communities partner with companies that provide consulting services to Veterans and their families. Be sure to ask when you tour a new community!

Go to www.va.gov and use the Veterans Online Application (VONAPP).

Contact your VA Regional office. To locate the closest regional office to you visit the VA website.

No Computer? No problem, Call the VA: **1-800-827-1000**.



#2: Make the Most of Social Security

You won't often hear this applied to financial planning, but it's becoming increasingly common when it comes to Social Security benefits: delay.

In the past, it was best to take benefits early and invest them, but today, that's not necessarily true. Today you can maximize benefits by taking advantage of delayed retirement credits. Depending on when a retiree was born, benefits increase by 3-8% every year. For instance, if you wait until age 70 to collect and that monthly check could increase by 25% or more. What's more, a surviving spouse receives the entirety of that benefit upon the worker's death, making those delayed retirement credits even more valuable.

If you are in ill health, if you have a family history of early mortality or if you simply need the money, delaying benefits may not be possible. But, with life expectancy at retirement currently standing at 17.2 years for males and 19.9 years for females, odds are that the larger monthly check will quickly pay off—and continue paying, with regular cost of living adjustments.

Beyond a simple delay, many married couples will find that they can maximize their benefits by thinking carefully about which spouse should file for benefits when, and by taking advantage of new rules regarding spousal benefits. Take the example of a married couple where the wife earned much less than her husband over her lifetime. In the past, the wife would have had to wait to file for spousal benefits (totaling 50% of her husband's benefits) until her husband began receiving his own Social Security checks. But today, a worker can now "file and suspend" benefits at age 65, continue working and accumulate delayed retirement credits while his or her lower-earning partner collects spousal benefits immediately.

Married couples with similar incomes can also approach Social Security tactically. If one member of the couple decides to retire, the other can collect spousal benefits and delay receiving his or her own benefit in order to increase the size of the eventual monthly check.



Don't forget that the minor children of those collecting Social Security also receive a benefit, and that divorced spouses can receive spousal benefits in some cases. In today's volatile fiscal environment, Social Security represents a valuable and stable source of funds (1/3 of the average retiree's income) and it pays to maximize the return on your own investment.

Important Steps for Getting Your Affairs in Order:

- Gather everything you can about your income, investments, insurance and savings
- Put important papers and copies of legal documents in one place
- Tell a trusted family member or friend where you put all your important papers
- Give consent in advance for your doctor, lawyer and any financial advisors to talk with your caregivers as needed



#3: Leveraging Your Long Term Care Insurance

One of the best ways of paying senior care expenses revolves around long term care policies. Increasingly flexible long term care policies can meet needs ranging from adult day care to skilled nursing, with “care allowance” plans providing a daily or monthly stipend rather than simply covering expenses incurred. A few policies will even pay a family caregiver for in-home care. Premiums may be tax-deductible, and benefits from tax-qualified plans are non-taxable, making this option even more attractive.

Yet the high cost of long term care insurance may make some seniors wary, especially given the hefty (and unpredictable) premium increases some insurers have levied on existing policies in recent years. For those worried about losing their investment if they never need long term care, new financial vehicles like hybrid long term care/life insurance policy or long term care annuities make sense.

So-called hybrid or linked policies can be the best of both worlds. After paying either a lump sum annuity or life insurance premiums, the policy holder is guaranteed long term care. If no long term care is needed, death benefits accrue for the policy’s beneficiaries. Distributions are income tax-free when they’re used to pay for long term care.

There are a few downsides, however, as hybrid plans may have less flexibility, failing to cover home care, for instance, and they may not offer as much coverage as a stand-alone plan. Linked policies are often more expensive than a traditional long term care insurance policy (though less expensive than buying two separate policies).

Many factors come into play when choosing a specific policy, from deductible amount to potential overlaps with private insurance or Medicare. Seniors may find it helpful to consult a long term care advisor or to educate themselves carefully before buying.

Using Life Insurance to Fund Long Term Care

Many seniors have funds invested in a life insurance policy but need ready money once there’s a change in a health status or a living situation. There are a number of options for using life insurance as a source of funds; including cash surrender, death benefit loans, accelerated death benefits and life or viatical settlements. Choosing a method of accessing these funds requires careful consideration of a senior’s life circumstances as well as the tax as well as the tax consequences of a decision.



Whole life and universal life policies build a reserve of cash through interest earning excess premiums. This is called the policy's cash value (as opposed to its face value, or the death benefits it offers). Policy holders can access this accumulated cash value using withdrawals, loans from the policy, or a cash surrender of the policy. In a cash surrender be wary of surrender fees, depending on how long you've owned the policy, and note that the gain on the policy is subject to income tax. A cash surrender gives up the policy's death benefit and depending on the policy-holder's age and physical condition, it may be difficult or expensive to replace this coverage later.

Death benefit loans borrow from a life insurance policy's cash value. These loans have low interest rates and no repayment schedule, but if they aren't repaid with accrued interest after the policy-holder's death, the death benefit will be reduced by the amount of the outstanding loan. Death benefit loans come in a lump sum that can be used for any purpose.

A new option called accelerated death benefits allows a policyholder to receive a portion of a policy's death benefits before their death. The policy beneficiaries still receive a death benefit, just reduced by the amount of the ADB. Policyholders receiving ADB must still make their premium payments, unlike a life settlement, and unlike a death benefit loan, accelerated death benefits do not need to be repaid. This option is reserved for the terminally ill.

In a life or viatical settlement, a policyholder sells life insurance to a third party for a lump sum, usually more than its cash surrender value but less than its face value. This third party (the life settlement company) continues to pay the premium until the policyholder dies, at which point they collect the death benefits. Proceeds from a life settlement can be used for any purpose, from financing assisted living to remodeling a home to make it senior-friendly. (Life and viatical settlements are quite similar, except that viatical settlements are typically designed for those with a life expectancy of five years or less.)

Note that the cash from a life settlement or accelerated death benefit may change a senior's financial status, making him or her ineligible for Medicaid or Supplemental Social Security. There are also tax implications to consider. The difference between the premiums paid and the cash settlement are taxed as capital gains, though some deductions may be available if the cash is used to pay-for long term care. Consult a tax professional to understand all tax implications of a settlement.

Wondering when to use which option? A cash surrender is typically best for policies with a substantial cash value, while life settlements make most sense for policies with little or no cash value. Death benefit loans and accelerated death benefits are for those who wish to preserve benefits for their survivors and who are financially able to continue paying premiums. If you do decide to go for a life settlement, it's well worth your while to pay for the services of a reputable licensed broker who can help make sure you get a fair price for your policy.



Both cash surrenders and life settlements are a viable option in several circumstances, especially when the policy holder is having trouble paying the premiums and is in danger of having their policy lapse. They are also a good idea if the policy holder has outlived his or her beneficiaries or in the event of a severe liquidity crisis. But these settlements have high transaction costs, tax implications and troubling privacy considerations.

Points to consider carefully when considering any sale of a life insurance policy include:

- The impact on survivors
- How debts or medical expenses incurred by the policy-holder's death be paid
- If short-term access to ready money is worth losing the tax-free death benefits
- If the policy holder recovers and their insurance gone, then they may not be insurable

Are Your Financial Records in Order?

The following list can help you decide what is important to you.

- Sources of income and assets
- Information about insurance policies, bank accounts, deeds, investments and other valuables
- Social Security and Medicare information
- Investment income and stock brokers' names and addresses
- Insurance information with policy numbers and agents' names
- Name of your bank and bank account numbers
- Location of safe deposit boxes
- Copy of most recent income tax return
- Copy of your will
- Liabilities – what you owe to whom, and when payments are due
- Mortgages and debts
- Location of deed of trust and car title
- Credit card and charge account names and numbers
- Property tax information
- Location of all personal items such as jewelry and family treasures

#4: Bridge Over Troubled Housing Market

Bridge Loans

Traditionally, Americans' most valuable asset is their home. But, with houses lingering on the market for months or even years, that capital may not be available when the time comes to make the move to a higher level of care. How should you unlock the cash that's been so carefully invested over the years?

In the short term at least, an Elderlife Line of Credit is one answer.

Elderlife Financial offers a unique line of credit designed to provide temporary financial assistance for assisted living or skilled nursing.

With its rapid turnaround time, this loan can be especially useful when dealing with urgent needs that must be met before other longterm financial resources can be tapped.

The Elderlife Line of Credit is unique in that up to six family members or support persons can apply, sharing the financial responsibilities for one senior's care. Multiple applicants also make this loan easier to secure by sharing the financial risk (and the danger that an individual applicant's credit score won't be high enough for this unsecured loan).

Home Purchase Programs

With assisted living occupancy rates falling right along with real estate values, some providers have taken it upon themselves to help seniors with the transition from their family home. The nation's largest owner and operator of senior living communities, Brookdale Senior Living offers a Home Sale program for seniors looking to move into one of their continuing-care retirement communities, called LifeCare.

This program not only helps home-sellers with details like pricing and staging, it allows seniors to move in a community using just 20% down, deferring full payment interest-free until the family home sells. If it fails to sell, Brookdale itself will buy the home at a price guaranteed at the time it went on the market.



#5: The Reverse Mortgage

Reverse mortgages let homeowners stay in their own home while also tapping into the equity they've built up over the years. Mortgage holders get tax-free cash flow as a loan against that equity—a loan that doesn't need to be repaid until the house is sold or the owner moves out or dies.

There are some significant advantages to this type of loan:

1. They place no restrictions on how the money can be used. Offsetting in-home care, buying long term care insurance, financing—it's all on the table.
2. Homeowners can never owe more than their home's value at the time of sale, meaning that if the home's value goes down, heirs won't be stuck with the bill.
3. Reverse mortgages do not affect Medicare or Social Security benefits.
4. There are no credit score or income requirements.

Though, reverse mortgages can be expensive, too; fees are higher than a conventional mortgage, and closing costs run from 2 - 8% of the loan amount. You may be forced to sell your home if you need to leave it for an extended stay in a hospital. It's also important to remember that taking out a reverse mortgage is actually withdrawing the equity from a home, and as interest compounds on the reverse mortgage balance, the value of the estate declines at a progressive rate. Mortgage holders will also not be able to pass the family home down to their heirs after their death.

Who is a good candidate for a reverse mortgage? A single senior living independently who is in good health, married seniors in good health, or a married couple, one of whom needs care while the other plans to stay in the home. But, for those who might need to move into assisted living or need nursing home care a reverse mortgage might be a complicated, costly option. Consider renting or selling the family home instead.

Regardless of the situation, be sure to vet lenders and their terms thoroughly; unscrupulous lenders have been known to cheat senior citizens with mortgages containing punitive terms and fees. HUD-sponsored counseling agencies provide free or low-cost advice from an impartial source and will help you locate a FHA-approved, reputable lender. Visit the HUD website to find out more.



Making Use of All the Tools Available

Paying for senior care can be a daunting prospect in the current economy, but a little knowledge can go a long way in preparing for this time of life. No matter what financial route you choose, it's important to do your research, read the fine print and consult professionals when needed. Get creative and combine as many resources as you can. Planning means peace of mind, for seniors and for their families.

Call Us Today!

(877) 311-6099



Assisted Living Residence Checklist

Shared Living Space Observations

- ☐ **Yes** ☐ **No** Residence is clean and odor-free
- ☐ **Yes** ☐ **No** You are greeted and feel welcome
- ☐ **Yes** ☐ **No** Staff members are kind and caring to residents
- ☐ **Yes** ☐ **No** The layout and floor plan make rooms and community space easy to find
- ☐ **Yes** ☐ **No** Public restrooms have grab bars
- ☐ **Yes** ☐ **No** Handrails are available throughout hallways
- ☐ **Yes** ☐ **No** Residents appear engaged and happy
- ☐ **Yes** ☐ **No** Visitors are introduced to staff and residents
- ☐ **Yes** ☐ **No** Meals are nutritious and appealing
- ☐ **Yes** ☐ **No** Elevators are available for multiple levels
- ☐ **Yes** ☐ **No** Lighting is good at all times of day
- ☐ **Yes** ☐ **No** Temperature is comfortable
- ☐ **Yes** ☐ **No** Sprinklers and smoke detectors are present
- ☐ **Yes** ☐ **No** Exits are clearly marked
- ☐ **Yes** ☐ **No** A security system is present

Apartment Living Space Observations

- ☐ **Yes** ☐ **No** Size and layout are adequate for your needs
- ☐ **Yes** ☐ **No** Doorways and thresholds accommodate walkers, wheelchairs, and safe ambulation
- ☐ **Yes** ☐ **No** Residents appear engaged and happy
- ☐ **Yes** ☐ **No** Visitors are introduced to staff and residents
- ☐ **Yes** ☐ **No** Meals are nutritious and appealing
- ☐ **Yes** ☐ **No** Lighting is good
- ☐ **Yes** ☐ **No** Resident has individual control of the thermostat



Medical and Medication Policies

- ☐ **Yes** ☐ **No** Is self-administration of medications allowed?
- ☐ **Yes** ☐ **No** Can residents with dementia receive the oversight they may need?
- ☐ **Yes** ☐ **No** Is there a physician who visits the facility regularly?
- ☐ **Yes** ☐ **No** What medical services are available?
- ☐ **Yes** ☐ **No** What is the policy about handling a medical emergency?
- ☐ **Yes** ☐ **No** Who coordinates outside care provider visits?
- ☐ **Yes** ☐ **No** Can staff communicate policies about medications including storage, administration and record keeping?

General Policy Questions

- ☐ **Yes** ☐ **No** Is an individual plan of care maintained for each resident?
- ☐ **Yes** ☐ **No** Are the residents and families included in the preparation of the plan of care?
- ☐ **Yes** ☐ **No** Is staff available to assist residents in handling their finances?
- ☐ **Yes** ☐ **No** Are residents required to carry renter's insurance?
- ☐ **Yes** ☐ **No** Is there an appeals process for dissatisfied residents?

Questions to ask when you call or visit:

1. What types of apartments are available?
2. What is the monthly cost per apartment type?
3. If there is a wait list, how many are on it and what is the policy?
4. What apartment types do you have available that fit my criteria?



5. Tell me about some of the current residents.
6. What is your staff-to-resident ratio?
7. Can staff administer medications?
8. Do you have any outdoor space?
9. Do you have a nurse on staff?
10. What kind of experience does your staff possess?
11. Do you have any experience with (issues or diagnosis of your care recipient)?
12. Do you do an initial assessment prior to admission?
13. What is your discharge policy?
14. What additional services are available if the needs of a resident change?
15. What are your billing and payment policies?
16. Are all services included in the monthly fee? If not, what services aren't included and how much are their additional costs?

Senior Safety and Well-Being Checklist

Visiting Older Loved Ones Who Live Alone

If you're visiting an older adult who lives alone, you can use this checklist to evaluate their level of home safety and gauge their general sense of well-being.

Food, Nutrition and Kitchen Safety

- ☐ **Yes** ☐ **No** Do they keep a well-stocked pantry and a variety of fresh fruit and vegetables?
- ☐ **Yes** ☐ **No** Are they aware of foods that may interact adversely with his / her medications?
- ☐ **Yes** ☐ **No** Are they able to buy groceries independently? If not, is he / she using a grocery delivery or a meal delivery service?
- ☐ **Yes** ☐ **No** Is there expired or rotten food in the refrigerator?
- ☐ **Yes** ☐ **No** Can they prepare a meal without assistance?
- ☐ **Yes** ☐ **No** Can they easily operate a microwave?
- ☐ **Yes** ☐ **No** Do they have a healthy appetite?

Notes



Communication and Cognitive Function

- ☐ **Yes** ☐ **No** Do they recognize family and friends?
- ☐ **Yes** ☐ **No** Can they hold a coherent conversation?
- ☐ **Yes** ☐ **No** Do they show any atypical signs of memory loss?
- ☐ **Yes** ☐ **No** Have they gotten lost in the community or experienced an episode of confusion?
Can they clearly communicate his/her needs?

Medications and Health Status

- ☐ **Yes** ☐ **No** Have they visited a dentist, optometrist or physician in the past year?
- ☐ **Yes** ☐ **No** If they wear glasses, are their glasses in good shape?
- ☐ **Yes** ☐ **No** Do they show any signs of poor vision such as squinting or sitting too close to the TV?
- ☐ **Yes** ☐ **No** Are they maintaining a healthy, consistent weight? Have you noticed any weight loss?
- ☐ **Yes** ☐ **No** Are you aware of what medications and supplements they are taking?
- ☐ **Yes** ☐ **No** Are they taking medications properly and as directed?
- ☐ **Yes** ☐ **No** If they are self-administering medical treatment such as oxygen, injections or wound-care, is it being monitored and managed effectively?

Notes



Mobility and Functioning

- ☐ **Yes** ☐ **No** Are they able to walk independently indoors and outdoors? Do they have a steady gait and appear stable when walking?
- ☐ **Yes** ☐ **No** If they use a cane, walker or scooter, are these aids in good shape and being used effectively?
- ☐ **Yes** ☐ **No** Are they free of signs that may indicate a recent fall such as bruising or scratches?
- ☐ **Yes** ☐ **No** If they are still driving, do they have a current driver's license? If you have driven with them recently are they driving safely?
- ☐ **Yes** ☐ **No** If they are not driving, are they able to easily arrange for transportation as needed?
- ☐ **Yes** ☐ **No** If there are stairs in the home, are they able to walk up and down safely?
- ☐ **Yes** ☐ **No** Are they able to retrieve mail and newspapers safely?
- ☐ **Yes** ☐ **No** Are they able to get in and out of bed safely?

Notes



☐ **Yes** ☐ **No** Is the home well-lighted, easy to navigate and free of fall risks, such as open extension cords and loose rugs?

☐ **Yes** ☐ **No** Are working night lights placed appropriately throughout the house?

☐ **Yes** ☐ **No** Are the electrical - fans, space heaters and central heating and cooling - systems functioning properly and safely?

☐ **Yes** ☐ **No** Is the house reasonably clean and tidy? Is the house stocked with dish soap, laundry soap and other cleaning supplies?

☐ **Yes** ☐ **No** Are the fire extinguishers, carbon monoxide detectors and smoke detectors functioning?

☐ **Yes** ☐ **No** Is there a phone or emergency call system easily accessible in all rooms?

☐ **Yes** ☐ **No** Are his/her pets being cared for adequately?

☐ **Yes** ☐ **No** Do interior stairs have railings on both sides?

☐ **Yes** ☐ **No** Are the trash bins picked up and managed properly?

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

☐ **Yes** ☐ **No** Are they able to use the toilet independently and safely?

☐ **Yes** ☐ **No** Are incontinence supplies being disposed of properly?

☐ **Yes** ☐ **No** Are they able to transfer into the bath or shower safely?

☐ **Yes** ☐ **No** Does the bathroom have stable and secure grab bars?

☐ **Yes** ☐ **No** Does the bath or shower have a no-skid mat or strips?

☐ **Yes** ☐ **No** Is the bathroom clean?

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



GUIDE TO VA BENEFITS & LONG-TERM CARE



U.S. EDITION



Guide to VA Benefits & Long-Term Care

Guide to Aid & Attendance

At A Place for Mom, our goal is to help families find the right senior care solution. For many families in the U.S., the hard part of the process isn't finding the right community, it's figuring out how to pay for it.

More than one third of Americans over 65 are either wartime veterans or the spouse of a wartime vet, who may qualify for a pension program through the Department of Veteran Affairs (VA), commonly referred to as "Aid & Attendance," yet, only a small fraction of those who are eligible actually know about this benefit. Thousands of families already benefit immensely from the pension program, to help pay for quality care they could not have afforded otherwise. Any veteran or spouse of a veteran who is exploring senior communities, or any family member searching on their behalf, should inquire about Aid & Attendance.

A Place for Mom created this eBook to help families determine if they might qualify for benefits, show them how to apply, and direct them to helpful resources during the application process. We are thrilled to have this free resource to share with families. Please feel free to copy and distribute this book to anyone you think may benefit.

Thank you to all the U.S. veterans who have bravely served our country and their families who have sacrificed so much.

*Source: www.va.gov - last updated in 2013



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Chapter 1: The Basics

What is VA Pension?

The VA helps U.S. Veterans and their families by providing supplemental income through the Veterans Pension and Survivors Pension benefit programs. The pensions are available to U.S. military veterans and widowed spouses of veterans. Pension benefits are needs-based and your “countable” family income must fall below the yearly limit set by Congress. We will discuss more about eligibility in Chapter 2.

What is Aid & Attendance?

Veterans and survivors who are eligible for a VA pension and who require the aid and attendance of another person (or are housebound), may be eligible for additional monthly payments above the normal pension amount. When applying for Aid & Attendance if you are not already receiving a pension you must also submit a basic pension application in order to qualify. Financial qualifications for Aid & Attendance are different than financial qualifications for the basic pension alone. Therefore, some people qualify for Aid & Attendance even though they would not have qualified solely for the basic pension.

What are Housebound Benefits?

Veterans and survivors who are eligible for a VA pension and are housebound may qualify for an additional benefit beyond the basic pension. Individuals who are confined to their immediate premises because of permanent disability, typically leaving only to attend doctor appointments and other medically necessary treatments, or who require the assistance of another person when leaving the home, may be considered housebound.



How Much Are the Award Amounts?

The amount of the award depends on the income of the applicant and the actual costs of care they pay monthly, but it is helpful to know the maximum annual benefits allowed.

Basic Pension for Veterans	Maximum Annual Pension Rate (MAPR)	Monthly Rate
Single veteran	\$12,465.00	\$1,038.75
Veteran with spouse or one dependent	\$16,324.00	\$1,360.33
Two veterans married to each other	\$16,324.00	\$1,360.33
Basic Pension for Veterans plus Aid & Attendance	Maximum Annual Pension Rate (MAPR)	Monthly Rate
Aid & Attendance without dependents	\$20,795.00	\$1,732.92
Aid & Attendance with spouse or one dependent	\$24,652.00	\$2,054.33
Two veterans married to each other- both qualify for A&A	\$32,100.00	\$2,675.00
Basic Pension for Veterans plus Housebound	Maximum Annual Pension Rate (MAPR)	Monthly Rate
Housebound without dependents	\$15,233.00	\$1,269.42
Housebound with spouse or one dependent	\$19,093.00	\$1,591.08
If qualified add to any rates above:	Additional Annual Benefit	Monthly Rate
Early war veterans add (Mexican War Border or WWI)	\$2,831.00	\$235.92
Each additional dependent	\$2,129.00	\$177.42
Surviving Spouse Rates	Maximum Annual Pension Rate (MAPR)	Monthly Rate
Widow, no dependents	\$8,359.00	\$696.58
Widow, no dependents with Aid & Attendance	\$13,362.00	\$1,113.50
Widow, no dependents with Housebound	\$10,217.00	\$851.42
For each dependent add:	\$2,583.00	\$215.25



How Does the VA Send Payment?

Benefits are directly deposited to the bank account of the veteran or surviving spouse each month. Paper checks are no longer issued.

How Long Does the Application and Approval Process Take?

The application and approval process for Aid & Attendance can be frustratingly slow. It can take weeks for families to gather the necessary documents and complete the paperwork, and the approval process itself averages almost nine months. But, a complete and accurate application can be processed much more quickly. Applicants who are age 70 or older may request an expedited review in a cover-letter with their application.

While the approval process averages nine months, it pays retroactively upon approval of eligibility. This means the first benefit payment includes a lump sum to cover the months that the application was pending.



Chapter 2: Eligibility

Who is eligible for VA Pension?

Determining eligibility can be complex and challenging, especially financial eligibility. To aid in understanding, the qualifications are set forth in more depth throughout the next few pages. We have also included hypothetical examples in the appendix of this eBook.

General requirements for VA Pension:

- The Veteran must have served at least 90 days of active duty, with one of those days being during active wartime.
- The Veteran must also meet one of the following criteria:
 - Be age 65 or older with limited or no income
 - Be receiving Social Security Disability Insurance
 - Be totally and permanently disabled
 - Be receiving Supplemental Security income
 - Be a patient in a nursing home

Who is eligible for VA Aid & Attendance?

Those who qualify for the basic pension may also qualify for Aid & Attendance if one of the following conditions is met:

- Require the aid of another person in order to perform some tasks of everyday living. A few examples include assistance with: bathing; feeding; preparing meals; reminders to take medications; dressing; using the restroom; adjusting prosthetic devices; or daily oversight to help ensure safety.
- Bedridden, apart from any prescribed course of treatment or therapy.
- A patient in a nursing home, due to a mental or physical incapacity. Mental incapacities include Alzheimer's disease or dementia.
- Eyesight is limited to a corrected 5/200 visual acuity or, less in both eyes, or concentric contraction of the visual field to five degrees or less.



Who is eligible for housebound benefits?

Those who qualify for the basic pension may also qualify for housebound benefits if that individual is also confined to an immediate premises because of permanent disability. Meaning, those who only leave to attend doctor appointments and other medically necessary treatments, or who require the assistance of another person when leaving the home. One cannot qualify for both Aid & Attendance and Housebound benefits at the same time.

Service During Wartime

The clearest of the criteria is the service requirement: The benefit is available to qualifying veterans and their surviving spouses, so long as the veteran served *at least* 90 days of active duty, with *one or more* of those days during wartime. This does not mean that the veteran had to see actual combat: It could have been a desk job stateside.

If the active duty occurred *after* September 7, 1980, you must have served at least 24 months or the full period that you were called to duty.

The VA's dates of wartime are listed below:

- **World War II:** 12/7/1941 through 12/31/1946
- **Korean Conflict:** 6/27/1950 through 1/31/1955
- **Vietnam War:** 8/5/1964 through 5/7/1975, although veterans who served in Vietnam itself ("in country") as early as 2/28/1961 may also qualify.
- **Gulf War:** 8/2/1990 to date to be determined by U.S. government (The Iraq War and Afghanistan War have not been officially declared wartime periods by the U.S. congress, but according to our research totally disabled veterans of the wars in Iraq or Afghanistan may qualify.)

History-buffs may have noticed that these dates generously include significant post-war periods. For example, World War II formally ended when Japan surrendered on 8/14/1945 (V-J Day), but for the VA's purposes, World War II didn't actually end until 12/31/1946 when Congress officially declared the war over. The same applies to the Korean War. An armistice was signed in 1953, but wartime definition purposes the war ended 1/31/1955.



Example, Larry: On Larry's 18th birthday in 1945 he signed up for the Army. Japan surrendered while Larry was at basic training and his active duty service didn't begin until after V-J day. Larry's four year enlistment ended before the Korean War began, and his family assumed that since his service fell between World War II and the Korean War, he wasn't eligible for benefits. When Larry's granddaughter looked at the VA's wartime dates, she realized that her grandfather had more than a year of wartime service according to the military's definition.

The veteran must also have received an honorable or general discharge, although veterans who received a less-than-honorable discharge because of discrimination based on race, religion (including lack thereof), or sexual orientation can appeal to the US military for an upgraded discharge.

Example, Thomas: Thomas served bravely in the 4th Infantry Division that stormed Utah Beach at Normandy on D-Day in World War II. He was wounded in combat and received a Purple Heart. But, in 1946 Thomas was discharged dishonorably (a "blue discharge") after a commanding officer discovered that Thomas was in a gay relationship. When Thomas developed long-term care needs, he was dismayed to find he was not eligible for Aid & Attendance because of his less-than-honorable discharge. Thomas applied for an upgraded discharge, which was approved, and he now uses Aid & Attendance to help pay for assisted living.

What if an Individual Resides in an Assisted Living Community and Not a Nursing Home?

The VA does not differentiate between a nursing home and assisted living community in the definition of "nursing home." As a result, in most states, residents of assisted living communities frequently qualify for the benefit.

Financial Eligibility

The veteran or widow must have a countable income below the amount set by Congress. Countable income includes income such as: disability and retirement payments, interest and dividend payments from annuities, and net income from farming or a business. Income from eligible dependents is also considered countable income. Some expenses, such as unreimbursed medical expenses, Medicare premiums, and Medicare Supplemental Insurance Premiums may reduce your countable income. The VA also looks at assets when determining eligibility.

We advise that families struggling with financial eligibility speak with a VA accredited professional. Information on finding help to submit an application can be found in Chapter 3.



Income

The maximum allowable income looks low on paper, but it is important to remember these are the maximum countable incomes. When determining countable income, applicants can deduct out-of-pocket medical expenses, including cost of care, from their gross income.

The maximum countable income is the same dollar amounts as the MAPR listed in Chapter 1. This is because the amount of the award is calculated by subtracting the applicant's countable income from the maximum allowable income. An individual with a countable income of \$0 or less (yes, a negative countable income is very possible) would receive an award that is equal to the maximum countable income.

Example, Jerry: Jerry is an 86 year-old retired Marine with Alzheimer's disease who earns \$5,000 a month. His family would like to place him at a memory care community, but they are unsure whether his income is too high to qualify for Aid & Attendance. After sitting down with a volunteer at the American Legion, they learn that they will be able to deduct the cost of assisted living from his income. When they deduct the cost of memory care, \$4,500 a month from his income of \$5,000, his remaining, countable income is \$500, which is under the \$1,732 maximum for veterans with Aid & Attendance. The following month, Jerry moves to an assisted living community that specializes in Alzheimer's and begins paying for care his family then assists him with submitting his application, and he is later awarded the difference between his countable income (\$500) and the \$1,704 monthly maximum. The monthly amount that Jerry receives from the VA is \$1,232.

Example, Susan: Susan is a 71-year-old with Parkinson's disease, and the widow of a Korean War vet. Her income is \$6,000. She needs assistance including bathing and dressing, and is no longer able to prepare meals, so she is considering moving to assisted living and is curious whether she qualifies for help from the VA. When she deducts the cost of a \$4,000 a month assisted living from her income, her countable income is \$2000, which is well above the VA's maximum income of \$1,113 per month for a surviving spouse who needs Aid & Attendance. Unfortunately, however, Susan is ineligible.

Assets

While the VA looks closely at applicant's assets when determining need, there is no predetermined maximum net worth for applicants. A general rule of thumb is that applicants may have up to \$80,000 in assets, excluding the house the applicant lives in and also one car (if the applicant drives). This general rule has become widely accepted because VA Representatives must complete additional paperwork if the applicant's assets (excluding house, car and other personal property) exceed \$80,000.



An applicant having more than \$80,000 in liquid assets, in cash savings, stock, or a 401(k), will usually be denied. On the other hand, an applicant with less than \$80,000 will not necessarily be approved. It is important to note that once an applicant moves to a senior community, his or her home could be counted as an asset unless their spouse is residing in it, and so most homeowners using Aid & Attendance to move to a senior community will need to sell their home.

In the VA's Words: There is no set limit on how much net worth a veteran [or dependent] can have, but net worth cannot be "excessive." The decision as to whether a claimant's net worth is excessive depends on the facts of each individual case. All net worth should be reported and VA will determine if a claimant's assets are sufficiently large that the claimant could live off these assets for a reasonable period of time.

Unlike Medicaid, there is no penalty for applicants who have recently gifted assets to family, so this strategy (and others) for people with a higher net worth to become qualified are possible and legal. If you are concerned about financial over-qualification, we urge you to speak with a VA accredited expert. For more information on finding help, see Chapter 3.

Example, Tom and Brooke: Tom and Brooke recently applied for Aid & Attendance through Tom's service. Their income is low income, and Brooke undoubtedly needs care, but they have about \$150,000 in cash savings. Their application was denied due to "excessive" net worth. A local VA counselor told them that they should wait until their cash savings are less than \$80,000 before reapplying.

Example, Jane: Jane is the surviving spouse of a veteran who lives alone in a large house in an upscale neighborhood. She has serious mobility problems from arthritis, and is looking for financial help to pay for her homecare aide. Her income is \$1500 a month from social security and pension but she has no savings or assets besides her home, which is valued at more than \$300,000. Jane is approved for Aid & Attendance when she applies because they do not take into account the home in which she lives when counting assets.

Clinical Eligibility

Aid & Attendance is primarily for older veterans, although vets under 65 who are totally disabled may also qualify. To receive the highest awards, the applicant must require professional help with day-to-day activities like meal preparation, housekeeping, bathing, dressing, medication management, and toileting.

In the VA's words: "A veteran may be [clinically] eligible...when...the veteran requires the aid of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting himself/herself from the hazards



of his/her daily environment.” It makes sense for families to start gathering necessary documents and forms before professional care is put in place, but an application will usually not be approved unless care is already being paid for.

Example, Lorraine: Lorraine, age 89, was a member of the WAVES (Women Accepted for Volunteer Emergency Service) during World War II. She is very active and able-bodied for her age, but has severe macular degeneration.

She takes no medicines and walks 3 miles a day, but hires an aide to prepare meals for her because of her vision loss. Lorraine’s need for help with meal preparation means that she is clinically qualified, despite her relative good health.

Example, Randy: Randy was a weather observer in the Air Force from 1988 to 1992. He was recently in a horrible motorcycle accident and suffered a spinal cord injury. Randy was left paralyzed from the waist down and needs expensive personal care on a daily basis. A local VA counselor told Randy’s family about Aid & Attendance, which they had never heard of before. Even though Randy is under 65, he qualifies clinically because he is totally disabled. It does not matter that his disability is not service related.

Example, Dave: Dave, age 67, is a Coast Guard veteran who served from 1963 to 1967. He is retired and lives alone, but has been struggling with some health problems, including diabetes. Dave recently admitted to his doctor that he has been depressed and sometimes forgets to eat and check his blood sugar. He also admits he has not been bathing regularly because he is scared he will fall in the shower. His doctor suggested that he consider moving to an assisted living community that offers healthy meals and that can remind him to check his blood sugar. Even though Dave considers himself independent, he qualifies clinically for Aid & Attendance.

Is Senior Care Considered a Medical Expense?

When applying for Aid & Attendance you can deduct the cost of monthly reoccurring medical expenses from your countable income including some senior care costs if you require the daily assistance of another person to perform normal living activities. This includes fees you pay for home care, assisted living, or a nursing home.

Independent Living Retirement Communities

Some independent living communities, also known as retirement communities, offer amenities like hot meals, light housekeeping, and transportation as well as activities and entertainment, but not personal care. Some independent living communities assist with providing personal care, but more frequently a third party provider is available to help with those needs. With a look and feel reminiscent of a resort or a hotel, most independent living communities feature furnished apartments or cottages and well-designed community areas. Monthly fees can start as low as \$1,500.

Aid & Attendance typically cannot be used to pay for independent living itself. However, it may help cover the cost of personal care provided by either the community or a third party provider, or the veteran may qualify for homebound benefits. If an applicant was denied pension benefits while residing in an independent living community, and then later moves to an assisted living community because the assistance needs have progressed, that person may now qualify for benefits.

Assisted Living

Assisted living communities have emerged in the last two or three decades as an alternative to nursing homes for those who need some care, but not 24-hour skilled nursing care. Aid & Attendance can help qualified recipients pay for assisted living.

Assisted living communities provide personal care, in addition to more basic amenities like meals, housekeeping, and activities. The care they offer usually includes medication management, bathing, dressing, grooming, and toileting, although not all residents require assistance in all of these areas. Like independent living, residents typically live in apartments, although some assisted living communities offer alternatives like cottages.

The national average cost for assisted living is \$3,250 per month, but may vary depending on region and other locational factors, the size of the apartments, and the needed level of care. If you meet clinical requirements for Aid & Attendance and the assisted living community is helping with personal care needs, then typically, the monthly amount you paid to the assisted living community is deducted from the gross income.



Memory Care

Memory care is a specialized kind of assisted living for people with Alzheimer's, dementia, or a related disorder. Some assisted living communities are wholly dedicated to memory care, while other communities offer memory care within the context of a larger assisted living community.

Memory care communities are secured so that residents cannot wander off and become lost. The staff may be specially trained to use positive and innovative techniques to deal with behavior problems and other issues that are common among those with memory disorders. The atmosphere is designed to be comforting and reassuring.

Memory care averages about \$4,500 per month. Most residents who need to reside in a memory care community qualify for Aid & Attendance clinically as a result of their dementia diagnosis. Because of its high cost, Aid & Attendance can be immensely helpful to families with a loved one who needs memory care.

Residential Care Homes

Residential care homes may have other names depending on the region of the country: group home, adult family care home, adult foster home, or board and care home. They usually house up to 10 residents in a single-family home and offer a level of care comparable to that of assisted living, but in a quiet, homelike setting with a family atmosphere. Some residential care homes specialize in memory care.

This quiet atmosphere is not for everyone, but some families prefer residential care homes because they feel that their loved one gets more time and attention from staff than at a larger facility.

Costs vary widely, but usually range from \$2,000 to \$5,000 per month. As with assisted living, Aid & Attendance works well to help pay for residential care homes but typically only if the home is licensed by the state.

Nursing Homes

Nursing homes offer the highest level of care. Nursing homes are generally the appropriate care option for people who are completely immobile (bedridden), who require medical attention on an ongoing basis, or who require high acuity care, for feeding tubes or tracheostomies. The national average cost of a nursing home is over \$6,000 per month.



Aid & Attendance can be used to help pay for a nursing home, although may not be especially helpful if the applicant is eligible for Medicaid, or expects to go onto Medicaid soon. This is because the benefit will not pay more than \$90 per month to someone who is eligible for Medicaid.

Medicaid is the government assistance program that pays for long-term care for those who are unable to pay on their own. While most of Medicaid's funding is federal, each state operates its own Medicaid program, sometimes under other names (for example: Medi-Cal in California or TennCare in Tennessee). Medicaid should not be confused with Medicare, which does not pay for long-term care. Medicare is essentially health insurance, although in some cases it can pay for short rehab stays at a nursing home.

Because nursing home costs exceed the average American's ability to pay privately, more than 60% of nursing home residents are on Medicaid. For veterans and surviving spouses who will fall into this 60%, it is sometimes best to simply use Medicaid to pay for care.

On the other hand, Aid & Attendance can be helpful for those who are on the cusp of being able to afford a private pay nursing home. For example, Aid & Attendance would be helpful for a veteran who makes \$5,000 a month, but who is seeking placement at a nursing home that costs \$6,000 a month.

In-Home Care

In-home care is professional care provided to seniors who live at home. Caregivers assist seniors with daily needs like shopping, cooking, and housekeeping, and can also offer personal care. Other benefits of home care include companionship and general supervision. The national average cost for homecare is \$19 an hour.

Homecare expenses can be deducted from gross income when applying for Homebound or Aid & Attendance pensions, if the expenses are incurred with a licensed homecare agency or a private caregiver.

Adult Day Services

Adult day services offer assistance, supervision (when necessary), and meals during the day. They also provide structured activities, entertainment, and other opportunities for guests to socialize and have fun. They are often a solution for family caregivers who are employed during the day, or who need a chance to run errands or have some time alone. The national average cost for adult day care is \$60 daily. Typically, the amount paid for adult day services may be deducted from gross income when applying for Homebound or Aid & Attendance pensions.

Exception for Able-Bodied Veterans with Very Low Incomes

For veterans with very low incomes, there is an exception to the clinical eligibility requirement. Veterans and their spouses over 65 who meet the service requirement, but who are totally able-bodied, may still qualify for a small, basic pension award when their incomes are below these amounts:

- Able-bodied single veteran: \$1,037 per month
- Able-bodied surviving spouse: \$695 month
- Able-bodied couple: \$1,327 per month

In this case, the pension functions as general financial assistance rather than help to pay for care, but technically it is the same benefit that people commonly refer to as Aid & Attendance. When no care is involved, the amount that the pension is worth is the difference between the applicant's countable income and the maximum amounts above.

Example, Michael: Michael is a 70 year-old Vietnam veteran. He is completely healthy, but is having trouble making ends meet with his \$700 monthly Social Security award. He applies for a VA Pension and is awarded \$337, the difference between his income and the \$1,037 maximum income for an able-bodied veteran applying for pension.

Chapter 3: Applying for the Benefit

What Do I Need to Apply?

Below is a list of documents, forms, and information that you will need to apply. The information contained below is for informational purposes. A Place for Mom does not provide legal advice when applying for benefits. For professional legal advice, please consult a VA Accredited Claims Representative to assist you with your application.



Application Forms for Veterans:

Document	Form Number	Basic Pension	Aid & Attendance	Housebound
Basic Pension Form for Veterans	21-527EZ	Required	Required	Required
Section X (Medical Expense Report)	21-527EZ	Optional	Required	Required
A Voided Check for the account where you want payments direct deposited		Required	Required	Required
Request for Nursing Home Information in Connection with Claim for Aid & Attendance (if living in any type of senior community)	21-0779	N/A	Required	N/A
A letter on letterhead from the assisted living community or other type of senior community where you reside (listing monthly rate and daily assistance required)		N/A	Required	N/A
A letter from the homecare agency or caregiver		N/A	If Applicable	If Applicable
Examination for Housebound Status of Permanent Need for Aid & Attendance	21-2680	N/A	Required	Required
Authorization for Consent to Release Information to the VA (one for each physician)	21-4142	N/A	Highly Suggested	Highly Suggested
Authorization to Disclose Information to a 3rd Party (son, daughter, in-law)	21-0845	If Applicable	Highly Suggested	Highly Suggested
Statement in Support of Claim	21-438	If Applicable	Highly Suggested	Highly Suggested
ORIGINAL Military Discharge Papers (Do NOT send a photocopy)	DD-214	Required	Required	Required
Copies of lost discharge papers can be requested from the National Archives at http://www.archives.gov/veterans/military-service-records/ or by calling 314-801-0800				
Copy of Current Year's Social Security Award Letter		Required	Required	Required
Proof of all income and assets including but not limited to most recent back account statements, checking, savings, CDs, stocks, bonds, IRAs, 401Ks, etc.		Required	Required	Required
Proof of insurance premiums, medications, medical bills or any other medical expenses that are not reimbursed by insurance, Medicare, or Medicaid.		If Applicable	Required	Required
Copy of Marriage Certificate (if married)		If Applicable	If Applicable	If Applicable



Application Forms for Surviving Spouses:

Document	Form Number	Basic Pension	Aid & Attendance	Housebound
Basic Pension Form for Surviving Spouses	21-534EZ	Required	Required	Required
Section X (Medical Expense Report)	21-527EZ	N/A	Required	Required
A Voided Check for the account where you want payments directly deposited		Required	Required	Required
Examination for Housebound Status of Permanent Need for Aid & Attendance	21-2680	N/A	Required	Required
Request for Nursing Home Information in Connection with Claim for Aid & Attendance (if living in any type of senior community)	21-0779	N/A	Required	N/A
A letter on letterhead from the assisted living community or other type of senior community where you reside (listing monthly rate and daily assistance required)		N/A	Required	N/A
A letter from the homecare agency or caregiver		N/A	If Applicable	If Applicable
Consent to Release Information to the VA (one for each physician)	21-4142	N/A	Highly Suggested	Highly Suggested
Authorization to Disclose Information to a 3rd Party (son, daughter, in-law)	21-0845	If Applicable	Highly Suggested	Highly Suggested
Statement in Support of Claim	21-438	If Applicable	Highly Suggested	Highly Suggested
ORIGINAL Military Discharge Papers (Do NOT send a photocopy)	DD-214	Required	Required	Required
Copies of lost discharge papers can be requested from the National Archives at http://www.archives.gov/veterans/military-service-records/ or by calling 314-801-0800				
Copy of Current Year's Social Security Award Letter		Required	Required	Required
Proof of all income and assets including but not limited to most recent back account statements, checking, savings, CDs, stocks, bonds, IRAs, 401Ks, etc		Required	Required	Required
Proof of insurance premiums, medications, medical bills or any other medical expenses that are not reimbursed by insurance, Medicare, or Medicaid.		If Applicable	Required	Required
Copy of Marriage Certificate		Required	Required	Required
Copy of Veteran's Death Certificate		Required	Required	Required



Where Do I Apply?

Once you have completed all forms and gathered all supporting documents, make a photocopy of the documents for your files and mail them to one of the three main process centers in the U.S. The center to which you submit your application depends on where in the U.S. you live:

Residents of

Submit applications to:

Alabama, Arkansas, Illinois, Kentucky,
Louisiana, Michigan, Missouri, Mississippi,
Ohio, Tennessee, and Wisconsin

Milwaukee Pension Maintenance Center
Veterans Administration
5400 West National Avenue
Milwaukee, WI 53214

Residents of

Submit applications to:

Alaska, Arizona, California, Colorado,
Hawaii, Iowa, Idaho, Kansas, Minnesota,
Montana, North Dakota, Nebraska, Nevada,
Oklahoma, Oregon, South Dakota, Texas,
Utah, Washington State, and Wyoming

St. Paul Pension Maintenance Center
Veterans Administration
1 Federal Drive, Fort Snelling
St. Paul, MN 55111-4050

Residents of

Submit applications to:

Connecticut, the District of Columbia,
Delaware, Florida, Georgia, Maryland,
Maine, North Carolina, New Hampshire,
New Jersey, New York, Pennsylvania, Puerto
Rico, Rhode Island, South Carolina, Virginia,
Vermont, and West Virginia

Philadelphia Pension Maintenance Center
Veterans Administration
5000 Wissahickon Avenue
Philadelphia, PA 19101



Where Can I Find Help?

While it is certainly possible for seniors and their families to complete a successful application themselves, in many cases help is required. Help is available from many sources:

Free Help

VA Service Officers who work at VA regional offices may be able to offer free, basic guidance and answer simple questions about the benefit.

Veterans' organizations like the VFW, American Legion, and DAV (Disabled American Veterans) may be able to provide information about the benefit as well as free assistance preparing an application.

A Place for Mom (www.aplaceformom.com) is a senior care information and referral service that employs more than 250 Senior Living Advisors throughout the US who offer free consultations and assistance. A Place for Mom Senior Living Advisors can help families find senior communities that meet their needs, can answer basic questions about Aid & Attendance, and may be able to refer VA accredited consultants to help with an application.

Paid Consultants

VA benefits can be extraordinarily complex, so consider speaking with a Veteran Services Officer (VSO). Veteran Services Officers volunteer throughout the United States, frequently at hubs for veterans like American Legion halls Veteran of Foreign Wars (VFW) lodges. You can locate a VA accredited attorney or VSO/Benefits representative here: <http://www.va.gov/ogc/apps/accreditation/>

Sometimes it is worth hiring accredited VA consultants for help. Unaccredited consultants should never be used. Federal law prohibits unaccredited consultants from assisting with applications in any way. Regulations prohibit consultants from charging a fee for assistance with the actual application unless the applicant has already been denied once. After an unsuccessful application, paid consultants can often step in, find why an application has been denied, make necessary changes, and resubmit an application with a better chance of approval.

While consultants are not allowed to charge for help with the preparation or presentation of an initial claim, they can serve a valuable role for families who have not yet applied when there are concerns about financial eligibility. Consultants who have helped applicants with financial planning will often help with the rest of the application at no additional charge. Since the applicant is paying for financial planning services but not the additional help with preparation and presentation, this is legally permitted.



Before using any financial professional always do your research. Sources like The Paladin Registry <http://www.paladinregistry.com/find/Paladin-Registry-Advisors>, Better Business Bureau, The National Association of Personal Financial Advisors (<http://findanadvisor.napfa.org/Home.aspx>), and referrals from friends and family can help in finding the right financial consultant for your situation.

Appendix: Directory of Resources

United States Department of Veterans Affairs (VA):

The VA is the government department responsible for administering benefits for veterans and their families.

Website: www.va.gov, or to locate the nearest VA regional office use <http://www2.va.gov/directory>.

Phone: (800) 827-1000

Veterans of Foreign Wars (VFW):

The VFW is a large, nonprofit organization to assist veterans and their families, including with benefits applications.

Website: www.vfw.org

Phone: (816) 756-3390

The American Legion:

The American Legion is similar to the VFW, and also assists families with benefit applications. Their website notes that they “file thousands of VA claims each year on behalf of America’s veterans”.

Website: www.legion.org

Phone: (800) 433-3318

Disabled American Veterans (DAV):

DAV is a nonprofit organization to assist disabled veterans, primarily those with a service related disability. They also provide benefits assistance.

Website: www.dav.org

Phone: (877) 426-2838

A Place for Mom:

A Place for Mom is a nationwide, free senior care referral company and the publisher of this eBook. A Place for Mom employs more than 250 local Senior Living Advisors who can help families identify senior communities that meet their needs, answer basic questions about Aid & Attendance, and who may be able to suggest VA accredited consultants in your own area.

Website: www.aplaceformom.com

Phone: (877) 311-6099

Other Websites:

www.veteranaid.org

www.veteransaidbenit.org

www.no-soldier-left-behind.org

www.seniorvet.org



FINANCIAL TRACKER



Reference a single file of your loved one's financial resources.

INSURANCE

INSURANCE TYPE	COMPANY	POLICY / ID#	AGENT NAME	AGENT CONTACT
Medicare				
Long Term Care				
Disability				
Life				

BANKING

BANKING COMPANY	CHECKING ACCOUNT	SAVINGS ACCOUNT	AGENT NAME	AGENT CONTACT

PEOPLE

ROLE	NAME	CONTACT	RESPONSIBILITIES
Financial Advisor			
Accountant			
Conservatory			

This document was filled out by _____ on ____ / ____ / ____ . Relationship: _____ Phone: _____

EMERGENCY INFO SHEET



Keep a single record of your loved one's most critical information in one designated place to be prepared in an emergency. Have copies available for other parties who can help.

IDENTIFICATION

Name _____
Address _____
Phone 1 _____ Phone 2 _____
Birth Date ____ / ____ / ____ Sex _____
SSN _____
Drivers License # _____ Passport # _____



EMERGENCY CARE

Emergency Contact Name _____ Emergency Contact Phone _____ Relationship to Person _____
Durable Power of Attorney _____ Phone _____
Insurance Company _____ Insurance ID/Policy # _____ Contact _____

Medical Conditions

1. _____
2. _____
3. _____
4. _____
5. _____

Drug Prescriptions and Dosages

1. _____
2. _____
3. _____
4. _____
5. _____

Drug Allergies _____

Blood Type _____

Primary Physician Name _____ Hospital _____ Phone _____ Fax _____

PERSONAL INFO

Phone Lock Code _____ Voicemail Passcode _____

Email Address _____ Email Password _____ Computer Login _____

Other Important Info _____

This document was filled out by _____ on ____ / ____ / ____ . Relationship: _____ Phone: _____

MEDICATION LIST



Use to give to a medical professional or to keep as a single record for easy reference.

In regard to _____ Birth Date _____

MEDICINE NAME	MEDICAL CONDITION	DOSAGE DETAILS	DATE RANGE	PRESCRIBED BY	SIDE EFFECTS

Drug Allergies _____

Blood Type _____

Pharmacy _____ Pharmacy Phone _____

Pharmacy Address _____

Primary Care Physician _____ Contact _____

Insurance _____ Policy # _____

This document was filled out by _____ on ____ / ____ / ____ . Relationship: _____ Phone: _____

LEGAL TRACKER



Reference a single file of contacts and paperwork regarding your loved one's legal matters.

PEOPLE

ROLE	LEGAL ESTABLISH DATE	NAME	CONTACT	RESPONSIBILITIES
Power of Attorney				
Health Care Proxy (if different than POA)				
Guardian				

DOCUMENTS

TYPE	LEGAL ESTABLISH DATE	LOCATION OF DOCUMENT	NOTES
Last Will			
Advance Directive / Living Will			

Elder Law Attorney: _____ Contact: _____

MY WELL-BEING CHART

Caregivers spend most of their time giving to others and usually put themselves at the bottom of their “to-do” list. Many caregivers are so in tune with the emotions of those they are caring for that they forget to notice their own. Journaling is a great way to sort out your feelings, track trends and develop ideas for coping with stress.

This Well-being Chart guides you through getting those thoughts down in writing. It is designed to be flexible, so do not feel like you have to make an entry every day! The chart is divided into 5 sections:

- *Date – Dating your journal entry helps you to be able to track changes over time*
- *Today I feel – How would you describe your feelings or mood right now?*
- *What happened today – Is there a single event that has led to what you are feeling?*
- *Peaks and pits – What was the best thing (peak) about today? What was the worst thing about today (pit)?*
- *Tomorrow I will – How can you positively deal with stressful feelings? What would make you feel better?*

We have also provided a sample chart to get you started.

MY WELL-BEING CHART - SAMPLE



DATE	TODAY I FEEL...	WHAT HAPPENED TODAY...	HIGHS AND LOWS...	TOMORROW I WILL...
8/17/2014	Unappreciated	Went over to Mom's and tried to help her downsize. Did not go as smoothly as I wanted.	Peak: Spending time with Mom going through old memorabilia. Pit: Mom got really impatient with me and rejected all of my help.	Rest and recharge. Spend some "me" time.
8/18/2014	Scared	Mom ended up in the ER last night.	Peak: Mom will be OK, it's just a UTI. Pit: I couldn't get anyone to tell me what was going on when I arrived at the ER.	Take mom home. Relax and enjoy her company.
8/23/2014	Overwhelmed	Mom had two different doctor appointments today, daughter has a school project due tomorrow that she wants help with.	Peak: none. Pit: Daughter yelling that I loved Mom more than her which lead to a big argument.	Not let a teenagers moodiness throw off my whole day. Get up early and go for a walk.
8/30/2014	Impatient	Mom keeps telling me the same story over and over while I am trying to finish a report for work.	Peak: I was chosen to work on this special assignment for work. Pit: I don't have enough alone time to organize the project.	Ask my sister to take mom out for lunch and shopping so that I can put the final touches on the report I'm writing.
9/1/2014	Content	The whole family went on a picnic and the kids paid attention to and enjoyed listening to Mom telling about her childhood.	Peak: Noticing how much alike my daughter and her grandmother are, hearing the kids laugh at Mom's stories.	Ask Mom to help me out the pictures from today into albums so that she can have one and the kids can each have one.

MY WELL-BEING CHART

[illegible]

CAREGIVER BILL OF RIGHTS

*I have the right...*to take care of myself. This is not an act of selfishness. It will give me the capability of taking better care of my relative.

*I have the right...*to seek help from others even though my relatives may object. I recognize the limits of my own endurance and strength.

*I have the right...*to maintain facets of my own life that do not include the person I care for, just as I would if he or she were healthy. I know that I do everything that I reasonably can for this person, and I have the right to do some things just for myself.

*I have the right...*to get angry, be depressed, and express other difficult feelings occasionally.

I have the right... to reject any attempts by my relative (either conscious or unconscious) to manipulate me through guilt and/or depression.

*I have the right...*to receive consideration, affection, forgiveness, and acceptance from my loved one for what I do, for as long as I offer these qualities in return.

*I have the right...*to take pride in what I am accomplishing and to applaud the courage it has sometimes taken to meet the needs of my relative.

*I have the right...*to protect my individuality and my right to make a life for myself that will sustain me in the time when my relative no longer needs my full-time help.

*I have the right...*to expect and demand that as new strides are made in finding resources to aid physically and mentally impaired persons in our country, similar strides will be made towards aiding and supporting caregivers.

MY CAREGIVER COVENANT

The thing I struggle most to accept that I can't control is:

The things as a caregiver I can control are:

I sometimes am negative about:

I can think about that more positively by:

My personal serenity prayer is:
