



# Act III: Your Plan for Aging in Place



# Act III: Your Plan for Aging in Place

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

Aging in Place is;

- A rapidly growing lifestyle option for Americans approaching or beyond retirement age.
- It facilitates remaining in the home of your choice for as long as you would like as opposed to relocating to a nursing home or other medical facility.
- Offers the services you need to live a secure and safe life in your home.

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

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

## Using This Template

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

The key areas we are going to evaluate are:

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

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

## "My Needs" Evaluation

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

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

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

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

## Spousal Evaluation

If married you can fill out the template jointly or individually. Certain sections may be more useful if filled out separately.



**Are you comfortable and safe in your home or do you need another home or modifications to your current home?** *Please go to page 4.*



**Do you have access to the healthcare you need or do you need advice?** *Please go to page 8.*



**Do you have sufficient financial resources to fund your retirement?** *Please go to page 12.*



**Do you have access to the transportation you need?** *Please go to page 17.*



**Are you part of a community and do you have the Social-interaction and access to entertainment you want?** *Please go to page 20.*

# Housing



Please answer to the following questions:

## Choice of Residence

**1. Describe your current home – size, location, amenities, accessibility.**

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**2. Are you comfortable in your current residence?** Yes  No

**3. Would you like to remain in your current residence for as long as possible?**

Yes  No

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

- Location
- Familiarity
- Size
- Accessibility to family
- Accessibility to friends
- Other. *Please explain*

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**5. If you are not comfortable in your present residence, what would you prefer?**

- Downsizing to something smaller
- Something less expensive
- Everything you need on one floor
- A residence more suitable to your physical condition
- Better accessibility to family
- Better accessibility to friends
- A warmer climate
- Better accessibility to transportation
- Better accessibility to culture and entertainment
- Other. *Please explain*

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**6. In assessing your living conditions, what are the things you must have? What are the things you have, but could live without?**

Must Haves

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can Live Without

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Affordability**

- 7. **Do you own or rent your current home?** Own  Rent
- 8. **If you own your home, do you have a mortgage?** Yes  No
- 9. **What percentage of your monthly income is your mortgage or rent?**  
*(Note: National average is 35%. If you do not have this information at hand, you can calculate it in Personal Finance section.)*
- 10. **Does your monthly mortgage payment or rent leave you enough money for your other needs?** Yes  No
- 11. **If your home does not leave you enough money for other expenses would you prefer to**
  - a) Find a less expensive home
  - b) Find the means to pay off your mortgage and lower your monthly expenses
  - c) Remain in your current home and reduce your other expenses
- 12. **If your monthly home costs are too expensive, have you explored any of the following?**
  - a) All benefits available to you (*Visit [benefitscheckup.com](http://benefitscheckup.com)*)
  - b) Reverse mortgage (*Visit [reversemortgage.org](http://reversemortgage.org)*)
  - c) If your state has a Property Tax Deferral plan for seniors
  - d) Downsizing
  - e) Home sharing
  - f) Refinancing at a lower interest rate

**Comfort & Accessibility**

- 13. **Can you comfortably move around your home?** Yes  No
- 14. **If not, have you considered or researched home modifications?** Yes  No

**15. If so, which modifications have you considered?**

- a. Rearranging the home so the master bedroom is on the ground floor? Yes  No
- b. Widening the front entrance? Yes  No
- c. Improving access into the home? Yes  No
- d. Putting grab bars in your bath or shower and near your toilet? Yes  No
- e. Improving ease of use by adding better storage, such as drawers or pull outs, or lighting?  
Yes  No
- f. Softening floor covering to help if you fall? Yes  No
- g. Eliminating carpet or rugs to prevent falls? Yes  No
- h. Other. *Please explain* \_\_\_\_\_  
\_\_\_\_\_

**16. What home technology devices have you explored to promote aging in place?**

- Smart phones     Computers     Other \_\_\_\_\_
- Tablets     Medical alert devices

**17. Have you considered what home modifications can be done to help address physical changes brought on by any pre-existing medical conditions? Yes  No**

**Personal Home Assessment**

Please check one of the following:

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

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

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**My Housing Needs:**

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# Health and Wellness



Please choose an answer to the following questions:

## General

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

1      2      3      4      5      6      7      8      9      10

**19. What concerns do you have in particular about your health?**

- Medical condition/chronic illness
- Chronic Pain
- Limited mobility
- Costs of medical care
- Difficulty getting to doctor’s appointments (*see Transportation section*)

**20. Do you feel you have a sufficient understanding of the benefits provided by Medicare or private insurance?** Yes  No

**21. Do you know where to find this information?** Yes  No

**22. Would advice be helpful to you?** Yes  No

**23. Are you aware of the services provided by caregivers?** Yes  No

**24. Do you know how to find a caregiver?** Yes  No

**25. Do you avoid seeking caregiving or medical care due to costs?** Yes  No

## Medicare

**26. Are you eligible for Medicare?** Yes  No

a. If you answered “no” to Question 26, please skip to the “Private Healthcare Plans” section.

b. If you answered “yes” to Question 26, have you enrolled? Yes  No

**27. Are your Medicare benefits enough to cover your medical costs?** Yes  No

a. If you answered “no” to Question 26b, have you reviewed and compared Medicare plans available to you? (*It is recommended that recipients compare available plans annually during open enrollment, as plans often change year-to-year.*) Yes  No

- b. If you answered “no” to Question 26b, have you looked into a Medigap Policy?  
Yes  No
- c. If you answered “no” to Question 26b, have you used [benefitscheckup.org](http://benefitscheckup.org) to determine if you might be eligible for additional medical benefits or programs?  
Yes  No

## Private Healthcare Plans

*(NOTE: If you are eligible for Medicare, please skip this section)*

### **28. If you are not eligible for Medicare, do you have a private health care plan?**

- Yes  No
- a. If you answered “no” to Question 28, can you afford a private plan? This is typically defined as a plan costing 8% or less of your total income. Yes  No
- b. If you answered “yes” to Question 28, are your benefits sufficient to cover your medical costs? Yes  No
- i. If you answered “no” to Question 28b, have you used [benefitscheckup.org](http://benefitscheckup.org) to determine if you might be eligible for additional medical benefits or programs?  
Yes  No
- ii. If you answered “no” to Question 28b, have you used [healthcare.gov](http://healthcare.gov) to compare available plans? Yes  No

### **29. If you have a high-deductible health plan, do you utilize the benefits of a Health Savings Account?** Yes No

### **30. If you are still employed, does your employer offer Flexible Spending Accounts?**

- Yes  No
- c. If you answered “yes” to Question 30, have you enrolled for one? Yes  No

## Daily Living/In Home Care

### **31. Do you have a personal health record? Or do you have a current list of your physicians, health conditions, and medications (including dosages)?**

- Yes  No
- a) If you answered no to Question 31 please visit <http://www.myphr.com/> to create a personal health record.

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

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

- a. If you did not check off any item(s) listed in Question 32, do you have a family member or friend who can serve as your caregiver and assist you with that activity(s)?  
Yes  No
- b. If you answered “yes” to Question 32a, what role would family/friends/volunteers play in a situation where you needed help with daily living activities?
- c. If you answered “no” to Question 32a, do you have the financial resources to hire a caregiver to assist you with your daily activities? (*See Financial section*) Yes  No

**33. Do you have a chronic medical condition that requires daily monitoring and/or treatment? Yes  No**

- a. If you answered “yes” to Question 33, are you able to manage your medical condition on a daily basis (taking medications exactly as prescribed, using medical equipment, etc.)?  
Yes  No
- i. If you answered “no” to Question 33a, do you have a caregiver (family member, friend, or hired employee) who can assist you with managing your medical condition?  
Yes  No
- 1. If you answered “no” to Question 33a(i), have you consulted with a geriatric care manager who can advise you on how to better manage your condition?  
Yes  No

**34. Have you considered what home modifications can be done to help you address physical changes brought about by your condition?**

What modifications? \_\_\_\_\_  
\_\_\_\_\_

**35. Have you researched technology products that might assist you with managing your condition? Yes  No  What products? \_\_\_\_\_**

**36. Is there technology you’d like to know more about? If so, what technology?**  
\_\_\_\_\_  
\_\_\_\_\_



# Personal Finance



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

a) If you answered “no” to Question 43, do your monthly expenses exceed your monthly income? Yes  No  By how much? \_\_\_\_\_

b) Do you have a plan to fill the gap in income? Yes  No

c) Do you need to trim your monthly expenses? Yes  No

**44. Do you feel comfortable that you have enough money to get you through retirement?** Yes  No

**45. Are you delaying retirement because you fear you don’t have enough money?** Yes  No

**46. Have you prepared a list of your income, assets, and your expenses?** Yes  No

a. If your answer to Question 46 is no and you would like to prepare a list, use the following grid:

INCOME			
	Current	Retirement	M / Y
Wages, salary, tips			
Cash dividends			
Interest received			
Social Security			
Pension income			
Rents, royalties			
Other income			
Adjustments			
Federal income taxes			
State income taxes			
FICA - SSA			
Other taxes			
<b>Total Income</b>	\$	\$	
<b>Total Taxes</b>	\$	\$	
<b>Total Adjusted Income</b>	\$	\$	

**FIXED EXPENSES**

	<b>Current</b>	<b>Retirement</b>	<b>M / Y</b>
Mortgage payment or rent			
2nd home mortgage			
Real estate taxes			
Automobile note			
Personal loans			
Life insurance			
Disability insurance			
Medical insurance			
Long-term care insurance			
Homeowner's insurance			
Automobile insurance			
Umbrella liability insurance			
Savings (regularly)			
Investments (regularly)			
Retirement plan contributions			
Other			
<b>Total Fixed Expenses</b>	<b>\$</b>	<b>\$</b>	



**VARIABLE EXPENSES**

	<b>Current</b>	<b>Retirement</b>	<b>M / Y</b>
Electricity			
Gas/Fuel			
Telephone			
Water			
Cable TV			
Home repairs/Maintenance			
Landscape			
Credit cards -- total.			
Food/Dining			
Clothing/Laundry			
Camp/Child care			
Personal care			
Other family care expenses			
Automobile gas & oil			
Automobile repairs, etc.			
Other transportation			
Education expenses			
Entertainment			
Recreation/Travel			
Club/Association dues			
Hobbies			
Gifts/Donations			
Unreimbursed medical/Dental			
Miscellaneous			
Other			
<b>Total Variable Expenses</b>	<b>\$</b>	<b>\$</b>	

**NET CASH FLOW**

	<b>Current</b>	<b>Retirement</b>	<b>M / Y</b>
Total adjusted income			
Total fixed expenses			
Total variable expenses			
<b>Discretionary Income</b> <i>(Income - Expenses)</i>	<b>\$</b>	<b>\$</b>	

**47. Are you currently collecting Social Security benefits?** Yes  No

If your answer to Question 47 is no, please answer these questions:

a. Have you decided when you will collect your Social Security benefits? Yes  No

i. If your answer to Question 47a is no, do you need help figuring out what is best for you?  
Yes  No

**48. Do you have savings or pensions?** Yes  No

a. If you answered yes to Question 48, where are your savings/pensions located?

- 401 K Account
- IRA account
- Bank savings account
- Investments
- Annuities
- Other

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

a. If you answered yes to Question 49, whom do you depend on for advice?

- Professional financial advisor
- Family
- Friends
- Banker

**50. Have you researched all the other benefits that may be available to you?** Yes  No

- a. Medicare Yes  No
- b. Medicaid Yes  No
- c. The Savers' Credit Yes  No
- d. Medicare Part D Yes  No
- e. Veterans Administration programs including Healthcare benefits Yes  No
- f. National Council on Aging (NCOA) BenefitsCheckup Yes  No
- g. Other \_\_\_\_\_

**51. Have you considered Long Term Care Insurance?** Yes  No

a. Would you like more information about Long Term Care Insurance? Yes  No

**52. Have you considered using your home equity to supplement your income?**

Yes  No

a. If you answered "yes" to Question 52, have you considered:

- Home Equity Line of Credit
- Reverse Mortgage

**53. Have you completed the appropriate legal documents, including a financial power of attorney and a will for the disposition of assets?** Yes  No

a. If no, do you need information on how to complete these documents? Yes  No

**54. What measures/ legal documents do you have in place?**

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**55. If married, do both spouses know how to access important documents and accounts? Do you both have account access?** Yes  No

**56. Have you made arrangements for your funeral?** Yes  No

a) If you answered "yes" to Question 56, what arrangements have you made?

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**57. Do you need the assistance of an Elder Law attorney or estate planner to help you?**

Yes  No

a) If you answered "yes" to Question 57, which preparations?

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**My Personal Finance Needs:**

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# Transportation



Please choose an answer to the following questions:

## General

### 58. Do you live in a(n):

- Urban Community
- Suburban Community
- Rural Community

### 59. What is the most common form of transportation in your community?

- Car
- Walking
- Bus
- Train
- Taxi
- Uber
- Lyft

### 60. If driving a car is the most common form of transportation in your community, are you still able to safely and comfortably drive a car? Yes No

- a. If you answered "yes" to Question 60, do you have a plan in place for your future transportation needs if your ability to drive changes? Yes  No
- b. If you answered "no" to Question 60, do you have family or friends who can assist you with your transportation needs? Yes  No 
  - i. If you answered "no" to Question 60b, do you have access to public transportation? Yes  No
  - ii. If you answered "no" to Question 60b, do you have access to taxis or car services? Yes  No
  - iii. If you answered "no" to Question 60b, do you have access to programs through local non-profits like the Village to Village network, volunteer services, or ride share programs? Yes  No

### 61. Will you continue driving longer than you think you should because there is no alternative? Yes No

## Transportation Needs

**62. Do you need transportation most frequently for:** *(Select all that apply)*

- Doctor Visits
- Grocery store trips
- Social Events
- Errands

**63. How do you most frequently find transportation for these needs?**

- Drive self
- Friends/Family members
- Walking
- Public transportation
- Taxis or car services
- Non-profit programs/volunteer services/rideshare programs

a. If you selected "Drive self" in Question 63, do you have a plan in place for your future transportation needs if your ability to drive changes

Yes  No

b. If you selected "Public Transportation" in Question 63, do you have a plan in place if you become unable to utilize public transportation?

Yes  No

**64. How do you access transportation?**

- Landline
- Cellphone
- Computer

**65. Have you set aside money for your potential future transportation needs?**

Yes  No

**66. Can you contact/dispatch the type of transportation that you need, or do you need assistance from someone else?**

Yes  No

**67. If you do not have access to the transportation that you need, would you consider relocating to a community where it is available?**

Yes  No

**68. What are things you would like to do but do not do because of lack of transportation?**

*(Select all that apply)*

- Social events
- Buy groceries
- Doctor visits
- Visit family/friends
- Attend church/synagogue or other religious services

**My Transportation Needs:**

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# Community & Social Interaction



Please choose an answer to the following questions:

## General

- 69. Do you feel that you have enough social interaction with other people?** Yes  No
- a. If you answered “no” to Question 69, what are the reasons? *(Select all that apply)*
- Transportation
  - Home is isolated
  - Children/family no longer live in the area
- 70. Do you feel that you are a part of your local community?** Yes  No
- 71. Do you want more access to entertainment?** Yes  No
- a. If you answered “yes” to Question 71, what kind of entertainment do you prefer?
- Theatre
  - Dance
  - Music
  - Movies
  - Reading
  - Speakers
- 72. Is the entertainment that you prefer available in your community?**  
Yes  No
- 73. Would you like more information on volunteer opportunities in your community?**  
Yes  No
- 74. Do you participate in events at senior centers?** Yes  No
- a. If not, would you like to? Yes  No
- 75. Are you interested in local adult educational programs?** Yes  No
- 76. Are you a member of or do you belong to any religious institutions, clubs, local groups, alumni associations, etc.?** Yes  No
- 77. Are you familiar with the following kinds of communities?** *(Select all that apply)*
- The Village to Village Network
  - NORCs
  - Senior Housing Complexes/Developments

**78. If you are not as involved in your community as you would like to be, is there a reason?**

*(Select all that apply)*

- Do not have access
- Do not have mobility
- Have not made the effort
- Other

**79. How comfortable are you using technologies (smartphones, tablets, computers)?**

- Not comfortable at all
- Moderately comfortable
- Very comfortable

**80. Do you use any of these technologies to “stay connected”? If so, which ones?**

Yes  No  *(Select all that apply)*

- Smartphone
- Tablet
- Computer

**81. Have you considered a course on using these technologies? Which ones?**

Yes  No  *(Select all that apply)*

- Smartphone
- Tablet
- Computer

**82. Do you have enough activity in your life to keep you occupied?** Yes  No

a. If you answered “no” to Question 82, what are you missing? *(Select all that apply)*

- Adult education
- Exercise
- Entertainment
- Parties and social events
- Other

**83. Do you enjoy traveling either internationally or domestically?** Yes  No

**84. Would you like to travel more?** Yes  No

a. If you answered “yes” to Question 84, what is preventing you?

- Mobility
- Finances
- Lack of information on available travel options
- Other \_\_\_\_\_

**85. What concerns do you have regarding social and community connections?**

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**86. Do you feel you are isolated?** Yes  No

**87. Do you feel depressed?** Yes  No

**My Community & Social Interaction Needs:**

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# My Needs Summary

Recap from end of each section above.

## My Housing Needs:

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## My Health & Wellness Needs:

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## My Personal Finance Needs:

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## My Transportation Needs:

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## My Community & Social Interaction Needs:

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# My Priority List

Your last steps: From the list of My Needs above, list your priorities in order.

## Things I can accomplish myself:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

## Things for which I need help and support:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

*Now you have your own plan for Aging in Place. If you wish to receive additional assistance, please submit your plan to our national office with your contact information and location included:*

NAIPC  
1400 16th Street NW Suite 420  
Washington, DC 20036  
Telephone: (202) 939-1770  
Fax: (202) 465-4435  
Email: [NAIPC@ageinplace.org](mailto:NAIPC@ageinplace.org)