Act III: Your Plan for Aging in Place

www.ageinplace.org
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. You are able to do this because the services you need to live a secure and safe life are now available to you in your home.

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

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

Using This Template

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

The key areas we are going to evaluate are:
- Housing
- Health and wellness
- Personal finance
- Transportation
- Community and social interaction
- Education and entertainment

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

“My Needs” Evaluation

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

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

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

So now let’s begin to go through the essentials of your lifestyle and evaluate your circumstances.
Are you comfortable in your home or do you need another home or modifications to your current home?  
*If you need help, please go to page 4.*

Do you have access to the healthcare you need or do you need advice?  
*If you need help, please go to page 7.*

Do you have sufficient financial resources to fund your retirement?  
*If you need help, please go to page 10.*

Do you have access to the transportation you need?  
*If you need help, please go to page 15.*

Are you part of a community and do you have the social interaction and access to entertainment you want?  
*If you need help, please go to page 17.*
Housing

Please answer to the following questions:

**Choice of Residence**

1. Are you comfortable in your current residence? Yes  No

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

3. 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

4. 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

**Affordability**

5. Do you own or rent your current home? Own  Rent

6. If you own your home, do you have a mortgage? Yes  No
7. 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.)

8. Does your monthly mortgage payment or rent leave you enough money for your other needs? Yes ☐  No ☐

9. If your home does not leave you enough money for other expenses would you prefer to
☐ Find a less expensive home
☐ Find the means to pay off my mortgage and lower my monthly expenses
☐ Remain in current home and reduce my other expenses

10. If your monthly home costs are too expensive, have you explored any of the following?
☐ All benefits available to you (Visit benefitscheckup.com)
☐ Reverse mortgage (Visit reversemortgage.org)
☐ If your state has a Property Tax Deferral plan for seniors
☐ Downsizing
☐ Homesharing
☐ Refinancing at a lower interest rate

Comfort & Accessibility

11. Can you comfortably move around your home? Yes ☐  No ☐

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

13. 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. Changing outside steps to a ramp? Yes ☐  No ☐
   d. Putting grabs bars in your bath or shower and near your toilet? Yes ☐  No ☐
   e. Lowering kitchen counters so you can sit and cook? 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 ________________________________________________________________

14. Have you explored in home technology devices? 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
- My current home is not safe enough
- My current home is not affordable enough

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

My Housing Needs:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Health and Wellness

Please choose an answer to the following questions:

**General**

15. 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
```

16. 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)*

**Medicare**

17. Are you eligible for Medicare? Yes ☐  No ☐
   a. If you answered “no” to Question 17, please skip to the “Private Healthcare Plans” section.
   b. If you answered “yes” to Question 17, have you enrolled? Yes ☐  No ☐

18. Are your Medicare benefits enough to cover your medical costs? Yes ☐  No ☐
   a. If you answered “no” to Question 18, 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 18, have you looked into a Medigap Policy? Yes ☐  No ☐
   c. If you answered “no” to Question 18, have you used 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)*

19. If you are not eligible for Medicare, do you have a private health care plan? Yes ☐  No ☐
a. If you answered “no” to Question 19, 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 19, are your benefits sufficient to cover your medical costs? Yes ☐  No ☐
   
   i. If you answered “no” to Question 19b, have you used benefitscheckup.org to determine if you might be eligible for additional medical benefits or programs? Yes ☐  No ☐

   ii. If you answered “no” to Question 19b, have you used healthcare.gov to compare available plans? Yes ☐  No ☐

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

21. If you are still employed, does your employer offer Flexible Spending Accounts? Yes ☐  No ☐
   
   c. If you answered “yes” to Question 21, have you enrolled for one? Yes ☐  No ☐

Daily Living/In Home Care

22. 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 items listed in Question 22, do you have a family member or friend who can serve as your caregiver and assist you with these activities? Yes ☐  No ☐

b. If you answered “no” to Question 22a, do you have the financial resources to hire a caregiver to assist you with your daily activities? (See Financial section) Yes ☐  No ☐
23. Do you have a chronic medical condition that requires daily monitoring and/or treatment? Yes ☐ No ☐
   
a. If you answered “yes” to Question 23, 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 23a, 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 23a(i), have you consulted with a geriatric care manager who can advise you on how to better manage your condition? Yes ☐ No ☐

24. Have you researched technology products that might assist you with managing your condition? Yes ☐ No ☐

25. Do you have the means for traveling to medical appointments? Yes ☐ No ☐

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

27. Have you completed the appropriate legal medical documents, including a health care power of attorney, a living will, and an advanced directive? Yes ☐ No ☐
   
a. If no, do you need information on how to complete these documents? Yes ☐ No ☐

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My Health & Wellness Needs:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
28. Do you currently have sufficient income and or/savings to cover your monthly expenses?  Yes □  No □

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

30. Have you prepared a list of your income and assets and your expenses?  Yes □  No □
   a. If your answer to Question 30 is no and you would like to prepare a list, use the following grid:

   **INCOME**

<table>
<thead>
<tr>
<th>Current</th>
<th>Retirement</th>
<th>M / Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages, salary, tips</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash Dividends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pension income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rents, royalties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjustments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal income taxes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State income taxes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FICA - SSA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other taxes</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total Taxes</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total Adjusted Income</strong></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>
## FIXED EXPENSES

<table>
<thead>
<tr>
<th>Expense</th>
<th>Current</th>
<th>Retirement</th>
<th>M / Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortgage payment or rent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd home mortgage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Real estate taxes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Automobile note</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal loans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-term care insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homeowner's insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Automobile insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Umbrella liability insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Savings (regularly)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments (regularly)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirement plan contributions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Fixed Expenses</strong></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
### VARIABLE EXPENSES

<table>
<thead>
<tr>
<th>Expense</th>
<th>Current</th>
<th>Retirement</th>
<th>M / Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electricity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gas/Fuel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cable TV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home repairs/maintenance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Landscape</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credit cards -- total.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food/Dining</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clothing/Laundry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Camp/Child care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other family care exp.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Automobile gas &amp; oil</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Automobile repairs, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other transportation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entertainment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recreation/Travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Club/association dues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hobbies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gifts/Donations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unreimbursed medical/dental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Variable Expenses</strong></td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

### NET CASH FLOW

<table>
<thead>
<tr>
<th>Category</th>
<th>Current</th>
<th>Retirement</th>
<th>M / Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total adj. income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total fixed expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total variable expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Discretionary Income</strong></td>
<td></td>
<td>(Income - Expenses)</td>
<td>$</td>
</tr>
</tbody>
</table>
31. Are you currently collecting Social Security benefits?  Yes ☐  No ☐

If your answer to Question 31 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 30a is no, do you need help figuring out what is best for you?  Yes ☐  No ☐

32. Do you have savings or pensions?  Yes ☐  No ☐

   a. If you answered yes to Question 32, where are your savings/pensions located?
      ☐ 401 K Account
      ☐ IRA account
      ☐ Bank savings account
      ☐ Investments
      ☐ Annuities
      ☐ Other

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

   a. If you answered yes to Question 33, whom do you depend on for advice?
      ☐ Professional financial advisor
      ☐ Family
      ☐ Friends
      ☐ Banker

34. 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. Medicare Savings—QMB, SLMB, Q1  Yes ☐  No ☐
   f. Health Savings Accounts  Yes ☐  No ☐
   g. Extra Help/Low Income Subsidy  Yes ☐  No ☐
   h. Supplemental Nutrition Assistance program  Yes ☐  No ☐
   i. Supplemental Security Income  Yes ☐  No ☐
   j. TRICARE  Yes ☐  No ☐
   k. Veterans Administration programs including Healthcare benefits  Yes ☐  No ☐
   l. Low Income Home Energy Assistance Program  Yes ☐  No ☐
   m. Public Housing  Yes ☐  No ☐
   n. Section 8 vouchers  Yes ☐  No ☐
   o. Senior Community Service Employment Program  Yes ☐  No ☐
   p. State and city benefit programs including Deferred Payment Loans (DPLs) or Property Tax Deferral loans (PTDsd);  Yes ☐  No ☐
35. Have you considered **Long Term Care Insurance**? Yes ☐ No ☐
   a. Would you like more information about Long Term Care Insurance? Yes ☐ No ☐

36. Have you considered using your home equity to supplement your income? Yes ☐ No ☐
   a. If you answered yes to Question 36, have you considered:
      ☐ Home Equity Line of Credit
      ☐ Reverse Mortgage

37. 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 ☐

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**My Personal Finance Needs:**

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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*National Aging in Place Council*
Transportation

Please choose an answer to the following questions:

**General**

38. Do you live in:
   - Urban Community
   - Suburban Community
   - Rural Community

39. What is the most common form of transportation in your community?
   - Car
   - Walking
   - Bus
   - Train
   - Taxi

40. 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 40, 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 40, do you have family or friends who can assist you with your transportation needs? Yes ☐ No ☐

      i. If you answered “no” to Question 40b, do you have access to public transportation? Yes ☐ No ☐

      ii. If you answered “no” to Question 40b, do you have access to taxis or car services? Yes ☐ No ☐

      iii. If you answered “no” to Question 40b, do you have access to programs through local non-profits like the Village to Village network, volunteer services, or ride share programs? Yes ☐ No ☐

**Transportation Needs**

41. Do you need transportation most frequently for: *(Select all that apply)*
   - Doctor Visits
   - Grocery store trips
   - Social Events
   - Errands
42. 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 42, 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 42, do you have a plan in place if you become unable to utilize public transportation?
   Yes ☐  No ☐

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

44. Can you contact/dispatch the type of transportation that you need, or do you need assistance from someone else?
   Yes ☐  No ☐

45. 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 ☐

46. What are things you would like to do but do not do because of lack of transportation?
- Social Events
- Buy Groceries
- Doctor Visits
- Visit Family/Friends

My Transportation Needs:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Community & Social Interaction

Please choose an answer to the following questions:

**General**

47. Do you feel that you have enough social interaction with other people? Yes □ No □
   
a. If you answered “no” to Question 47, what are the reasons? (Select all that apply)
   - Transportation
   - Home is isolated
   - Children/family no longer live in the area

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

49. Do you want more access to entertainment? Yes □ No □
   
a. If you answered “yes” to Question 49, what kind of entertainment do you prefer?
   - Theatre
   - Dance
   - Music
   - Movies
   - Reading
   - Speakers

50. Is the entertainment that you prefer available in your community? Yes □ No □

51. Would you like more information on volunteer opportunities in your community? Yes □ No □

52. Do you participate in events at senior centers? Yes □ No □
   
a. If not, would you like to? Yes □ No □

53. Are you interested in local adult educational programs? Yes □ No □

54. Are you a member of or do you belong to any religious institutions, clubs, local groups, alumni associations, etc.? Yes □ No □

55. Are you familiar with the following kinds of communities? (Select all that apply)
   - The Village to Village Network
   - NORCs
   - Senior Housing Complexes/Developments
56. 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

57. Do you have enough activity in your life to keep you occupied? Yes ☐ No ☐
   a. If you answered “no” to Question 57, what are you missing? (Select all that apply)
   - Adult Education
   - Exercise
   - Entertainment
   - Parties and social events
   - Other

58. Do you enjoy traveling, either internationally or domestically? Yes ☐ No ☐

59. Would you like to travel more? Yes ☐ No ☐
   a. If you answered “yes” to Question 59, what is preventing you?
   - Mobility
   - Finances
   - Lack of information on available travel options
   - Other

My Community & Social Interaction Needs:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
My Needs Summary

Recap from end of each section above.

My Housing Needs:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

My Health & Wellness Needs:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

My Personal Finance Needs:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

My Transportation Needs:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

My Community & Social Interaction Needs:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
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 with this plan, please submit it to our national office with your contact information included:

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