



# Act III: Your Plan for Aging in Place



[www.ageinplace.org](http://www.ageinplace.org)

# Act III: Your Plan for Aging in Place

*Act I: Childhood to Completing Education*

*Act II: Career and Family*

*Act III: Retirement and preparation for retirement*

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" Assistance

NAIPC can help you fulfill your needs.

If you would like our assistance, please see the information on pages 19-20 on how to complete your "My Needs Summary" and submit it to our office for review.

Submit your "My Needs Summary" to NAIPC, and we will respond to you with suggestions and contacts.

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.

## Privacy Guaranteed

This template is your private document to evaluate your own needs. If you would like us to help you evaluate your needs, you need only submit pages 19-20, and we will assist you with fulfilling your needs. Your privacy is guaranteed. NAIPC will not share any of your personal information with other parties.



**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*  


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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*  


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## 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](http://benefitscheckup.com)*)  
 Reverse mortgage (*Visit [reversemortgage.org](http://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 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

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](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)

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](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 19b, have you used [healthcare.gov](http://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

**My Health & Wellness Needs:**

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# Personal Finance



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:

<b>INCOME</b>			
	<b>Current</b>	<b>Retirement</b>	<b>M / Y</b>
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>\$</b>	<b>\$</b>	
<b>Total Taxes</b>	<b>\$</b>	<b>\$</b>	
<b>Total Adjusted Income</b>	<b>\$</b>	<b>\$</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 exp.			
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 adj. income			
Total fixed expenses			
Total variable expenses			
<b>Discretionary Income</b> <i>(Income - Expenses)</i>	<b>\$</b>	<b>\$</b>	

**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 financial power of attorney and a will or a trust for the disposition of assets? Yes  No

a. If no, do you need information on how to complete these documents or fund your trust?

Yes  No

**My Personal Finance Needs:**

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# 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:**

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# 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:**

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# My Needs Summary

The information in your plan is private, for your eyes only. If you would like assistance from NAIPC, please fill in the areas you choose below. Submit this summary to NAIPC, and we will contact you with suggested solutions. To submit a copy by mail, please send pages 19-20 along with your contact information to:

NAIPC  
1400 16th Street NW Suite 420  
Washington, DC 20036

To submit electronically, please visit [www.ageinplace.org](http://www.ageinplace.org), click “Act III: Your Plan for Aging in Place,” and follow the instructions.

## 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. \_\_\_\_\_