



CARE PLANNING WORKBOOK



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INTRODUCTION

When a caregiver is called upon to make what may be a difficult decision quickly, having necessary information at your fingertips is extremely important. To this end, we have created this CARE PLANNING WORKBOOK for you to print and complete, or fill in directly, on your computer. It will assist you in organizing important personal & care information, and will serve as a valuable resource for you or your caregivers. It will be extremely useful in an emergency, when you are attending appointments with a loved one, or sharing information with a care team. Throughout the document, there are suggestions for documents to include in your EMERGENCY FILE.

A good idea for everyone, because unexpected illness or injury can happen to anyone, regardless of age or circumstance, is the creation of an EMERGENCY FILE. The content of this file should include all financial, medical, and legal documents, pertaining to the person. Having such a file becomes even more important when you have loved ones who are older, or when you may need the assistance of others with health issues or finances. There may be a time (or several times) when a caregiver, or your next-of-kin, will have to locate information quickly. Having all documents in one place will make this a far easier task than potentially sorting through what may be, years of papers.

This file and its contents (as well as this workbook) should be reviewed/updated every so often (perhaps even annually), to ensure that everything in it is accurate. If you are putting actual documents in this file, it would be best to keep photocopies only in the file, and store originals in a safe place. If you are creating such a file for yourself, inform your close relatives where it is located in the event of an emergency. Ensure it is well labelled so it can be found easily. An accordion file works well for someone with many different kinds of papers but for others, a 3-ring binder with dividers, may be sufficient.

For some items, simply recording information in your CARE PLANNING WORKBOOK may replace the need for separate papers however, if in doubt, photocopy and store in your file. A master copy of this completed document should be included in your EMERGENCY FILE/BINDER and, if more than one person is taking on a caregiving role, it would make sense to share it with them as well. Ensure all caregivers involved know the location of the EMERGENCY FILE, in case specific documents are needed by any involved parties.

PERSONAL INFORMATION

Name

Spouse/Partner Name

Maiden Name/Previous Name

Address

Home Phone Number

Cell Phone Number

Birthdate

Place of Birth

Religious/Cultural Affiliation

Language (s) Spoken

Social Insurance Number

(take a photocopy of the page and keep it in your file)

Passport Number

(take a photocopy of the page and keep it in your file)

Birth Certificate Number

(take a photocopy of the page and keep it in your file)

Veteran Status/Number

(take a photocopy of the page and keep it in your file)

Immigration Documents /Citizen Papers (take a photocopy of the page and keep it in your file)

Marital Status

Marriage Certificate Number

(take a photocopy of the page and keep it in your file)

Divorce Certificate Number (take a photocopy of the page and keep it in your file)

Driver's License Number (take a photocopy of the page and keep it in your file)

Vehicle Ownership (take a photocopy of the page and keep it in your file)

Emergency Contact #1 (Name, relationship, phone number)

Emergency Contact #2 (Name, relationship, phone number)

Other Family Contacts (indicate name, relationship, address, phone number for each)

Care Manager (Name, relationship, phone number)

Power of Attorney for Health (Name, relationship, phone number)

Power of Attorney for Property (Name, relationship, phone number)

Executor of Will (Name, relationship, phone number)

MEDICAL INFORMATION

Health Card Number & Expiry Date

Allergies/Treatment/Reactions:

Disabilities/Impairments:

Immunizations:

Name of Immunization	Date	Administered By

Surgeries:

Type	Date	Hospital	Surgeon (include name and phone number)

Hospitalizations:

Date	Reason	Doctor (include name and phone number)

Other Health Issues (include physical and mental health issues):

Issue/Diagnosis	Date of Diagnosis	Doctor (include name and phone number)

In your file include any documents related to health issues.

If you are a caregiver and take your loved one to all appointments – or if you share this task with others - you might want to keep a journal of all appointments, what was discussed, any follow up decided upon, any new medications and dosages, as well as contact information for the doctor visited.

MEDICATIONS:**Medications (include prescription, non-prescription, herbal & vitamins):**

Medication	Dosage/Frequency	Reason	Prescribing MD

Ensure you take a list of all medications to any doctor's appointments so medication reactions can be easily avoided. A medication tracker form has been included at the end of this document (page 41) for your use.

HEALTH INSURANCE

Extended Health Policies/Health Insurance/Long-Term Care Insurance:

Type of Policy	Number	Contact Name/Number	Company

FAMILY HEALTH

Familial Health Issues - any chronic or hereditary illnesses in the immediate family (parents, siblings & children) - include any mental health & physical issues:

Illness	Name & Relationship	Age Diagnosed

What did parents/siblings die of and what was their age at death.

Name	Relationship	Cause of Death	Age at Death

MEDICAL RECORDS

List of Tests/Procedures/X-Rays etc.:

Procedure	Referring MD	Date	Result/Treatment

HEALTH PROFESSIONALS

List of Doctors/Specialists:

Name	Specialty	Phone Number

Pharmacy/Pharmacist:

Name	Address	Phone Number

Dentist/Denturist:

Name	Specialty	Phone Number

Dental Procedures:

Procedure	Date	Dentist Name

FINANCIAL**Credit/Banking Cards:**

Type of Card	Number	Expiry	PIN

You may wish to photocopy credit, and other cards instead, and keep them in your file.

Bank Accounts:

Bank Name	Branch/Address	Account #	Contact Name/Manager

Photocopy bank statements from each account and keep them in in your file. If you are a caregiver, you may want to ask the bank about getting signing authority on your loved one's bank accounts.

Is there a bank safety deposit box? What bank branch is it located at?

If you have not got signing authority on the safety deposit box, speak to the bank about how you can become a secondary access person for it.

Do you have a Bank Trustee? If yes, what is their name and contact information?

Monthly Bills (include utilities, insurance premiums, etc.):

[illegible]

* Is bill paid by monthly automatic withdrawals (from which account?), by credit card auto-payments, cheque, bank transfer, etc.?

Monthly Deposits (include any pensions, regular payments, government cheques):

Company	Date of Deposit	Amount	Account deposited to

Insurance Policies:

Type of Insurance	Company	Policy #	Contact Name	Phone Number
Personal				
Life				
Long-Term Care				
Critical Illness				
Disability				
Property				
Vehicle				

Debts (e.g. mortgage, loans, financial obligations):

Company	Type of Debt	Amount Owning	Contact Person/Number

Pensions (private or public):

Source	Monthly Amount	Contact Person	Phone Number

Ensure you have copies of tax returns/notices of assessments from the last couple of years, and file them in a location that is easy to access (or in your Emergency File).

Assets (list all assets and approximate worth):

Asset	Value	Location/Contact Person

Properties (list all properties owned/co-owned):

Location/Address	Value	Management Contact Person

Include copies of any relevant documents in your file (e.g. deeds, mortgages, tax bills, rental contracts, etc.).

Investments – bonds, stocks, RRSPs, RIFs, etc.:

Company	Contact	Phone Number	Account Number

You may wish to include any documents related to financial obligations & investments in your file.

Debts Owed to Person:

Name	Amount Owed	Phone Number	Payment Plan

If debts are owed, include any formal documentation about the debts and payment plan.

Internet Passwords (i.e. for banking/investments, other websites):

[illegible]

LEGAL DOCUMENTS

Ensure you have up-to-date, signed and witnessed copies of any Powers of Attorney (if you are the attorney you will need an original in order to use it), a Will, & Living Will/Advanced Directive.

LIST OF PERSONAL ASSETS NOT SPECIFIED IN YOUR WILL

If there are items that you wish to go to certain people that you have not specified in your Will, consider making a list of them that you can send to your lawyer to include with your documents. Ask him how to make it a 'legal' part of the document. This list can include jewelry, silverware, china, furniture, art work, etc.

If you already have a list, is it part of your Will? If it isn't, where is it located?

If you do not have a list but wish certain items to go to certain people, consider writing it down below and sending it to your estate lawyer, so it can be included in your Will.

Item	Location	Who Would You Like to Have It?

PETS

1. Name _____

Type _____

Health Conditions

Medications/Dosages/Reason

Special Diets/Restrictions

Pet Insurance Policy – include policy number, contact person, phone number (include a copy of this document in your file)

End of Life Plans

Veterinarian Name, Address, and Phone Number

2. Name _____
Type _____

Health Conditions

Medications/Dosages/Reason

Special Diets/Restrictions

Pet Insurance Policy – include policy number, contact person, phone number (include a copy of this document in your file)

End of Life Plans

Veterinarian Name, Address, and Phone Number

CONTACTS

Professional Contacts (e.g. lawyer, accountant, financial advisor, insurance agents, etc.):

Name	Profession	Phone Number	Address

Personal Contacts (include family members, friends, neighbours, etc.):

[illegible]

Care Team/Providers (include names of any private caregivers, seniors' agency contacts, volunteer services, medical equipment providers, private home care agencies, HCCSS contacts, Veteran Affairs, clergy, etc.):

[illegible]

Memberships (list of organizations the person is a member of):

Organization	Contact Name	Phone Number	Member Since?

Funeral Arrangements (if prearrangements have been made – include any related information – funeral home, monument company, etc.):

Company	Contact Name	Phone Number	Reference Number

Keep all issued documents in your file.

If there are specific instructions related to the funeral service, include below.

COMMUNITY AGENCIES

If there are no resources/agencies currently involved with you or your loved one, you may want to create a list of resources that you can contact if the need arises. In the event of a crisis, this will make it easier to organize a Care Team.

Agency Name	Contact Person	Phone Number	Services Available
Private Home Health Care			
Local HCCSS			
Meal Delivery Service			
Grocery Delivery Service			
Congregate Dining			
Senior Centre			
Senior Day Care			
Retirement Home			
Medical Equipment Rental			
Volunteer Services			
Transportation			

MISCELLANEOUS

Have we forgotten anything? If you have come across documents, passwords, contact names of people important to you or your loved one, please include the information below.

It is always helpful to photocopy, and file, any important documents you may require at some point in the future.

[illegible]

MASTER LIST OF DOCUMENTS

If you have many different documents in your file, you may want to make a master list for easy reference indicating the document, and what you have it filed under, or where the original is located.

Document	Location
Will	
Powers of Attorney	
Health Care Directive/Living Will	
Funeral Documents	
Income Tax Returns	
Liabilities (Documents)	
Military Papers	
Credit Card Copies	
Memberships	
Mortgage/Reverse Mortgage Documents	
Insurance Policies	
Identity Documents	

ADDENDUM

Below are Additional Work Sheets you may require as you navigate your way through the care planning process.

CARE WISHES

Please review the following questions to address what your wishes are if you become unable to care for yourself independently, or incapable of making a decision on your own.

I want to remain home with private services as long as my caregivers can ensure that I am safe?

☐ Yes ☐ No

If yes, the following assets can be used to pay for necessary care:

In what situation would you not want to stay home with care?

If I am no longer safe in my home and need to relocate, I would like my caregivers to locate a home with the following criteria:

I would like my caregivers to investigate the following places for retirement/long-term care:

I have a Power of Attorney for Personal Care? ☐ Yes ☐ No

If yes, location of original document?

I have a Power of Attorney for Property? ☐ Yes ☐ No

If yes, location of original document?

I have a Will? ☐ Yes ☐ No

If yes, location of original document?

I would like my caregivers to know the following about my wishes should I become incapable.

HOME SAFETY CHECKLIST

For seniors who wish to remain at home, it is important to ensure that the home is safe, especially if the person has physical or functional issues. Below are some questions that can serve as a guide to determine if modifications need to be made to ensure safety in the home. If there are concerns, you may want to consider contacting an Occupational Therapist to do a more thorough safety check.

Questions to consider:

- Are there loose throw rugs or electrical cords on the floor?
- Is there any loose or frayed broadloom in the home?
- Is the flooring in good condition?
- Are all kitchen appliances in good working order?
- Is there anything flammable in the kitchen and if so, it is safely stored?
- Is the kettle auto-shut off?
- Are you (is the senior) safe to use all kitchen appliances?
- Do any appliances pose a fire hazard? (Check cords, plugs, and auto-shut off features.)
- Are there working smoke detectors and CO detectors in the home on every floor?
- Is there a fire extinguisher in the home and can you (the senior) safely use it?
- Can you (the senior) safely reach things in cupboards?
- Can you (the senior) get in and out of the bathtub without issue? If not, are there properly installed safety bars?
- Is there a non-slip surface in the bathtub?
- Is there adequate lighting in the home/hallways/bathroom/kitchen, and outside the house?
- Are light switches and plugs in good working order and easy to access?
- Are there night lights in the bathroom, hallways, and kitchen?
- Are walkways and stairways clear so there are no tripping hazards present?
- Are there secure stair railings wherever there are steps (inside and outside)?
- Is it easy for you (the senior) to get in and out of bed, chesterfield, and chairs?
- Are medications in their original containers, easy to reach, and easy to open?
- Do you (the senior) have any issues taking, or remembering to take, medications?

HIRING A CAREGIVER

If you are considering hiring a caregiver from a private agency, it is always advisable to interview both the agency and the caregiver (s) before signing a contract. It is always best to contact more than one company. Get references from others who have used their services. Prepare a list of questions to ask before interviewing them.

Some suggested questions to consider when you contact an agency are:

- How long have they been in business?
- What sort of memberships/licenses/accreditation do they have?
- What services do they offer?
- What are their office hours?
- Is there a 24/7 emergency number available?
- What qualifications do employees have?
- Are there limits to what they can do?
- How do they screen employees?
- Do they do background checks, vulnerable sector screening, and reference checks for all new staff?
- What sort of training do they give employees?
- Is continuing education offered to staff? If yes, is it mandatory?
- Are staff trained to manage cognitive impairment, behavioral issues, vision issues, and hearing issues?
- How do they monitor their staff and track hours worked?
- Are there surprise visits by a supervisor?
- Are staff licensed, insured, and bonded?
- What form of documentation/communication do they use between staff and agency?
- Can you meet and interview caregivers/staff, before beginning service?
- Will the same staff person visit your loved one every time, or will there be different people providing service?
- Do they provide a care plan before services begin?
- What is the cost of services required?
- Is there a minimum number of hours required for a client to commit to for your agency to provide service?
- How often do they increase fees?
- How much notice of fee increase is given?
- How much notice do they require if you wish to stop or change services?
- If you have private insurance, are any of their services covered?
- What emergency procedures are in place?
- Does the agency have liability coverage?
- Are staff protected by the Workplace Safety and Insurance Board (WSIB)?
- What is the procedure if a caregiver is sick?
- Ask if you can see a copy of their client contract in advance.
- Ask if they can provide references.

Other Information Provided by Agency

BUDGET WORKSHEETS TO REMAIN HOME WITH CARE/SUPPORTS

Home Safety Equipment:

For those who may need assistive devices to remain safe in their home, below is a list of items to consider with a cost column attached.

Item	Need or Have or Don't Need	Cost
Bathroom Seat		
Bathroom Safety Railings		
Raised Toilet Seat		
Handrails in Hallways		
Improved Lighting		
Personal Alarm System		
Assistive Telephone Equipment		
Assistive Devices for the Kitchen		
Auto Shut Off Kettle		
Hospital Bed		
Hearing Aids		
Smoke Detector		
Walker		
Wheelchair		
Stair Lift		

Electric Lazy Boy Chair		
	Total Cost	

Medical Expenses to Remain Home:

If you have any care requirements in order to stay at home, indicate them below.

Expense	Cost per Month
Medical Insurance	
Non-Prescription Medications	
Prescription Medications	
Medical Supplies	
Caregiver (live in or live out)	
Cleaning Person	
Companion	
Senior Centre Programs	
Private Therapist	
Transportation	
Special Meal Provision (delivery services, etc.)	
Any Personal Care Items required	

Total Cost	

Living Expenses:

When looking to relocate, it is always helpful to have a list of current expenses to allow for easy comparison in another setting. Use the worksheet below to detail what you spend now in your current living situation.

Living Expense	Cost per Month
Mortgage or Rent	
Utilities	
TV	
Telephone	
Internet	
Home Maintenance	
Property Insurance	
Vehicle Maintenance	
Security System/Alarm	
Property Tax	
Medical Insurance	
Other Insurances	
Entertainment	
Food	

Laundry Services	
Total Monthly Expenses	

Total Monthly Cost to Remain at Home:

Using the totals determined in the three charts above, calculate the cost per month of living in your own home with necessary supports.

Expense	Cost
Home Safety Equipment – take total cost and divide by 12 to get monthly portion of cost	
Monthly Medical Expenses	
Living Expenses	
Total Monthly Cost	

Monthly Income:

Calculate your monthly income to determine if you have the necessary funds to pay for your needs in your own home using the chart below.

Income Source	Amount per Month
Old Age Security	
CPP	
Guaranteed Income Supplement	
Disability Benefits	
Private/Employee Pension Plans	
Rental Income	

Salaries/Commissions/Royalties	
Savings/Investments	
RRSPs, Annuities etc.	
Interest on Assets	
Total Monthly Income	

Subtract your monthly expenses from your monthly income to determine if you have enough income to cover living at home. If you do not, you may want to consider relocation to a care home.

RETIREMENT RESIDENCE COST CALCULATOR

Many people think that it is more expensive to live in a retirement residence than it is to live in their current home. While in some cases, this may be true, in others, it may indeed cost less annually than maintaining an existing property. Below is a simple chart that will assist you in calculating the difference. If you have used the budget work sheets above, much of the information can be transferred to applicable sections, in the worksheet below and on the next page.

Current Monthly Income

<i>Government Pension</i>	\$
<i>Other Pensions</i>	\$
<i>Dividends/Interest/Annuities</i>	\$
<i>Other Income</i>	\$
<i>Gross Monthly Income (add all items above)</i>	\$
<i>Gross Annual Income (multiply above monthly figure by 12) (A)</i>	\$

House Income (if you have a house or property to sell)

<i>Sale Price of House/Condominium</i>	\$
<i>Balance left on Mortgage (if there is one) (subtract this amount)</i>	-\$
<i>Real Estate Commission (subtract this amount)</i>	-\$
<i>Net Proceeds (sale price minus mortgage, minus commission)</i>	\$
<i>Annual investment income from net proceeds of house sale (B)</i>	\$

Post-Sale Income

<i>New Annual Income (A + B)</i>	\$
<i>Annual income tax (subtract this amount)</i>	-\$
<i>Total Annual Income (annual income minus income tax)</i>	\$
<i>Monthly Income (divide total income on line above by 12)</i>	\$

Your monthly income is what you will have available to spend on a retirement home should you decide to relocate to one.

The final line in this table will allow you to compare the monthly cost of living in your own home vs. living in a retirement home. Keep in mind your new monthly income if you sell your home, which can be used toward your new accommodation.

Monthly Living Expenses

Item	Present Cost	Cost in a Retirement Home
<i>Rent or Mortgage Payment</i>	\$	\$
<i>Property Taxes</i>	\$	<i>included</i>
<i>Home Insurance</i>	\$	<i>included</i>
<i>Home Repairs</i>	\$	<i>included</i>
<i>Utilities (water, electricity)</i>	\$	<i>included</i>
<i>Emergency Response System/House Alarm</i>	\$	<i>included</i>
<i>Housekeeping</i>	\$	<i>included</i>
<i>Laundry Services</i>	\$	\$
<i>Meals</i>	\$	\$ <i>(most included)</i>
<i>Entertainment</i>	\$	\$ <i>(most included)</i>
<i>Cable TV/Telephone/Internet</i>	\$	\$
<i>Transportation</i>	\$	\$
<i>Gardening/Snow Removal</i>	\$	<i>included</i>
<i>Other/Miscellaneous</i>	\$	\$
Total Monthly Cost	\$	\$

For those on multiple medications with various dosages, we have included a Medication Dispensing Tracker on the next page. It will assist you in organizing dosages and administration times. Print off as many as you wish, and keep them with the medications. If you have multiple caregivers attending to a person, or just want to ensure that no dosages are missed, you will find this a valuable tool. An example of how to use the document, is on page 42.



Medication Dispensing Tracker:

Please follow all doctor/medication instructions.
Direct any questions to your medical practitioner.

Name:

Date:	Medication Name	Medication Name	Medication Name	Medication Name	Medication Name	Medication Name	Medication Name
Time:							

Insert a ● indicating which medication is to be taken at which time. You can add partial times i.e.: 6:15 or 6:30. Once administered, add a checkmark ✓

6: am							
7:							
8:							
9:							
10:							
11:							
12:							
1: pm							
2:							
3:							
4:							
5:							
6:							
7:							
8:							
9:							
10:							
11:							
12:							
1: am							
2:							
3:							
4:							
5:							

Medication Dispensing Tracker:

Please follow all doctor/medication instructions.
Direct any questions to your medical practitioner.

Name:
Add patient name here

Date:	Medication Name	Medication Name	Medication Name	Medication Name	Medication Name	Medication Name	Medication Name
Jan 15/22	Eye drops 2 times a day	Pill 4 times a day	Cream 2 times a day	Pill 2 times with food			
Time:							

Insert a ● indicating which medication is to be taken at which time. You can add partial times i.e.: 6:15 or 6:30. Once administered, please add a checkmark ✓

6: am	●	✓					
7:							
8: 30			●	✓			
9:			●	✓			
10:	●	✓					
11:							
12:	●	✓					
1: pm							
2:							
3:							
4:				●	✓		
5:							
6:	●	✓					
7:							
8:							
9:	●	✓					
10:							
11: 30							
12:	●						
1: am							
2:							
3:							
4:							
5:							

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For access to professional services, please feel free to visit **www.SeniorCareAccess.com**.

If planning your care, or navigating solutions, is challenging, SeniorCareAccess offers a consulting program to assist you.

This is a person-centred consulting program, providing seniors and their families an opportunity to find guidance and assistance with managing, and organizing, resources. This is the starting point for many families in need of having their initial questions answered.

Senior Care Access Consultants can offer a multitude of services such as: lifestyle planning, best choice retirement home placement, mediation, care planning and, referrals to professionals who can assist with real estate, estate planning, financial preservation, and more. Our consultants are able to answer key questions like ‘What do we do?, and Who can help us?’ posed by many seniors and their families facing life transitions. For more information visit **www.seniorcareaccess.com/consulting** or contact us at: **connect@seniorcareaccess.com** or **1-844-585-7255**

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