

# My Care Plan

## Aging Prepared<sup>®</sup>

My Top 3 Living & Care Goals for my later years (ranked by what's most important)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What is your preferred setting if you need care and support as you age?

- At home with a caregiver
- At a continuing care retirement community (CCRC)
- At an assisted living community
- At a family member's home
- Other (Please specify) \_\_\_\_\_

Have you placed any waitlist deposits? \_\_\_\_\_

Fill in the blanks with your ideal contingency plans:

✦ Example: If my spouse passes away,  
✦ I would want to move in with my adult children

If \_\_\_\_\_,

I would want to \_\_\_\_\_

If \_\_\_\_\_,

I would want to \_\_\_\_\_

If \_\_\_\_\_,

I would want to \_\_\_\_\_

Who are your emergency contacts and key relationships? (Name, Relationship, Phone, Email)

Do you have a long-term care insurance policy?

- No
- Yes (if yes, see below)

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Location of Physical Policy Documents: \_\_\_\_\_

Name your healthcare advocate, someone who can represent your interests in a medical setting:

Your Healthcare Advocate's Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_



SNAP A PIC TO SHARE WITH YOUR LOVED ONES

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Do you have an Advanced Directive?

- No  
 Yes, and the documentation is located:

\_\_\_\_\_

Do you have a Do Not Resuscitate (DNR) order?

- No  
 Yes, and the documentation is located:

\_\_\_\_\_

**Primary Care Physician:**

Name/Contact: \_\_\_\_\_

\_\_\_\_\_

**Specialists (e.g., Cardiologist, Endocrinologist):**

Name/Type/Contact: \_\_\_\_\_

\_\_\_\_\_

**Other Providers (Physical Therapist, Chiropractor):**

Name/Type/Contact: \_\_\_\_\_

\_\_\_\_\_

**Preferred Hospitals or Skilled Nursing Facilities:**

Name/Contact: \_\_\_\_\_

\_\_\_\_\_



**COMMONWISE**  
HOME CARE

Which legal documents do you have prepared and where are they located for safekeeping?

Example gray filing cabinet in the office

Will \_\_\_\_\_

Financial Power of Attorney \_\_\_\_\_

Healthcare Power of Attorney \_\_\_\_\_

Living Will \_\_\_\_\_

Trusts \_\_\_\_\_

Other (Please specify) \_\_\_\_\_

What types of financial assets do you possess and how can they be accessed (location or contact)?

Bank Accounts (Checking and Savings) \_\_\_\_\_

Investments (Stocks, Bonds, Mutual Funds) \_\_\_\_\_

Life Insurance Policies \_\_\_\_\_

Real Estate Properties \_\_\_\_\_

Retirement Accounts (IRA, 401(k)) \_\_\_\_\_

Other (Please specify) \_\_\_\_\_



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