

My Care Plan

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

Your Professional Healthcare Advocate's Name: _____

Contact Information: _____



SNAP A PIC TO SHARE WITH YOUR LOVED ONES

My Care Plan



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: _____

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) _____



COMMONWISE
HOME CARE



SNAP A PIC TO SHARE
WITH YOUR LOVED ONES