

CAREGIVER TOOLKIT

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GUIDE TO *Senior Housing & Care*

U.S. EDITION



Guide to Senior Housing & Senior Care

Families have many decisions to make during a senior care search. With so many options available, it's easy to feel confused and overwhelmed. We created this guide to senior housing and care to empower families with the information they need to be strong advocates for their aging loved ones. With the right information and resources, you'll be better prepared to make informed and confident choices for your family.

Remember, you're not alone. Our team of local Senior Living Advisors listens to your family's unique needs and matches you with the right resources and senior care options. If you are currently working with an Advisor, they will answer questions not addressed in this guide. If you're not yet connected with an Advisor, call us at (877) 311-6099. You'll be connected with an Advisor who knows your area and can help you determine which housing or care options your family should explore.

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SENIOR LIVING COMMUNITIES

Independent senior living communities cater to seniors who are self-sufficient and who do not need hands-on care. Residents live in fully equipped private apartments that typically include a kitchenette, and sometimes a full kitchen. These communities usually offer a broad range of intellectual, physical and social activities.

Residents enjoy a carefree lifestyle, free of many potentially difficult or burdensome responsibilities, such as meal preparation, housekeeping and laundry, and house maintenance. Senior apartments are also considered independent senior living communities, but provide few, if any, amenities. See the Senior Apartments section in this chapter for more information about senior apartments.



OTHER NAMES FOR INDEPENDENT SENIOR LIVING

- Retirement communities
- Senior apartments
- Active senior communities
- 55+ communities
- Retirement homes
- Active senior living

Independent senior living is generally appropriate for seniors who are fully or mostly independent, but who may enjoy the companionship of others their age, or who may benefit from amenities such as prepared meals and weekly housekeeping.

Services and amenities in these communities cater to senior citizens and promote active, healthy lifestyles. Here are a few of the benefits of independent senior living communities:

- Community involvement
- Amenity-filled, maintenance-free living
- Opportunity to pursue self-actualization
- On-site and off-site activities

RETIREMENT COMMUNITY COSTS

Independent senior living costs vary depending on the size of the apartment and the geographic location of the community. According to the A Place for Mom Senior Living Cost Index,* the average cost of a one-bedroom, independent living or retirement community in the U.S. in 2017 was \$2,548 per month, although communities that are less hospitality oriented can cost significantly less and prices vary across the country.

It's important to ask each community about their individual costs and services, as they vary by community. For example, concierge and guest services may be included at some communities for an additional cost.

**The A Place for Mom Senior Living Cost Index is made up of the actual costs families pay when their loved ones move into senior living. It is the only database of its kind. To research costs in your area, visit the [The Senior Living Cost Planner](#).*

*Living Costs: \$2,548/mo**

COMMON SERVICES OFFERED

- All-inclusive utilities (usually excepting telephone and cable)
- On-site beauty salons and barber shops
- Restaurant-style, chef-prepared meals in a community dining room
- Exercise and activity programs
- Maintenance repairs, including appliance, safety and living repairs and updates
- Housekeeping, including laundering of linens and towels
- Scheduled transportation for shopping, medical and off-site activities
- Activities, entertainment and events

**According to the 2017 A Place for Mom Senior Living Cost Index.*

SENIOR LIVING ARTICLES

[Senior Independent Living](#)

[Senior Communities](#)

[Senior Independent Living: Hillary's Story](#)

ASSISTED LIVING COMMUNITIES

Assisted living communities provide housing and care to seniors who need some assistance with daily tasks, but who do not require the skilled care provided at a nursing home. Assistance with medications, activities of daily living such as bathing and dressing, meals and housekeeping are routinely provided. Residents live in private apartments that frequently feature kitchenettes. Staff is available 24 hours per day, activities and entertainment opportunities are plentiful, and transportation to appointments is available. A special area for memory care is available in some, but not all communities. (See Memory Care.)

Assisted living communities come in all shapes and sizes. They can be towering apartment buildings in urban centers, sprawling complexes in the suburbs, or more intimate communities catering to a relatively small number of residents. By our own definition, assisted living communities are licensed to care for at least 20 people, but many communities have hundreds of residents.



OTHER NAMES FOR ASSISTED LIVING

- Assisted living facility
- Assisted living residence
- Personal care homes
- Adult congregate care
- Residential care facility

REDEFINING SENIOR CARE

A relatively new concept 25 years ago, assisted living is the fastest growing long-term care option. Assisted living communities provide a viable option for adults who are mostly independent, but who do require some assistance with day-to-day living. It is also often selected by older people who are still independent but anticipate needing care in the not-too-distant future.

DID YOU KNOW?

According to the A Place for Mom 2016 Family Quality of Life Survey, seniors who have moved into assisted living are 70% more likely to report having a good or very good quality of life than seniors who are still searching. The same survey also found that 73% of families of seniors who have moved into assisted living report improvement in their loved one's overall quality of life.

COST OF ASSISTED LIVING

According to the A Place for Mom Senior Living Cost Index, the average cost for a one-bedroom assisted living apartment in the U.S. in 2017 was \$3,715 per month. Studio and two-bedroom assisted living apartments varied accordingly.

Assisted living costs depend on a number of factors:

- Type of residence
- Size of apartment (studio, one- or two-bedroom apartment)
- Types of services needed
- Geographical location of the community
- The level of luxury

Assisted living communities often charge a flat rate that covers many basic services, with additional fees for special services. Other communities will charge a fee for each service, known as a la carte payment, so that residents only pay for services they utilize.

Typically, the base rate covers only rent and meals, with care charged separately. Entrance fees and deposits are also often required. Fees and rates vary by community, so it's important to ask communities you are exploring about their costs and services.

SERVICES OFFERED IN ASSISTED LIVING

Each state has its own [licensing and regulation requirements for assisted living providers](#), which can affect the services and care offered. For example, some assisted living communities are able to provide insulin injections while other communities cannot, depending on their licensing and the state the community is located in. Another example of varying levels of care is based on ambulation; some states require that all assisted living residents be able to walk, while other states permit residents that need help walking or even need to be lifted.

Assisted living communities provide basic medical monitoring as well as daily activities and care. The care offered typically includes help with dressing, eating, mobility, hygiene, bathing, toileting, using the telephone and shopping.

*Living Costs: \$3,715/mo**

COMMON SERVICES OFFERED

- › 24-hour supervision and security
- › Three daily meals
- › Basic housekeeping
- › Maintenance repairs, including appliance, safety, and living repairs and updates
- › Laundry
- › Health and exercise programs
- › Activities and entertainment
- › Social programs
- › Transportation
- › Access to medical services

**According to the 2017 A Place for Mom Senior Living Cost Index.*

ASSISTED LIVING ARTICLES

[Assisted Living](#)

[Tips for Touring Assisted Living Communities](#)

[Assisted Living vs. Home Care Cost Comparison Calculator](#)

[8 Things You Didn't Know About Assisted Living](#)

MEMORY CARE

Alzheimer's and dementia care, also known as memory care, is often provided in a secure area of an assisted living community or nursing home, usually on a separate floor or in its own wing. The secure aspect of memory care communities is intended to prevent residents from wandering off and becoming lost, which is a common and dangerous symptom of Alzheimer's disease and other dementias. The security usually takes the form of alarmed exit doors rather than locked exit doors.

Residents usually live in semi-private apartments or private rooms and enjoy structured activities conducted by staff members trained specifically trained to care for those with dementia.



OTHER NAMES FOR MEMORY CARE

- › Alzheimer's care
- › Dementia care
- › Alzheimer's special care unit

HOW MEMORY CARE DIFFERS FROM STANDARD ASSISTED LIVING

As Alzheimer's disease or dementia progresses, the level of care and assistance a person requires increases. While many families prefer to keep their loved one home for as long as possible, a person who suffers from dementia and Alzheimer's will eventually require 24-hour supervised care in a secure environment.

Memory care units are designed to prevent residents from wandering off and getting lost. Specially trained staff are available 24 hours a day to monitor residents and assist them with daily activities such as taking medications, bathing, grooming, eating and dressing. Activities are geared specifically to people with dementia, and may include art and music therapy. Skilled nursing care is also generally available for those who need it.

COST OF MEMORY CARE

Memory care requires more staff than regular assisted living, and these staff members require additional training to ensure the safety of all the residents. Therefore the cost is usually higher than that of regular assisted living.

According to the A Place for Mom Senior Living Cost Index, in 2017, the national average cost of memory care for a single resident was almost \$4,500 per month. This cost does vary widely by community, however, and generally ranges from \$2,000 to \$7,000 per month.

COSTS MAY VARY DEPENDING ON THE FOLLOWING FACTORS:

- › Level of care needed
- › Whether a room is private or semi-private
- › Size of room
- › Geographical location of the community

SERVICES OFFERED IN MEMORY CARE

Memory care offers 24-hour supervised care with meals, activities and health management for residents. It can include specialized therapies, enclosed outdoor areas to prevent wandering and themed environments designed to help residents whose long-term memories are stronger than their short-term ones.

*Living Costs: \$4,495/mo**

COMMON SERVICES OFFERED

- › Comfortable private or semi-private rooms
- › Three daily meals
- › Housekeeping and laundry service
- › Medication management
- › Exercise and physical therapy programs
- › Social programs and activities
- › 24-hour staffing and personal assistance

**According to the A Place for Mom Senior Living Cost Index, the national average cost of memory care for a single resident*

MEMORY CARE ARTICLES

[Alzheimer's Care Communities](#)

[Alzheimer's Warning Signs](#)

[Dementia Care Guide](#)

[Memory Care Checklist](#)

RESIDENTIAL CARE HOMES

Residential care homes are private homes that have been adapted to accommodate the care of a limited number of residents. Live-in caregivers provide 24-hour supervision and assistance for residents.

In a residential care home, seniors may have a private or shared room. Residential care homes provide a range of services, but most offer support for daily living activities, as well as custodial care and medication management. Like the private family neighborhoods they are a part of, each residential care home is unique.



OTHER NAMES FOR RESIDENTIAL CARE HOMES

Residential care homes have numerous other names including but not limited to:

- › Group home
- › Board and care home
- › Adult foster care homes
- › Adult family care home
- › Personal care home

FAMILY AMBIANCE

Residential care homes offer many of the same services as larger assisted living facilities, but they do so in smaller, more home-like settings. Most residential care homes employ, or are run by, nurses and are home to 10 or fewer seniors. While residential care homes tend to provide less in the way of organized activities than do larger assisted living facilities, the setting they offer is more intimate and the group dynamic more family-like. In fact, residents may share the home with the operator's family and have the opportunity to interact with multiple generations on a regular basis.

The level of care offered by care homes varies, but tends to be comparable to that of a nursing home. Some residential care homes specialize in memory care.

COST OF CARE HOMES

Living in a residential care home is often half the cost of nursing-home care, and is sometimes also more affordable than assisted living care. However, cost can vary depending on the geographical location of the residential care home, as well as the types of services needed. Care homes can cost anywhere from \$1,500 to \$4,500 per month, and dementia care can cost even more.

Cost can also vary depending on room privacy. According to the A Place for Mom Senior Living Cost Index, the average cost for residential care was \$2,816 a month in 2017. Most residential care homes offer both private and shared rooms and prices vary depending on location and setting.

SERVICES OFFERED IN RESIDENTIAL CARE HOMES

Residential care homes offer supervised care, meals, activities and health management. While assisted living communities may offer extensive activities, such as senior aerobics and field trips, a care home may be a better fit for someone who needs more individual care or someone who prefers a more intimate setting.

*Living Costs: \$2,200-\$3,400/mo**

COMMON SERVICES OFFERED

- Comfortable private or semi-private rooms
- Home-cooked meals
- Housekeeping and laundry service
- Medication management
- Social programs and activities
- Transportation to doctor's appointments

**According to the A Place for Mom Senior Living Cost Index, the national average cost of a residential care home was \$2,816 a month in 2017.*

RESIDENTIAL CARE ARTICLES

[Residential Care Homes](#)

[State Differences in Residential Care Services](#)

[How to Choose a Residential Care Facility](#)

NURSING HOMES

Nursing homes are for seniors who require 24-hour monitoring and medical assistance. Typical nursing home residents suffer from severe, debilitating physical or mental conditions that leave them unable to care for themselves. They may be bedridden or have medical needs that require daily skilled nursing care. The good news is that modern nursing homes not only provide for residents' physical needs, they also offer activities tailored specifically to individual abilities along with the luxury of such amenities as restaurant-style meal service.



OTHER NAMES FOR NURSING HOMES

- Skilled nursing facility
- Convalescent home

SKILLED NURSING FACILITIES FOR SENIORS

Nursing homes provide daily assistance with activities such as bathing, eating, dressing, cooking and housekeeping, as well as intensive, long-term medical care to seniors with serious health conditions in a fully staffed and monitored facility.

COST OF NURSING HOMES

The cost of nursing home care depends on the length of a resident's stay. Short-term stays are generally for those who have been hospitalized due to injury or illness and require supervised care while recovering. Fortunately, most short-term care is covered by Medicare for those eligible to receive benefits.

Long-term stay cost is affected by the following factors:

- Size of room
- Geographical location of the community
- Whether a room is private or semi-private

SERVICES OFFERED IN NURSING HOMES

Nursing homes offer 24-hour supervised care with meals, activities, health management and support for residents. Communities usually have a licensed physician or nurse on the premises and often have physical and occupational therapists to cater to their residents' needs.

Many nursing homes are also stocked with medical equipment, such as X-ray machines and electronic beds, and have in-house pharmacies that cater to their patients' needs. Some facilities also provide Alzheimer's care, with special facilities and layouts for those who suffer from dementia.

*Living Costs: \$236 - \$267/day**

COMMON SERVICES OFFERED

- Comfortable private or semi-private rooms
- Three daily meals
- Housekeeping and laundry service
- Exercise and physical therapy programs
- Social programs and activities
- 24-hour staffing and personal assistance
- Speech therapy, pain/medication management and hospice care

**According to Genworth.com, in 2017, the median cost of a semi-private room in a nursing home in the U.S. was \$235 a day. The cost of a private room was \$267 a day.*

NURSING HOME ARTICLES

[Nursing Homes](#)

[Questions to Ask When Touring Nursing Homes](#)

[Nursing Home Care vs. Assisted Living](#)

[Nursing Home Checklist](#)

HOME CARE

Home care allows older people to remain in their own homes while receiving the assistance they need to help them remain independent. According to the U.S. Census Bureau, more than 7.6 million Americans receive home care, but this number may be larger when you include all the informal care that's often provided by friends and family.

Home care may be appropriate for seniors who prefer to live at home, but need minor assistance with activities of daily living. For seniors who need higher levels of care, or more frequent care, home care isn't always practical or affordable.

COST OF HOME CARE

According to Genworth.com, in 2017, the median cost of home care was \$21 per hour.

SERVICES OFFERED IN HOME CARE

Typically, home care attendants provide assistance with daily activities such as bathing, dressing and meal preparation. Home care providers can also help with activities such as transportation, paying bills, making appointments, and simply being there to provide companionship and emotional support. Home care services range from weekly visits to 24-hour care, depending on the needs of the senior.

*Home Care Costs: \$21/hr**

COMMON SERVICES OFFERED

- Bathing
- Dressing
- Meal preparation
- Transportation
- Paying bills
- Making appointments
- Companionship and emotional support

**According to Genworth.com, in 2017, the median cost of home care was \$21 per hour.*

ADULT DAY SERVICES

Often called “adult day programs” or “adult day care,” adult day services provide support for caregivers who take care of elderly loved ones at home. Typical programs feature half-day and full-day care for seniors, and many include transportation to and from the adult day center where they’re run.

Adult day centers provide social activities and health care services for adults with physical disabilities and/or cognitive impairments, as well as for frail seniors who may otherwise be lonely sitting at home alone. Caregivers who work outside the home, or simply need a break from time to time, frequently use these types of services.

COST OF ADULT DAY SERVICES

Approximately 30% of adult day services participants pay privately for the services. According to Genworth.com, in 2017, the median cost of home care was \$70 per day.

COMMON SERVICES OFFERED

- › Personal care
- › Therapeutic activities
- › Nursing care
- › Nutritious meals

RESPITE CARE

The term “respite care” typically refers to a short-term stay at a senior community, though it may be used in reference to in-home caregiving services used for only a short period.

A TEMPORARY CARE SOLUTION FOR ADULTS

For the 65 million Americans caring for aging or disabled loved ones, respite care can serve a number of valuable functions. This type of care is often used when:

- The family caregiver needs to travel
- The family caregiver needs a break
- As a trial of a senior community, when a family is deciding whether a community is right for them
- A caregiving recipient needs a temporary change of pace or a break
- A family is gradually easing their loved one into life at a senior community

Because of the high stress associated with caring for a loved one with a memory disorder, respite is frequently sought by the family of people with Alzheimer’s or other kinds of dementia. Family caregivers use the opportunity to rest and recharge.

COST OF RESPITE CARE

At assisted living communities, temporary care respite stays are usually less than one month long, and can cost between \$75 to \$200 per day, according to Genworth.com data. It’s important to keep in mind that the cost of respite care varies with the type of agency and services the person needs. Fortunately, there are financial programs that may help pay for respite care. For example, long-term care insurance policies may cover some of the cost of respite care.

SERVICES OFFERED IN RESPITE CARE

Most assisted living and memory care communities, assuming they aren’t full, offer respite care. The services and amenities available to long-term assisted living residents are also available to respite residents.

- Three nutritious meals daily
- Medication management
- 24-hour supervision and security
- Laundry service
- Housekeeping
- Activities and outings
- Assistance with personal care needs such as bathing, dressing, toileting and grooming

SENIOR HOUSING & CARE QUICK REFERENCE

The chart below shows the characteristics of the housing types and care types we've outlined:

	INDEPENDENT LIVING COMMUNITIES	ASSISTED LIVING COMMUNITIES	MEMORY CARE/ DEMENTIA CARE	RESIDENTIAL CARE HOMES	SKILLED NURSING	IN-HOME CARE	ADULT DAY SERVICES	RESPITE CARE
AVERAGE AGE	75	80	80	80	Varies	Varies	Varies	Varies
COST	\$2,000-\$5,000 per month	\$3,500-\$10,000 per month	\$3,500-\$6,600 per month	\$1,000-\$8,000 per month	\$7,000-\$8,000 per month	\$20-\$39 per hour	\$60-\$215 per day	\$90-\$250 per day
MEALS PER DAY	Meal Plan Options	3+	3+	3+	3+	None	1+	1-3
MEDICATION MANAGEMENT	No*	Yes	Yes	Yes	Yes	Varies	Varies	Yes
DIABETES MANAGEMENT	No	Varies	Varies	Varies	Yes	Varies	No	Most Yes
INCONTINENCE CARE	No	Most Yes	Yes	Most Yes	Yes	Yes	Varies	Yes
PERSONAL CARE	No*	Yes	Yes	Yes	Yes	Yes	Varies	Yes
ALZHEIMER'S CARE	No	Varies	Yes	Varies	Varies	Yes	Yes	Varies
NURSES ON-SITE	No	Varies	Varies	Varies	Yes	Varies	Varies	Varies
MOBILITY ASSISTANCE	No	Most Yes	Yes	Most Yes	Yes	Yes	Yes	Most Yes
ACCEPTS WHEELCHAIRS	Varies	Most Yes	Yes	Most Yes	Yes	Yes	Yes	Most Yes
TRANSPORTATION	Yes	Yes	Yes	Varies	No	Varies	Varies	Varies
HOUSEKEEPING	Yes	Yes	Yes	Yes	Yes	Yes	No	Most Yes
PERSONAL LAUNDRY	No	Yes	Yes	Yes	Yes	Yes	No	Most Yes

*Home health companies may be available to contract these services on-site.



aPlaceforMom.

5 BEST-KEPT SECRETS *to Financing Senior Care*

U.S. EDITION



5 BEST-KEPT SECRETS

Thank you for contacting A Place for Mom.

We hope you find this guide to be a helpful resource as you consider options for financing senior care. A Place for Mom is the nation's largest senior living referral information service. For 18 years, our company has been helping seniors and their families across the United States find senior care and housing that fits their personal needs. Our knowledgeable and compassionate Senior Living Advisors are easy to talk to about any family situation and can answer a wide range of questions about senior care. With a nationwide network of more than 18,000 providers of senior living services, A Place for Mom is a time-saving resource you can trust to help find appropriate living options for loved ones. We are paid by our participating communities and providers to offer this valuable service to you at no charge.

If you have questions about financing care or finding senior living options in your geographic area, please give us a call. We'll connect you with a Senior Living Advisor who will help guide you every step of the way. Again, thank you for your interest in A Place for Mom. We look forward to your call.

–A Place for Mom

How do I pay for senior care?

It's a question that many aging Americans and their families struggle with now more than ever. Today's older adults and retirees are starting to look beyond traditional ways of financing their golden years. From innovative new financial vehicles to under-used benefits, we've turned up five hidden ways to pay for elder care.

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1: CHECK YOUR BENEFITS

VETERANS AID & ATTENDANCE

Did you know that the Department of Veterans Affairs will pay a monthly benefit to any active-duty veteran or veteran's spouse in need of care? Any vet who has served even one day during a period of foreign war can apply for the Aid and Attendance Special Pension. Beneficiaries need not have served overseas, retired from the military or seen combat. Surprisingly, however, only a few of those who are eligible for these benefits take advantage of them.

Under recent increases to the new benefit plan, a married veteran can receive over \$2,100 a month to pay for senior care, while a veteran's surviving spouse can receive up to \$1,176. Funds can be used to pay for any kind of assistance, from in-home attendants to assisted living or nursing home care. Veterans can even pay certain family members or friends to help them, whether or not they are licensed medical professionals.

The pension is "medically driven," says Chris Merrill of the National Care Planning Council, an organization that helps families plan for long-term care. The disability does not need to be service-related. Any vet who has difficulties with one or more activities of daily living, such as eating, bathing and dressing, as well as financial planning and medication management, may be eligible.

Aid and Attendance is also income- and asset-dependent. "In order to get the full benefit, I need to be paying out in care everything that's coming in to me as income," says Merrill. There is also an asset maximum of \$123,600, which went into effect in October 2018. Given the number of veterans and their survivors in the U.S. population, the National Care Planning Council estimates that up to 25% of seniors could potentially apply for Aid and Attendance. However, "it's our belief that of all the people eligible, only 5% receive this benefit," says Merrill. Even veterans who have heard of the pension may not realize they can receive benefits if they themselves are healthy, but their spouse is sick—up to \$1,436 per month.

OTHER SOURCES OF HELP

Even if you're not a veteran, both public and private programs offer benefits to seniors feeling a financial squeeze. From sources of information about long-term care to foreclosure-prevention assistance and subsidies for food, medication and housing, the National Council on Aging has identified more than 2,500 different programs assisting seniors in making ends meet. That's free money, and it often goes unclaimed.

For instance, the Alzheimer's Association offers a \$1,000 grant to defray the cost of respite care. The money can be used to give families a break from daily caregiving responsibilities so they can provide better in-home care for loved ones suffering from Alzheimer's.

Other programs include rebates from drug manufacturers on senior medications, assistance with paying utility bills, free or reduced dental care and even free cell phones. While many of these programs are for very low-income seniors, others are open to those with slightly higher incomes who are still having a hard

time making ends meet. “We encourage anyone who may know a struggling older adult to go ahead and do a screening to see what help may be available,” says Brandy Bauer from the National Council on Aging (NCOA).

To learn more, visit the NCOA’s [benefitscheckup.org](https://www.benefitscheckup.org). Answer a series of survey questions to identify benefits that could help cover or lessen the costs of senior care. Once you finish the survey, the site creates a report detailing which programs could be beneficial in your situation and tells how to apply for them. Since the site’s creation, it has identified more than \$17 billion in benefits for more than 5 million older adults.

VA BENEFITS ELIGIBILITY

The following people are eligible for Aid and Attendance benefits:

- Any veteran with 90 days of consecutive active-duty services
- Any veteran who served at least one day during active war time (not necessarily overseas or in actual combat)
- Any surviving spouse of a veteran who was married to said veteran at the time of his or her death

The veteran must also meet one of the following criteria:

- Be 65 or older with limited or no income
- Be totally and permanently disabled
- Be a patient in a nursing home
- Be receiving Social Security Disability Insurance
- Be receiving Supplemental Security Income

HOW TO APPLY FOR VA BENEFITS

Many communities partner with companies that provide consulting services to veterans and their families. Be sure to ask when you tour a new community!

Go to www.vets.gov or www.ebenefits.va.gov.

Contact your VA Regional office. To locate the closest regional office to you visit the VA website at www.va.gov.

No computer? No problem. Call the VA: **1-800-827-1000**.

2: MAKE THE MOST OF SOCIAL SECURITY

TIMING IS EVERYTHING

You won't often hear this applied to financial planning, but it's becoming increasingly common when it comes to Social Security benefits: delay.

In the past, it was best to take benefits early and invest them, but today, that's not necessarily true. Today you can maximize benefits by taking advantage of delayed retirement credits. Depending on when a retiree was born, benefits increase by 3-8% every year. For instance, if you wait until age 70 to collect, that monthly check could increase by 25% or more. What's more, a surviving spouse drawing a lesser amount in Social Security can instead receive the entirety of the spouse's benefit upon the worker's death, making those delayed retirement credits even more valuable.

If you are in poor health, have a family history of early mortality or simply need the money, delaying benefits may not be possible. But, with life expectancy at retirement currently standing at around 20 years, odds are that the larger monthly check will quickly pay off—and continue paying—with regular cost of living adjustments.

CONSIDERATIONS FOR COUPLES

Many married couples find that they can maximize benefits by thinking carefully about which spouse should file for benefits and when. A worker can now “file and suspend” benefits at full retirement age, continue working and accumulate delayed retirement credits while that person's lower-earning partner collects spousal benefits immediately.

Married couples with similar incomes can also approach Social Security tactically. If one member of the couple decides to retire, the other can collect spousal benefits and delay receiving his or her own benefit in order to increase the size of the eventual monthly check.

Don't forget that minor children of those collecting Social Security also receive a benefit and divorced spouses can receive spousal benefits in some cases. Social Security represents a stable source of funds (around one-third of the average retiree's income), and it pays to maximize the return on your own investment.

Here are some important steps to take when getting your affairs in order:

- Gather all the information you can about your income, investments, insurance and savings
- Put important papers and copies of legal documents in one place
- Tell a trusted family member or friend where you put all your important papers
- Give consent in advance for your doctor, lawyer and any financial advisors to talk with your caregivers as needed

3: UNDERSTAND YOUR INSURANCE

MEDICARE VS. LONG-TERM CARE INSURANCE

Many people incorrectly assume that Medicare will pay for long-term care. However, Medicare pays only for skilled services provided by medical professionals. One of the best ways to pay for senior care expenses revolves around long-term care insurance policies. Generally, long-term care insurance offers coverage for in-home care or assisted living, independent living or memory care in a senior living community. Long-term care insurance may also cover adult day care or hospice care. Most policies also include coverage for a case manager or care coordinator. A few policies will even pay a family caregiver for in-home care. Premiums may be tax-deductible, and benefits from tax-qualified plans are non-taxable, making this option even more attractive.

Yet the high cost of long-term care insurance may make some seniors wary, especially given the hefty premium increases some insurers have levied on existing policies in recent years. For those worried about losing their investment if they never need long-term care, new financial vehicles like a hybrid long-term care/life insurance policy or long-term care annuities make sense.

In recent years, “hybrid” policies, life insurance policies with long-term care benefits and riders packaged in, have grown in popularity. With a hybrid policy, the insurance company can lock in the premium so your rate never goes up as long as you pay the premium. One advantage of a hybrid policy is that even if you never need to use the long-term coverage, you have other living benefits for illness, in addition to the life insurance death benefit.

Many factors come into play when choosing a specific policy, from deductible amount to potential overlaps with private insurance or Medicare. Seniors may find it helpful to consult a long-term care advisor or to educate themselves carefully before buying.

USING LIFE INSURANCE TO FUND LONG-TERM CARE

Many seniors have funds invested in a life insurance policy but need ready money once there's a change in a health status or a living situation. There are several options for using life insurance as a source of funds, including cash surrender, death benefit loans, accelerated death benefits and life or viatical settlements. Choosing a method of accessing these funds requires careful consideration of a senior's life circumstances as well as the tax consequences.

Before you figure out whether your life insurance can help pay for long-term care, you need to understand what kind of policy you own.

Here is an overview of different kinds of life insurance policies:

- Hybrid life insurance has long-term care benefits packaged into the premium. Along with the life insurance death benefit, hybrid policies also include long-term care insurance coverage or living benefits for cancer, strokes or illnesses not covered by long-term care insurance.
- Term life insurance accumulates no cash value. The policyholder has a choice to renew or end coverage when the term expires.
- Universal life insurance also builds cash value but offers a more flexible way to build savings. Premiums fluctuate, depending on your needs.
- Whole life insurance has a death benefit but also contains a savings component. Part of the premiums go toward savings so you can accumulate cash value.

INSURANCE OPTIONS FOR LONG-TERM CARE

A life settlement is when you sell your life insurance policy to a third party for market value and use the proceeds to fund a long-term care benefit plan. Any type of life insurance—permanent with cash value, group insurance offered through an employer, even term life—can be used. However, most companies specializing in these transactions require a minimum of \$50,000 in a death benefit.

When you surrender the policy for cash value, the insurance company will pay you the full amount of your policy's cash value. However, you're giving up ownership and the death benefit.

Death benefit loans, also known as life insurance loans or policy loans, borrow from a life insurance policy's cash value. These loans have low interest rates and no repayment schedule, but if they aren't repaid with accrued interest after the policy-holder's death, the death benefit will be reduced by the amount of the outstanding loan. Death benefit loans come in a lump sum that can be used for any purpose.

Accelerated death benefit, an option reserved for the terminally ill, allows a policyholder to receive a portion of a policy's death benefits before their death. The policy beneficiaries still receive a death benefit, but it's reduced by the amount of the accelerated death benefit. Policyholders receiving the accelerated death benefit must still make their premium payments. Unlike a life settlement or a death benefit loan, accelerated death benefits do not need to be repaid. This option is reserved for the terminally ill.

Note that the cash from a life settlement or accelerated death benefit may change a senior's financial status, making him or her ineligible for Medicaid or Supplemental Social Security. There are also tax implications to consider. The difference between the premiums paid and the cash settlement are taxed as capital gains, though some deductions may be available if the cash is used to pay-for long-term care. Consult a tax professional to understand all tax implications of a settlement.

Wondering when to use which option? A cash surrender is typically best for policies with a substantial cash value, while life settlements make most sense for policies with little or no cash value. Death benefit loans and accelerated death benefits are for those who wish to preserve benefits for their survivors and who are financially able to continue paying premiums. If you do decide to go for a life settlement, it's well worth

your while to pay for the services of a reputable licensed broker who can help make sure you get a fair price for your policy.

Both cash surrenders and life settlements are a viable option in several circumstances, especially when the policy holder is having trouble paying the premiums and is in danger of having their policy lapse. They are also a good idea if the policy holder has outlived his or her beneficiaries or in the event of a severe liquidity crisis. But these settlements have high transaction costs, tax implications and troubling privacy considerations.

Points to consider carefully when considering any sale of a life insurance policy include:

- The impact on survivors
- How debts or medical expenses incurred by the policy-holder's death will be paid
- If short-term access to ready money is worth losing the tax-free death benefits
- If the policyholder recovers and their insurance is gone, then they may not be insurable

Make sure you consult a qualified life insurance or financial adviser before making any decisions about using your life insurance policy to fund long-term care.

4: BRIDGE THE FINANCIAL GAP

BRIDGE LOANS

Traditionally, Americans' most valuable asset is their home. However, that capital may not be immediately available when the time comes to make the move to a higher level of care. How should you unlock the cash that's been so carefully invested over the years?

In the short term, at least, an Elderlife Bridge Loan is one answer. A bridge loan is a short-term loan used to pay for a move to independent or assisted living, skilled nursing or memory care while you're liquidating assets or waiting for your home to sell.

With its rapid turnaround time, this loan can be especially useful when dealing with urgent needs that must be met before other long-term financial resources can be tapped.

The Elderlife Bridge Loan is unique in that up to six family members or support persons can apply, sharing the financial responsibilities for one senior's care. Multiple applicants also make this loan easier to secure by sharing the financial risk (and the danger that an individual applicant's credit score won't be high enough for this unsecured loan).

For more information, call Elderlife Financial Services at 855-306-8516 or visit www.elderlifefinancial.com.

5: CONSIDER A REVERSE MORTGAGE

TAPPING INTO HOME EQUITY

A reverse mortgage allows homeowners age 62 and over to borrow against a portion of their home's equity to supplement their income while keeping the title to their home. The borrower receives money, either in a lump sum or as they need it, from the lender instead of making payments.

Nearly all reverse mortgages are Home Equity Conversion Mortgages (HECM), which are insured by the Federal Housing Administration (FHA) and backed by the U.S. Department of Housing and Urban Development (HUD). This guide focuses on the HECM reverse mortgage.

To qualify for a HECM, you must:

- Be at least 62 years old
- Have enough money to pay ongoing property taxes and insurance
- Own your home outright or have a low mortgage balance that can be paid off at closing with proceeds from the reverse loan
- Reside in the home as the primary residence

A decade ago, almost anyone could get a reverse mortgage, which resulted in widespread foreclosures due to unpaid insurance or property taxes. Nowadays, you're required to meet with a counselor from an independent, government-approved housing counseling agency before you can even apply for a HECM.

Lenders must also perform a financial assessment on your ability to meet the loan obligations. How much you can borrow is based on your age, the interest rate and your home's value. Typically, you're allowed to take up to 60% of your initial principal limit in the first year. The money you receive is tax-free.

There are four ways to receive money from a reverse mortgage.

1. **Line of credit:** Allows you to draw on loan proceeds at any time in an amount you choose until you use up the line of credit.
2. **Single disbursement:** Only available with a fixed-rate loan and typically offers less money than other HECM options.
3. **Tenure:** Fixed, monthly cash advances for as long as you live in your home.
4. **Term:** Fixed, monthly cash advances for a specific period.

You or your estate must pay off the loan when the borrower:

- Allows the home to fall into disrepair
- Fails to pay property taxes, insurance premiums, condo fees or other mandatory obligations and options to bring the loan current are exhausted
- Passes away
- Resides outside the primary residence for more than 12 consecutive months due to illness
- Sells the home or conveys the title to someone else

When the loan become due, HUD regulations allow the borrower or estate at least six months to sell the home to repay the loan. If a loan deficiency exists, the borrower is not held responsible for that amount, which is paid by the FHA and HUD.

Like any loan, reverse mortgages come with fees, commissions, closing costs and interest. Be sure to vet lenders and their terms thoroughly, since unscrupulous lenders may add punitive terms and fees. HUD-sponsored counseling agencies provide free or low-cost advice from an impartial source and will help you locate a FHA-approved, reputable lender. Visit the HUD website to find out more.

CH. 6: MAKE USE OF ALL THE TOOLS AVAILABLE

PLANNING FOR PEACE OF MIND

A little knowledge can go a long way when it comes to preparing for long-term care. No matter what financial route you choose, it's important to do your research, read the fine print and consult professionals when needed. Get creative and combine as many resources as you can. Planning means peace of mind, for seniors and for their families.

It's a good idea to have all of the following information easily accessible:

- Sources of income and assets
- Information about insurance policies, bank accounts, deeds, investments and other valuables
- Social Security and Medicare information
- Investment income and stock brokers' names and addresses
- Insurance information with policy numbers and agents' names
- Name of your bank and bank account numbers
- Location of safe deposit boxes
- Copy of most recent income tax return
- Copy of your will
- Liabilities – what you owe to whom, and when payments are due
- Mortgages and debts
- Location of deed of trust and car title
- Credit card and charge account names and numbers
- Property tax information
- Location of all personal items such as jewelry and family treasures

Have more questions about financing senior care? Our [Planning & Advice](#) portal offers tools and information for families about paying for senior care.

Check out these other helpful resources:

[Essential Document Locator Checklist](#)

[Ask an Expert: Finance](#)

[How to Finance](#) (Ask an Advisor video series)

Call us today! (888) 727-9965. We are here to help answer your questions about senior care.

COMMUNITY TOURING NOTES

When calling or visiting a prospective senior living community, use this checklist to keep notes, compare communities and get answers to important questions.

OBSERVATIONS

	Community 1	Community 2
You are greeted and feel welcome	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Staff members are kind and caring to residents	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Staff call residents by name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Staff and residents are well groomed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Residents appear engaged and happy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Meals are nutritious and appealing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Residence is clean and scent-free	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
The layout and floor plan make rooms and community spaces easy to find	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
There is a robust set of activities that your loved one will enjoy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

SAFETY QUESTIONS

	Community 1	Community 2
Is an individual plan of care maintained for each resident?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the residents and families included in the preparation of the plan of care?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a physician who visits the facility regularly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

What is the policy about handling a medical emergency?

Who coordinates outside care provider visits?

LEGAL AND FINANCIAL QUESTIONS

	Community 1	Community 2
Are residents required to carry renter's insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there an appeals process for dissatisfied residents?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the monthly fees negotiable?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there pricing incentives, move-in specials, or other financial enticements?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

How long is the wait-list?

How are the monthly fees charged and calculated?

Are there additional fees, if so, what are they?

You've completed tours of some senior living communities. Now what? Share what you've learned! Engage with another family member to discuss each property, and call your Advisor to discuss which properties you like and how to handle the conversation with your loved one.

COMMUNITY TOURING NOTES

OBSERVATIONS

Name of Community 1:
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Community Address:
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Contact Name:
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Contact Phone:
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Name of Community 2:
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Community Address:
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Contact Name:
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Contact Phone:
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SAFETY QUESTIONS

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LEGAL AND FINANCIAL QUESTIONS

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GUIDE TO *VA Benefits & Long-Term Care*



Guide to Aid & Attendance

At A Place for Mom, our goal is to help families find the right senior care solutions. For many families in the U.S., the hardest part of the process isn't finding the right community; it's figuring out how to pay for it.

More than one third of Americans over 65 are either wartime veterans or the spouse of a wartime vet, who may qualify for a pension program through the Department of Veteran Affairs* (VA), commonly referred to as "Aid & Attendance." Yet, only a small fraction of those who are eligible actually know about this benefit. Thousands of families already benefit immensely from the pension program, to help pay for quality care they could not have afforded otherwise. Any veteran or spouse of a veteran who is exploring senior communities, or any family member searching on their behalf, should inquire about Aid & Attendance.

A Place for Mom created this eBook to help families determine if they might qualify for benefits, show them how to apply and direct them to helpful resources during the application process. Please feel free to copy and distribute this book to anyone you think may benefit from it.

Thank you to all the U.S. veterans who have bravely served our country and their families who have sacrificed so much.

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CHAPTER ONE

The Basics

WHAT IS VA PENSION?

The VA helps U.S. veterans and their families by providing supplemental income through the Veterans Pension and Survivors Pension benefit programs. The pensions are available to U.S. military veterans and widowed spouses of veterans. Pension benefits are needs-based and your “countable” family income must fall below the yearly limit set by Congress. We will discuss more about eligibility in Chapter 2.

WHAT IS AID & ATTENDANCE?

Veterans and survivors who are eligible for a VA pension and who require the aid and attendance of another person (or are housebound) may be eligible for additional monthly payments above the normal pension amount. When applying for Aid & Attendance (A&A), if the veteran or spouse is not already receiving a pension, he or she must also submit a basic pension application in order to qualify. Financial qualifications for Aid & Attendance are different than financial qualifications for the basic pension alone. Therefore, some people qualify for Aid & Attendance even though they would not have qualified solely for the basic pension. Aid & Attendance is sometimes also referred to as “improved pension,” “VA assisted living benefit” or “veterans eldercare benefit.”

WHAT ARE HOUSEBOUND BENEFITS?

Veterans and survivors who are eligible for a VA pension and are housebound may qualify for an additional benefit beyond the basic pension. Individuals who are confined to their immediate premises because of permanent disability, typically leaving only to attend doctor appointments and other medically necessary treatments, or who require the assistance of another person when leaving the home, may be considered housebound.

HOW MUCH ARE THE AWARD AMOUNTS?

The amount of the award depends on the income of the applicant and the actual costs of care they pay monthly, but it is helpful to know the maximum annual benefits allowed.

BASIC PENSION FOR VETERANS	MAXIMUM ANNUAL PENSION RATE (MAPR)	MONTHLY RATE
Single veteran	\$13,166	\$1,098
Veteran with spouse or one dependent	\$17,241	\$1,437
Two veterans married to each other	\$17,241	\$1,437
BASIC PENSION FOR VETERANS PLUS AID & ATTENDANCE	MAXIMUM ANNUAL PENSION RATE (MAPR)	MONTHLY RATE
Aid & Attendance without dependents	\$21,962	\$1,831
Aid & Attendance with spouse or one dependent	\$26,036	\$2,170
Two veterans married to each other (both qualify for A&A)	\$34,837	\$2,904
BASIC PENSION FOR VETERANS PLUS HOUSEBOUND	MAXIMUM ANNUAL PENSION RATE (MAPR)	MONTHLY RATE
Housebound without dependents	\$16,089	\$1,341
Housebound with spouse or one dependent	\$20,166	\$1,681
IF QUALIFIED ADD TO ANY RATES ABOVE:	ADDITIONAL ANNUAL BENEFIT	MONTHLY RATE
Early war veterans add (Mexican War Border or WWI)	\$2,991	\$250
Each additional dependent	\$2,250	\$188
SURVIVING SPOUSE RATES	MAXIMUM ANNUAL PENSION RATE (MAPR)	MONTHLY RATE
Widow, no dependents	\$8,830	\$736
Widow, no dependents with Aid & Attendance	\$14,113	\$1,177
Widow, no dependents with housebound	\$10,792	\$900
For each dependent add:	\$2,250	\$188

HOW DOES THE VA SEND PAYMENT?

Benefits are directly deposited to the bank account of the veteran or surviving spouse each month. Paper checks are no longer issued. Beneficiaries must provide a voided personal check or deposit slip to enroll in direct deposit. If the beneficiary does not have a bank account, he or she must receive payment through a Direct Express Debit Mastercard.

HOW LONG DOES THE APPLICATION AND APPROVAL PROCESS TAKE?

The application and approval process for Aid & Attendance can be frustratingly slow. It can take weeks for families to gather the necessary documents and complete the paperwork. The approval process itself averages almost nine months, but a complete and accurate application can be processed much more quickly. Applicants who are age 90 or older may request an expedited review in a cover letter with their application.

While the approval process averages nine months, it pays retroactively upon approval of eligibility. This means the first benefit payment includes a lump sum to cover the months that the application was pending. Submitting an intent to file form (VA 21-0966) can help establish a date for retroactive payments.

CHAPTER TWO

Eligibility

WHO IS ELIGIBLE FOR VA PENSION?

Determining eligibility can be complex and challenging, especially financial eligibility. To aid in understanding, the qualifications are set forth in more depth throughout the next few pages.

General Requirements for VA Pension:

- The veteran must have served at least 90 days of active duty, with one of those days being during active wartime. (See “Service During Wartime” below.)
- The veteran must also meet one of the following criteria:
 - Be age 65 or older with limited or no income
 - Be receiving Social Security Disability Insurance
 - Be totally and permanently disabled
 - Be receiving Supplemental Security Income
 - Be a patient in a nursing home

WHO IS ELIGIBLE FOR VA AID & ATTENDANCE?

Those who qualify for the basic pension may also qualify for Aid & Attendance if one of the following conditions is met:

- Require the aid of another person in order to perform some tasks of everyday living. A few examples include assistance with bathing, feeding, preparing meals, taking medications, dressing, using the restroom, adjusting prosthetic devices and/or providing daily oversight to help ensure safety.
- Bedridden, apart from any prescribed course of treatment or therapy.
- A patient in a nursing home, due to a mental or physical incapacity. Mental incapacities include Alzheimer’s disease or dementia.
- Eyesight is limited to a corrected 5/200 visual acuity OR less in both eyes OR concentric contraction of the visual field to five degrees or less.

WHO IS ELIGIBLE FOR HOUSEBOUND BENEFITS?

Those who qualify for the basic pension may also qualify for housebound benefits if that individual is also confined to an immediate premises because of permanent disability. This means those who only leave to attend doctor appointments and other medically necessary treatments, or who require the assistance of another person when leaving the home. One cannot qualify for both Aid & Attendance and housebound benefits at the same time, however, they may receive the higher of the two benefits.

SERVICE DURING WARTIME

The clearest of the criteria is the service requirement: the benefit is available to qualifying veterans and their surviving spouses as long as the veteran served at least 90 days of active duty,* with one or more of those days during wartime. This does not mean that the veteran had to see actual combat; he or she could have held a desk job stateside, for example.

**If the active duty occurred after September 7, 1980, the veteran must have served at least 24 months or the full period that he or she was called to duty.*

The VA's dates of wartime are listed below:

- **WORLD WAR II:** December 7, 1941, through December 31, 1946.
- **KOREAN CONFLICT:** June 27, 1950, through January 31, 1955.
- **VIETNAM WAR:** August 5, 1964, through May 7, 1975, although veterans who served in Vietnam itself (“in country”) as early as February 28, 1961, may also qualify.
- **GULF WAR:** August 2, 1990, to a future date. (For VA benefits eligibility purposes, the Gulf War period is still in effect, which means that anyone who served on active duty from August 2, 1990, to present is considered a Gulf War veteran. Therefore, totally disabled veterans may qualify for Aid & Attendance or housebound benefits.)

History buffs may notice that these dates include significant post-war periods. For example, World War II formally ended when Japan surrendered on August 14, 1945, (V-J Day), but for the VA's purposes, it didn't actually conclude until December 31, 1946, when Congress officially declared the war over. The same applies to the Korean War: an armistice was signed in 1953, but for wartime definition purposes the war ended January 31, 1955.

- **EXAMPLE, LARRY:** On Larry's 18th birthday in 1945, he signed up for the army. Japan surrendered while Larry was at basic training and his active duty service didn't begin until after V-J Day. Larry's four-year enlistment ended before the Korean War began, so his family assumed that he wasn't eligible for benefits, since his service fell between World War II and the Korean War. When Larry's granddaughter looked at the VA's wartime dates, she realized that her grandfather had more than a year of wartime service according to the military's definition.

The veteran must also have received an honorable or general discharge, although veterans who received a less-than-honorable discharge because of discrimination based on race, religion (including lack thereof), or sexual orientation can appeal to the U.S. military for an upgraded discharge.

- EXAMPLE, THOMAS:** Thomas served bravely in the 4th Infantry Division that stormed Utah Beach at Normandy on D-Day in World War II. He was wounded in combat and received a Purple Heart. But, in 1946, Thomas was discharged dishonorably (a “blue discharge”) after a commanding officer discovered that Thomas was in a gay relationship. When Thomas developed long-term care needs, he was dismayed to find he was not eligible for Aid & Attendance because of his less-than-honorable discharge. Thomas applied for an upgraded discharge, which was approved, and he now uses Aid & Attendance to help pay for assisted living.

WHAT IF AN INDIVIDUAL RESIDES IN AN ASSISTED LIVING COMMUNITY AND NOT A NURSING HOME?

The VA does not differentiate between a nursing home and assisted living community in their definition of “nursing home.” As a result, in most states, residents of assisted living communities frequently qualify for the benefit.

Financial Eligibility

The veteran or widow’s net worth must not exceed \$123,600 in 2018. This amount will increase each year by the same percentage as the cost-of-living increase for Social Security benefits. Net worth is calculated at the date of the original pension claim, upon a request to establish a new dependent or after receiving information that a claimant’s net worth has changed. Net worth is the sum of a claimant’s or beneficiary’s assets and annual income. Income includes resources such as disability and retirement payments, interest and dividend payments and net income from farming or a business.

Some expenses, such as unreimbursed medical expenses, Medicare premiums, Medicare Supplemental Premiums—or most “doctor ordered” products or services that will improve a claimant’s functioning, prevent, slow or ease functional decline—may reduce net worth.

Income

The maximum allowable income looks low on paper, but it is important to remember that these are the maximum countable incomes. When determining countable income, applicants can deduct out-of-pocket medical expenses, including cost of care, from their gross income.

The maximum countable income is the same dollar amount as the maximum amount of pension payable listed in Chapter 1. This is because the amount of the award is calculated by subtracting the applicant’s countable income from the maximum allowable income. An individual with a countable income of \$0 or less (yes, a negative countable income is possible) would receive an award that is equal to the maximum countable income.

- EXAMPLE, JERRY:** Jerry is an 86-year-old retired Marine with Alzheimer’s disease who earns \$5,000 per month. His family would like to place him in a memory care community, but they are unsure whether his income is too high to qualify for Aid & Attendance. After sitting down with a volunteer at the American Legion, they learn that they will be able to deduct the cost of assisted living from his income. When they deduct the cost of memory care (\$4,500 a month) from his income of \$5,000, his remaining countable income is \$500, which is under the \$1,831 maximum for veterans seeking Aid & Attendance. The following month, Jerry moves to an assisted living community that specializes in Alzheimer’s and begins to pay for care. His family then assists him with his application, and he is later awarded the difference between his countable income (\$500) and the \$1,831 monthly maximum, so the monthly amount that Jerry receives from the VA is \$1,331.

- EXAMPLE, SUSAN:** Susan is a 71-year-old with Parkinson's disease and the widow of a Korean War vet. Her income is \$6,000. She needs assistance, including bathing and dressing, and is no longer able to prepare meals, so she is considering moving to assisted living and is curious whether she qualifies for help from the VA. When she deducts the monthly cost of \$4,000 assisted living from her income, her countable income is \$2,000, which is well above the VA's maximum income of \$1,177 per month for a surviving spouse who seeks an Aid & Attendance benefit. Unfortunately, Susan is ineligible.

Assets

The VA looks closely at an applicant's assets when determining eligibility and the total value of a claimant's assets together with total annual income may not exceed \$123,600 in 2018. Assets are the fair market value of all property owned by a claimant including all real and personal property. Analyzing net worth excludes the primary residence and personal effects including appliances and family transportation vehicles. We advise that families struggling with financial eligibility speak with a VA-accredited professional. Information on finding help to submit an application can be found in Chapter 3.

2018 Eligibility Reforms

Prior to October 18, 2018, there was no set limit on how much net worth a veteran (or dependent) could have, but net worth could not be "excessive." The VA has now established a bright line of \$123,600 in total net worth that will be allowed. The figure is welcomed by many veterans and surviving spouses because some claims were denied for excess worth.

2018 also saw the VA implement a lookback period for all asset transfers of 36 months immediately preceding the date the VA receives an original pension claim. This lookback period does not include any transfers prior to October 18, 2018. There is now a penalty for transferring assets that were part of the claimant's net worth for less than fair market value, and if not transferred, would have caused or partially caused the claimant's net worth to exceed the net worth limit. Trusts and annuities were cited as examples by the VA of asset transfers subject to the lookback penalty. Only the amount transferred in excess of the net worth will be subject to a penalty.

There is a five-year limit on any penalty imposed. The penalty is calculated determining the amount of funds improperly transferred to reduce net worth to the permitted limit, and then dividing that amount by the applicable maximum pension rate. The result of the calculation equals the number of months a claimant will be ineligible to receive benefits up to the five year limit.

- EXAMPLE, CARL AND TY:** Carl has total assets of \$115,900 and his annual income is zero. On October 31, 2018, prior to applying for benefits, Carl gave \$30,000 to his friend Ty. Had Carl not previously transferred the \$30,000, his net worth would have been \$145,900 and his assets would have exceeded the net worth limit of \$123,600. The "covered asset" amount is \$22,300 (the amount subject to penalty) as this represents that amount by which Carl's net worth would have exceed the limit due to the covered asset. Assume the monthly aid and attendance with one dependent in effect is \$2,000. The penalty period is $\$22,300 / \$2,000$ per month = 11 months. The 11th month of the penalty period is September 2019. Carl may be entitled to pension effective October 1, 2019.

- **EXAMPLE, JANE:** Jane is the surviving spouse of a veteran who lives alone in a large house in an upscale neighborhood. She has serious mobility problems from arthritis and is looking for financial help to pay for homecare aide. Her income is \$1,500 a month from social security and pension but she has no savings or assets besides her home, which is valued at more than \$300,000. Jane is approved for Aid & Attendance when she applies because they do not take into account the home where she lives when counting assets.

Clinical Eligibility

Aid & Attendance is primarily for older veterans, although vets under 65 who are totally disabled may also qualify. To receive the highest awards, the applicant must require professional help with day-to-day activities like meal preparation, housekeeping, bathing, dressing, medication management and toileting.

IN THE VA'S WORDS: "A veteran may be [clinically] eligible...when...the veteran requires the aid of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting himself/herself from the hazards of his/her daily environment." It makes sense for families to start gathering necessary documents and forms before professional care is put in place, but an application will usually not be approved unless care is already being paid for.

- **EXAMPLE, LORRAINE:** Lorraine, age 89, was a member of the WAVES (Women Accepted for Volunteer Emergency Service) during World War II. She is very active and able-bodied for her age, but has severe macular degeneration. She takes no medicines and walks 3 miles a day, but hires an aide to prepare meals for her because of her vision loss. Lorraine's need for help with meal preparation means that she is clinically qualified, despite her relative good health.
- **EXAMPLE, RANDY:** Randy was a weather observer in the Air Force from 1988 to 1992. He was recently in a catastrophic motorcycle accident and suffered a spinal cord injury. Randy was left paralyzed from the waist down and needs expensive personal care on a daily basis. A local VA counselor told Randy's family about Aid & Attendance, which they had never heard of before. Even though Randy is under 65, he qualifies clinically because he is totally disabled. It does not matter that his disability is not service related.
- **EXAMPLE, DAVE:** Dave, age 67, is a Coast Guard veteran who served from 1963 to 1967. He is retired and lives alone, but has been struggling with some health problems, including diabetes. Dave recently admitted to his doctor that he has been depressed and sometimes forgets to eat and check his blood sugar. He also admits he has not been bathing regularly because he is scared he will fall in the shower. His doctor suggested that he consider moving to an assisted living community that offers healthy meals and that can remind him to check his blood sugar. Even though Dave considers himself independent, he qualifies clinically for Aid & Attendance.

IS SENIOR CARE CONSIDERED A MEDICAL EXPENSE?

When applying for Aid & Attendance, the cost of monthly recurring medical expenses can be deducted from countable income, including some senior care costs if the daily assistance of another person is required to perform normal living activities. This includes fees paid for home care, assisted living, or a nursing home.

INDEPENDENT LIVING RETIREMENT COMMUNITIES

Some independent living communities, also known as retirement communities, offer amenities like hot meals, light housekeeping and transportation as well as activities and entertainment, but not personal care. Some independent living communities assist with providing personal care, but more frequently a third-party provider is available to help with those needs. With a look and feel reminiscent of a resort or a hotel, most independent living communities feature furnished apartments or cottages and well-designed community areas. Monthly fees can start as low as \$1,800.

Aid & Attendance typically cannot be used to pay for independent living itself. However, it may help cover the cost of personal care provided by either the community or a third-party provider, or the veteran may qualify for homebound benefits. If an applicant was denied pension benefits while residing in an independent living community and then later moved to an assisted living community because their need for assistance has progressed, that person may now qualify for benefits.

ASSISTED LIVING

Assisted living communities have emerged in the last two or three decades as an alternative to nursing homes for those who need some care, but not 24-hour skilled nursing care. Aid & Attendance can help qualified recipients pay for assisted living.

Assisted living communities provide personal care, in addition to more basic amenities like meals, housekeeping and activities. The care they offer usually includes medication management, bathing, dressing, grooming and toileting, although not all residents require assistance in all of these areas. Like independent living, residents typically live in apartments, although some assisted living communities offer alternatives like cottages.

The average cost for assisted living is \$3,715 per month, but varies depending on region and other locational factors, the size of the apartments and the needed level of care. If the applicant meets clinical requirements for Aid & Attendance and the assisted living community is helping with personal care needs, then typically, the monthly amount paid to the assisted living community is deducted from the gross income.

MEMORY CARE

Memory care is a specialized kind of assisted living for people with Alzheimer's, dementia or a related disorder. Some assisted living communities are wholly dedicated to memory care, while other communities offer memory care within the context of a larger assisted living community.

Memory care communities are secured so that residents cannot wander off and become lost. The staff may be specially trained to use positive and innovative techniques to deal with behavior problems and other issues that are common among those with memory disorders. The atmosphere is designed to be comforting and reassuring.

Memory care averages about \$4,500 per month. Most residents who need to reside in a memory care community qualify for Aid & Attendance clinically as a result of their dementia diagnosis. Because of its high cost, Aid & Attendance can be immensely helpful to families with a loved one who needs memory care.

RESIDENTIAL CARE HOMES

Residential care homes may be known by other names, depending on the region of the country: group home, adult family care home, adult foster home or board and care home. They typically house up to 10 residents in a single-family home and offer a level of care comparable to that of assisted living, but in a quiet, homelike setting with a family atmosphere. Some residential care homes specialize in memory care.

This quiet atmosphere is not for everyone, but some families prefer residential care homes because they feel that their loved one gets more time and attention from staff than at a larger facility.

Costs vary widely, but usually range from \$2,200 to \$3,400 per month. As with assisted living, Aid & Attendance works well to help pay for residential care homes but typically only if the home is licensed by the state.

NURSING HOMES

Nursing homes offer the highest level of care. Nursing homes are generally the appropriate care option for people who are completely immobile (bedridden), who require medical attention on an ongoing basis or who require high acuity care for feeding tubes or tracheostomies. The national average cost of a nursing home is over \$7,000 per month.

Aid & Attendance can be used to help pay for a nursing home, although it may not be especially helpful if the applicant is eligible for Medicaid or expects to go onto Medicaid soon. This is because the benefit will not pay more than \$90 per month to someone who is eligible for Medicaid, the exception being those who reside in state veterans homes, which are exempt from this ruling.

Medicaid is the government assistance program that pays for long-term care for those who are unable to pay on their own. While most of Medicaid's funding is federal, each state operates its own Medicaid program, sometimes under other names (for example: Medi-Cal in California or TennCare in Tennessee). Medicaid should not be confused with Medicare, which does not pay for long-term care. Medicare is essentially health insurance, although in some cases it can pay for short rehab stays at a nursing home.

Because costs exceed the average American's ability to pay privately, an estimated 64% of nursing home residents rely on Medicaid to finance their nursing home care. For veterans and surviving spouses, it is sometimes best to simply use Medicaid to pay for care.

However, Aid & Attendance can be helpful for those who are on the cusp of being able to afford a private pay nursing home. For example, Aid & Attendance could bridge the financial gap for a veteran who makes \$6,000 a month, but who is seeking placement at a nursing home that costs \$7,000 a month. Aid & Attendance can also provide additional income for a spouse at home, or if there is a statewide waiting list for Medicaid beds.

IN-HOME CARE

In-home care is professional care provided to seniors who live at home. Caregivers assist seniors with daily needs like shopping, cooking and housekeeping, and can also offer personal care. Other benefits of home care include companionship and general supervision. The national average cost for home care is \$21 an hour.

Home care expenses can be deducted from gross income when applying for housebound or Aid & Attendance pensions, if the expenses are incurred with a licensed home care agency or a private caregiver.

ADULT DAY SERVICES

Adult day services offer assistance, supervision (when necessary) and meals during the day. They also provide structured activities, entertainment, and other opportunities for guests to socialize and have fun. They are often a solution for family caregivers who are employed during the day or who need a chance to run errands or have some time alone. The national average cost for adult day care is \$70 daily. Typically, the amount paid for adult day services may be deducted from gross income when applying for housebound or Aid & Attendance pensions.

EXCEPTION FOR ABLE-BODIED VETERANS WITH VERY LOW INCOMES

For veterans with very low incomes, there is an exception to the clinical eligibility requirement. Veterans and their spouses over 65 who meet the service requirement but who are totally able-bodied, may still qualify for a small, basic pension award when their incomes are below the current basic pension amount (figures below reflect 2018 awards):

- Able-bodied single veteran: \$1,098 per month.
- Able-bodied surviving spouse: \$736 month.
- Able-bodied couple: \$1,437 per month.

In this case, the pension functions as general financial assistance rather than help to pay for care, but technically it is the same benefit that people commonly refer to as Aid & Attendance. When no care is involved, the amount that the pension is worth is the difference between the applicant's countable income and the maximum amounts above.

- **EXAMPLE, MICHAEL:** Michael is a 70-year-old Vietnam veteran. He is completely healthy but is having trouble making ends meet with his \$700 monthly Social Security award. He applies for a VA Pension and is awarded \$398, the difference between his income and the \$1,098 maximum income for an able-bodied veteran applying for pension.

CHAPTER THREE

Applying for the Benefit

WHAT DO I NEED TO APPLY?

Below is a list of documents, forms and information that may be required or desirable, depending upon the applicant's circumstances. The information contained below is for informational purposes. A Place for Mom does not provide legal advice when applying for benefits. For professional legal advice, please consult a VA-accredited claims representative.

Application Forms for Veterans:

DOCUMENT	FORM NUMBER	BASIC PENSION	AID & ATTENDANCE	HOUSEBOUND
Basic Pension Form for Veterans	21P-527EZ	Required	Required	Required
Section X (Medical Expense Report)	21P-527EZ	Optional	Required	Required
Request for Nursing Home Information in Connection with Claim for Aid & Attendance (if living in any type of senior community)	21-0779	N/A	Required	N/A
A statement of occupancy from the assisted living community or other type of senior community where you reside (listing monthly rate and daily assistance required)		N/A	Required	N/A
A letter from the homecare agency or caregiver		N/A	If Applicable	If Applicable
Examination for Housebound Status of Permanent Need for Aid & Attendance	21-2680	N/A	Required	Required
General Release for Medical Provider Information to the VA	21-4142a	N/A	Highly Suggested	Highly Suggested
Authorization to Disclose Information to the VA (one for each physician)	21-4142a	N/A	Highly Suggested	Highly Suggested
Authorization to Disclose Personal Information to a Third Party (son, daughter, in-law)	21-0845	If Applicable	Highly Suggested	Highly Suggested
Statement in Support of Claim	21-438	If Applicable	Highly Suggested	Highly Suggested

ORIGINAL Military Discharge Papers (Do NOT send a photocopy)	DD-214	Required	Required	Required
Copies of lost discharge papers can be requested from the National Archives at www.archives.gov/veterans/military-service-records/ or by calling 314-801-0800		If Applicable	If Applicable	If Applicable
Copy of current year's Social Security Award Letter		Required	Required	Required
Proof of all income and assets including but not limited to most recent back account statements, checking, savings, CDs, stocks, bonds, IRAs, 401Ks, trusts, annuities, etc.		Required	Required	Required
Proof of insurance premiums, medications, medical bills or any other medical expenses that are not reimbursed by insurance, Medicare or Medicaid		If Applicable	Required	Required
Certified copy of marriage certificate (if married)		If Applicable	If Applicable	If Applicable

Application Forms for Surviving Spouses:

DOCUMENT	FORM NUMBER	BASIC PENSION	AID & ATTENDANCE	HOUSEBOUND
Basic Pension Form for Surviving Spouses	21P-534EZ	Required	Required	Required
Section X (Medical Expense Report)	21P-534EZ	N/A	Required	Required
Examination for Housebound Status of Permanent Need for Aid & Attendance	21-2680	N/A	Required	Required
Request for Nursing Home Information in Connection with Claim for Aid & Attendance (if living in any type of senior community)	21-0779	N/A	Required	N/A
A statement of occupancy from the assisted living community		N/A	Required	N/A
A letter from the homecare agency or caregiver		N/A	If Applicable	If Applicable
Authorization to Disclose Information to the VA (one for each physician)	21-4142	N/A	Highly Suggested	Highly Suggested
General Release for Medical Provider Information to the VA	21-4142a	N/A	Highly Suggested	Highly Suggested
Authorization to Disclose Information to a 3rd Party (son, daughter, in-law)	21-0845	If Applicable	Highly Suggested	Highly Suggested
Statement in Support of Claim	21-438	If Applicable	Highly Suggested	Highly Suggested
ORIGINAL Military Discharge Papers (Do NOT send a photocopy)	DD-214	Required	Required	Required

Copies of lost discharge papers can be requested from the National Archives at www.archives.gov/veterans/military-service-records/ or by calling 314-801-0800.		If Applicable	If Applicable	If Applicable
Copy of current year's Social Security Award Letter		Required	Required	Required
Proof of all income and assets including but not limited to most recent bank account statements, checking, savings, CDs, stocks, bonds, IRAs, 401Ks, trusts, annuities, etc.		Required	Required	Required
Proof of insurance premiums, medications, medical bills or any other medical expenses that are not reimbursed by insurance, Medicare or Medicaid		If Applicable	Required	Required
Copy of marriage certificate		Required	Required	Required
Certified Copy of Veteran's Death Certificate		Required	Required	Required

WHERE DO I APPLY?

Once all forms are complete and supporting documents compiled, make and retain photocopies of the originals. Forms are available at www.va.gov/vaforms.

Intent to file forms and completed applications can be submitted to the Pension Management Center (PMC) for the state of residency (see Appendix), at a nearby regional benefit office (www.va.gov/directory/guide/home.asp), or by working with an accredited representative (see below). Visit www.vets.gov/pension/ for further information or to start the application process.

WHERE CAN I FIND HELP?

While it is possible for seniors and their families or caregivers to complete a successful application themselves, in many instances, trained, certified help is required.

Free Help

Veteran Service Officers (VSOs) who work at VA regional offices may be able to offer free basic guidance and answer simple questions about the benefit. VSOs volunteer throughout the U.S., frequently at hubs for veterans like American Legion halls and Veterans of Foreign Wars lodges.

Veterans' organizations like the VFW, American Legion and DAV (Disabled American Veterans) may be able to provide information about the benefit as well as free assistance to prepare an application. (www.vets.gov/pension/ is a good place to start.)

A Place for Mom (www.aplaceformom.com) is a senior care information and referral service that employs more than 500 Senior Living Advisors throughout the U.S. who offer free consultations and assistance. A Place for Mom Senior Living Advisors can help families find senior communities that meet their needs, answer basic questions about Aid & Attendance and may be able to refer VA-accredited consultants to help with an application.

Seniors are at particular risk of becoming victims of financial exploitation, and veterans and their dependents are no exception. The U.S. Senate Special Committee on Aging maintains a toll-free fraud hotline, a valuable resource for seniors affected by scams: 1-855-303-9470. For further information, visit www.justice.gov/elderjustice.

PAID CONSULTANTS

Sometimes it is worth hiring accredited VA consultants for help. (Federal law prohibits unaccredited consultants from assisting with applications in any way.) Regulations prohibit consultants from charging a fee for assistance with the actual application unless the applicant has already been denied once. Following an unsuccessful application, paid consultants can often step in, determine why an application has been denied, make necessary changes and resubmit an application with a better chance of approval.

While consultants are not allowed to charge for help with the preparation or presentation of an initial claim, they can serve a valuable role for individuals and families who have not yet applied when there are concerns about financial eligibility. Consultants who have assisted applicants with financial planning will often help with the rest of the application at no additional charge. Since the applicant is paying for financial planning services but not the additional help with preparation and presentation, this is legally permitted.

Find a VA-accredited attorney or VSO/Benefits representative at www.va.gov/ogc/apps/accreditation or www.ebenefits.va.gov/ebenefits/vso-search.

Sources such as The Paladin Registry (www.paladinregistry.com/find/Paladin-Registry-Advisors), Better Business Bureau, The National Association of Personal Financial Advisors (www.napfa.org/find-an-advisor), and referrals from friends and family can help in finding the right financial consultant for any situation.

APPENDIX

Directory of Resources

U.S. Department of Veterans Affairs (VA)

The VA is the government department responsible for administering benefits for veterans and their families.

WEBSITE: www.va.gov, or to locate the nearest VA regional office, use www.va.gov/directory.

PHONE: (800) 827-1000

Veterans of Foreign Wars (VFW)

The VFW is a large nonprofit organization that can assist veterans and their families, including with benefits applications.

WEBSITE: www.vfw.org

PHONE: (816) 756-3390

The American Legion

The American Legion is similar to the VFW, and also assists families with benefit applications. Their website offers a wide range of benefits assistance resources, including a section dedicated to women veterans.

WEBSITE: www.legion.org

PHONE: (800) 433-3318

Disabled American Veterans (DAV)

DAV is a nonprofit organization and BBB-accredited charity that assists disabled veterans, primarily those with a service-related disability. They also provide benefits assistance.

WEBSITE: www.dav.org

PHONE: (877) 426-2838

A Place for Mom

A Place for Mom is a nationwide, free senior care referral company and the publisher of this eBook. A Place for Mom employs more than 500 local Senior Living Advisors who can help families identify senior communities that meet their needs, answer basic questions about Aid & Attendance and who may be able to suggest VA-accredited consultants in your area.

WEBSITE: www.aplaceformom.com

PHONE: (877) 311-6099

Helpful Websites

www.veteransaidbenefit.org

www.seniorvet.org

www.vets.gov

www.benefits.va.gov

RESIDENTS OF:

Alabama, Arkansas, Illinois, Indiana,
Kentucky, Louisiana, Michigan, Missouri,
Mississippi, Ohio, Tennessee and Wisconsin

SUBMIT APPLICATIONS TO:

Milwaukee VA Pension Center
Department of Veterans Affairs
Claims Intake Center
Attention: Milwaukee Pension Center
P. O. Box 5192
Janesville, WI 53547-5192
Fax: 1-844-655-1604

RESIDENTS OF:

Alaska, Arizona, California, Colorado,
Hawaii, Iowa, Idaho, Kansas, Minnesota,
Montana, North Dakota, Nebraska, Nevada,
New Mexico, Oklahoma, Oregon, South
Dakota, Texas, Utah, Washington and
Wyoming, Mexico, Central and South
America and the Caribbean

SUBMIT APPLICATIONS TO:

St. Paul VA Regional Office
Department of Veterans Affairs
Claims Intake Center
Attention: St. Paul Pension Center
PO BOX 5365
Janesville, WI 53547-5365
Fax: 1-844-655-1604

RESIDENTS OF:

Connecticut, the District of Columbia, Delaware, Florida, Georgia, Maryland, Maine, Massachusetts, North Carolina, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Virginia, Vermont and West Virginia

SUBMIT APPLICATIONS TO:

*Philadelphia VA Regional Office
Department of Veterans Affairs*

Claims Intake Center

Attention: Philadelphia Pension Center
P. O. Box 5206
Janesville, WI 53547-5206
Fax: 1-844-655-1604

FINANCIAL TRACKER



Use this document to collect all of your loved one's financial information into a single file.

INSURANCE

INSURANCE TYPE	COMPANY	POLICY / ID#	AGENT NAME	AGENT CONTACT
Medicare				
Long-term Care				
Disability				
Life				

BANKING

BANKING COMPANY	CHECKING ACCOUNT	SAVINGS ACCOUNT	AGENT NAME	AGENT CONTACT

PEOPLE

ROLE	NAME	CONTACT	RESPONSIBILITIES
Financial Advisor			
Accountant			
Conservatory			

This document was filled out by _____ on ____ / ____ / ____ . Relationship: _____ Phone: _____

EMERGENCY INFO SHEET

Keep a single record of your loved one's most critical information in one designated place to be prepared in an emergency. Have copies available for other parties who can help.

IDENTIFICATION

Name _____
Address _____
Phone 1 _____ Phone 2 _____
Birth Date ____ / ____ / ____ Sex _____
SSN _____
Drivers License # _____ Passport # _____



EMERGENCY CARE

Emergency Contact Name _____ Emergency Contact Phone _____ Relationship to Person _____
Durable Power of Attorney _____ Phone _____
Insurance Company _____ Insurance ID/Policy # _____ Contact _____

Medical Conditions

- _____
- _____
- _____
- _____
- _____

Drug Prescriptions and Dosages

- _____
- _____
- _____
- _____
- _____

Drug Allergies _____
Blood Type _____
Primary Physician Name _____ Hospital _____ Phone _____ Fax _____

PERSONAL INFO

Phone Lock Code _____ Voicemail Passcode _____
Email Address _____ Email Password _____ Computer Login _____
Other Important Info _____

This document was filled out by _____ on ____ / ____ / ____ . Relationship: _____ Phone: _____

MEDICATION LIST



Fill out this document to have all your medication information in one place.

Name _____ Birth Date _____

MEDICINE NAME	MEDICAL CONDITION	DOSAGE DETAILS	DATE RANGE	PRESCRIBED BY	SIDE EFFECTS

Drug Allergies _____

Blood Type _____

Pharmacy _____ Pharmacy Phone _____

Pharmacy Address _____

Primary Care Physician _____ Contact _____

Insurance _____ Policy # _____

This document was filled out by _____ on ____ / ____ / ____ . Relationship: _____ Phone: _____

LEGAL TRACKER



Reference a single file of contacts and paperwork regarding your loved one's legal matters.

PEOPLE

ROLE	LEGAL ESTABLISH DATE	NAME	CONTACT	RESPONSIBILITIES
Power of Attorney				
Health Care Proxy (if different than POA)				
Guardian				

DOCUMENTS

TYPE	LEGAL ESTABLISH DATE	LOCATION OF DOCUMENT	NOTES
Last Will			
Advance Directive / Living Will			

Elder Law Attorney: _____ Contact: _____

CAREGIVER WELL-BEING CHART



Caregivers spend most of their time giving to others and usually put themselves at the bottom of their “to-do” list. Many caregivers are so in tune with the emotions of those they are caring for that they forget to notice their own. Journaling is a great way to sort out your feelings, track trends and develop ideas for coping with stress.

This Well-being Chart guides you through getting those thoughts down in writing. It is designed to be flexible, so do not feel like you have to make an entry every day! The chart is divided into 5 sections:

- *Date – Dating your journal entry helps you to be able to track changes over time*
- *Today I feel – How would you describe your feelings or mood right now?*
- *What happened today – Is there a single event that has led to what you are feeling?*
- *Peaks and pits – What was the best thing (peak) about today? What was the worst thing about today (pit)?*
- *Tomorrow I will – How can you positively deal with stressful feelings? What would make you feel better?*

We have also provided a sample chart to get you started.

CAREGIVER WELL-BEING CHART

DATE	TODAY I FEEL...	WHAT HAPPENED TODAY...	HIGHS AND LOWS	TOMORROW I WILL...
8/18/2014	Unappreciated	Went over to Mom's and tried to help her down-size. Did not go as smoothly as I wanted.	Peak: Spending time with Mom going through old memorabilia. Pit: Mom got really impatient with me and rejected all of my help.	Rest and recharge. Spend some "me" time.
8/18/2014	Scared	Mom ended up in the ER last night.	Peak: Mom will be OK, it's just a UTI. Pit: I couldn't get anyone to tell me what was going on when I arrived at the ER.	Take mom home. Relax and enjoy her company.
8/23/2014	Overwhelmed	Mom had two different doctor appointments today, daughter has a school project due tomorrow that she wants help with.	Peak: None. Pit: Daughter yelling that I loved Mom more than her which lead to a big argument.	Not let a teenagers moodiness throw off my whole day. Get up early and go for a walk.
8/30/2014	Impatient	Mom keeps telling me the same story over and over while I am trying to finish a report for work.	Peak: I was chosend to work on this special assignment for work. Pit: I don't have enough alone time to organize the project.	Ask my sister to take mom out for lunch and shopping so that I can put the final touches on the report I'm writing.
9/1/2014	Content	The whole family went on a picnic and the kids paid attention to an enjoyed listening to Mom telling about her childhood.	Peak: Noticing how much alike my daughter and her grandmother are, hearing the kids laugh at Mom's stories.	Ask Mom to help me out the pictures from today into albums so that she can have one and the kids can each have one.

CAREGIVER BILL OF RIGHTS

I have the right... to take care of myself. This is not an act of selfishness. Meeting my own needs will help me take better care of others.

I have the right... to seek help from others. Even though my relatives may object, I recognize the limits of my own endurance and strength.

I have the right... to maintain my own interests. I deserve to nurture the facets of my own life that do not include the person I care for, just as I would if he or she were healthy. I know that I do everything that I reasonably can for this person, and it's okay to do some things just for myself.

I have the right... to have negative feelings. I'm human, and it's okay for me to occasionally express frustration, exhaustion, depression and other difficult feelings.

I have the right... to not be manipulated. I will reject any attempts by my relative (either conscious or unconscious) to guilt or shame me into doing things.

I have the right... to compassion from others. I deserve to receive consideration, affection, forgiveness and acceptance from my loved one for as long as I offer these qualities in return.

I have the right... to be proud of my work. I can take pride in what I am accomplishing and applaud the courage it sometimes takes to meet the needs of my relative.

I have the right... to protect my individuality. I need to make a life for myself that will sustain me in the time when my relative no longer needs my full-time help.

I have the right... to demand societal progress. I expect that new strides to be made in finding resources to aid physically and mentally impaired persons in our country, and that similar strides will be made towards aiding and supporting caregivers.

MY CAREGIVER COVENANT

THE THING I STRUGGLE MOST TO ACCEPT THAT I CAN'T CONTROL IS:

THE THINGS AS A CAREGIVER I CAN CONTROL ARE:

I SOMETIMES AM NEGATIVE ABOUT:

I CAN THINK ABOUT THAT MORE POSITIVELY BY:

MY PERSONAL SERENITY PRAYER IS:
