



Aging in Place: Your Home, Your Community, Your Choice

A Workbook for Planning Your Future

**Materials Compiled by
New River Valley Aging in Place Leadership Team**

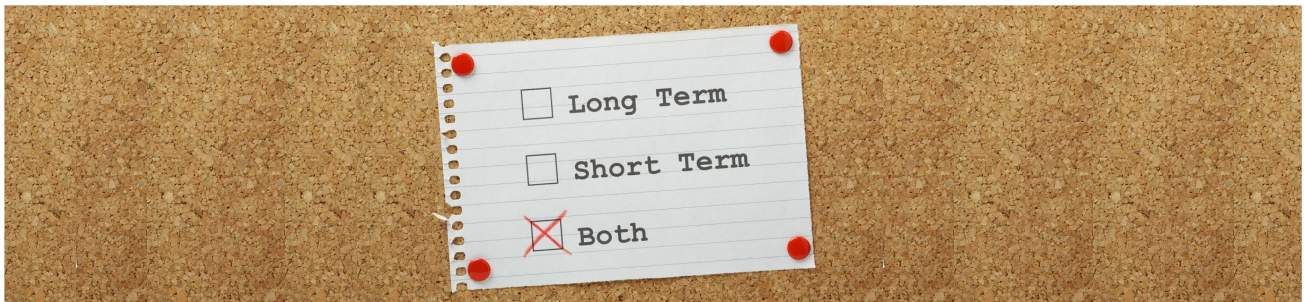


WILL YOU AGE IN PLACE?

Like the majority of older Americans, you may be intending to live in your current home for as long as possible. Your decision to *age in place* (that is, remain in your current home or community as you age) may seem like an obvious and logical choice. After all, you have invested time and money into your home and have fond memories of the time you have spent there with family and friends. Home not only connects us to people important to us, but also can give us a sense of place and belonging in our communities.

Aging in place in a safe and well-maintained home has many benefits. It helps improve personal health, social interactions, and connections to community resources. Living in a good home also enables us to enjoy a better quality of life. Yet, **aging in place is more than just planning to stay in your home.**

Aging in place requires an examination of different aspects of life including housing, health and wellbeing, finances, transportation, and social relationships. Even though many older Americans believe they will be able to manage changes that might occur in their health, wellbeing, and finances, **approximately 70% will require help with their care at some point, for up to three years.** Thinking about your current *and* future potential needs and pre-planning for changes, including home modifications, can assist in maintaining your independence at home and will promote your ability to age in place.



Deciding where and how to age in place requires more than just your intention. It should be part of a **process that includes personal reflection, conversations with people important to you, intentional** planning, and action.

Generally, the first step in holding conversations about aging in place is to **identify what you want and expect in a home.** Would you rather stay in your current home, move to a different home in your community, or move into a new home in a new community? And does your budget align with these desires?

Once you have a better idea of where you want to live and what you can afford, you can start making a plan. How do you want to get around and stay active in your community? This planning tool will help you think through all these aspects so that you can better determine how to stay active, healthy and happy as you age!

YOUR AGING IN PLACE PLAN

"A goal without a plan is just a wish." - Antoine de Saint-Exupery

This Workbook is designed to help you develop your own individualized plan to age in place. The materials included were adapted from respected aging in place resources including AARP, National Aging in Place Council, and MetLife.

The questions in this Workbook cover key issues and factors that can impact person's ability to maintain independence in their later years. Questions are separated into five focus areas:

Housing
Health and Wellness
Personal Finance
Transportation
Connection & Growth

Each of the five focus areas contributes to overall success with aging in place and **should not be overlooked or left to chance**. Successful aging in place involves consideration and sound planning related to each of these themes.



YOUR AGING IN PLACE PLAN

Once you have completed this workbook, you should have a clearer picture of the factors you should consider and plan for to successfully age in place. If an event occurs in your future that alters your circumstances (a change in location, a financial gain or loss, a health issue, etc.), we recommend you revisit your plan to determine if you need to do some rethinking. **Alternatively, we strongly recommend that you use this workbook to create several different plans based on different 'what if' scenarios.** No one can definitely know the future, so it is always wise to plan for an array of possible circumstances; or, to amend a popular saying,

“Hope for the best, plan for the worst, and prepare to be surprised.”

Before you begin, set aside some uninterrupted time to familiarize yourself with the sections. Planning takes time and personal reflection. You are not expected to complete the workbook and make any final decisions in a single sitting. Feel free to save your responses, take a break, and come back to where you left off or start a new section.



If you are married or have a partner, you can choose to fill out the workbook together or individually. Some sections may be more useful if filled out separately followed by a conversation about how you both responded to the questions. You may also want to **involve other family, friends, or trusted advisors** at some point in this process. We recognize that these conversations are often perceived as difficult, but why not have fun with it? Make it an occasion. Invite them to join you around the dining room table and answer the workbook questions together. Time to begin!

THE ESSENTIALS OF A SUCCESSFUL PLAN





HOUSING

Planning for Aging In Place—Key Points on Housing:

#1 THINK ABOUT WHAT YOU REALLY WANT

Before starting this section, take some time to consider what you really want as you get older since your housing choice will play a big role in that decision.

- If you think your current house will keep you happy and fulfilled as you age in terms of proximity to family, friends, services, the outdoors, or whatever criteria you have, then consider what needs to be done for you to stay in the house.
- Alternatively, maybe you would prefer a home that requires less maintenance or yard work, is closer to family, is in a location that makes it easier to get around without a car, or is in a different climate.
- On the other hand, maybe you want a different type of housing where friends and neighbors support each other as they age such as a cluster of small homes with friends, a co-housing community, or some other type of shared housing. Options like this exist in the New River Valley but they are not yet common. Pursuing something like this may require you to reach out to others who share your vision to see if you can create the type of housing you want.

#2 BE PROACTIVE AND IDENTIFY RESOURCES

Identify the challenges that living in and maintaining your home will present over time and think about your capacity to meet those challenges if your physical or financial circumstances change. Deferred home maintenance can quickly snowball, threatening your health and safety, and even the habitability and durability of your home. It's also not uncommon for a surviving spouse to be unaware of monthly, seasonal and annual tasks their partner did to maintain the home and property. Use the seasonal home maintenance checklist provided in the appendix of this workbook as a guide, and/or create one tailored to your own home. Identify trusted resources for home maintenance and routine chores if you need them down the road. Remember, **planning always reduces cost and increases options.**

#3 EVALUATE ACCESSIBILITY & FALL HAZARDS - KNOW YOUR LIMITS

Fall prevention is a key factor in remaining in your home for as long as possible. According to the National Center for Injury Prevention and Control, falls are the number one cause of home injury, and studies suggest that a significant proportion of all falls are due to factors around the home that can be easily changed (for example, throw rugs that cause a tripping hazard). It's also important to consider housing accessibility issues before your mobility becomes limited or a traumatic event creates a crisis scenario where returning to your current home is no longer an option.

HOUSING

Choice of Residence

Are you comfortable in your current residence?

Yes ____ No ____

Would you like to remain in your current residence for as long as possible?

Yes ____ No ____ Not Sure ____

What makes you want to remain in your current home?

(Check all that apply)

- ☐ Location
- ☐ Cost
- ☐ Size (e.g., # bedrooms, square footage)
- ☐ Accommodations for your physical condition
- ☐ Universal design features
- ☐ Energy sources and related costs
- ☐ Proximity to stores and services
- ☐ Proximity to recreational facilities
- ☐ Access to local transportation
- ☐ Proximity to medical care
- ☐ Proximity to family
- ☐ Proximity to friends
- ☐ Familiarity
- ☐ Local weather
- ☐ Other. *Please explain*

AGE
— IN —
PLACE?



OR



MAKE
— A —
MOVE?

HOUSING

Choice of Residence

When thinking about your living situation, are there other things you might prefer?

Check all that apply.

- ☐ Downsizing to something smaller
- ☐ Something less expensive
- ☐ Something requiring less maintenance and/or yard work
- ☐ One level living (or a master suite on the main level)
- ☐ A residence more suitable to my physical condition
- ☐ Closer/better access to family
- ☐ Closer/better access to friends/opportunities to socialize
- ☐ Non-traditional housing options: i.e. cluster, co-housing, or home sharing
- ☐ A different climate
- ☐ Better access to transportation
- ☐ Better access to culture and entertainment
- ☐ A retirement village or other housing restricted to older adults
- ☐ A continuum of care community (*offers housing options with increased levels of care from fully independent living to 24-hour nursing home care*)
- ☐ Other. *Please explain*

In assessing the living conditions you desire, what are the things you must have?

Alternatively, what are some of the things you could live without?

Must Have

Could Live Without

HOUSING

Affordability

Does your monthly mortgage or rent payment **currently** leave you enough money for your other needs?

Yes ____ No ____

Are you reasonably confident that your monthly mortgage or rent payment will continue to be affordable if other expenses in your life were to increase substantially (i.e. medical expenses, supportive services)?

Yes ____ No ____ Not Sure ____

Are your monthly heating/electricity bills affordable, even in the coldest/hottest months?

Yes ____ No ____ Not Sure ____

If your monthly home costs are too expensive (or become too expensive in the future), do you want to consider any of the following?

- ☐ Find a home that is less expensive/downsize
- ☐ Remain in current home and reduce other expenses.
- ☐ Explore possible benefits available to you
(Visit [benefitscheckup.com](https://www.benefitscheckup.com))
- ☐ Property tax deferral plan for seniors (if applicable)
- ☐ Find a housemate or home-sharing arrangement
- ☐ Have my home/appliances upgraded for energy-efficiency to save on utility bills.
- ☐ Consider a reverse mortgage (see box below)
- ☐ Consider refinancing at a lower interest rate (see box below)

Reverse
Mortgage?
be sure to know the...
positives
negatives
pitfalls

Did You Know?

There are an array of financial mechanisms that could help you reduce your monthly housing costs, but there are also some pitfalls and predatory practices out there. If you are considering a reverse mortgage, a home equity loan, a second mortgage or a refinance of your primary mortgage, AARP has a wealth of information online that can help you make a more informed decision. You may also want to seek some expert advice from an estate or financial planner. AARP also has great resources on how to select a financial planner who is also a **fiduciary**, which means when they give you advice, they are legally obligated to put your financial interests ahead of theirs. Fiduciaries usually work for a flat fee rather than a commission.

HOUSING

Safety, Comfort and Accessibility

Is there at least one step-free entrance into the home?

Yes ____ No ____

Is the main entryway door to your home easy to open?

(Consider lever door handles and a bench beside the door to hold packages while you are opening the door)

Yes ____ No ____

Are you able to easily lock and unlock your doors?

(consider keypads or remote openers if keys are difficult)

Yes ____ No ____

Are your doorways free from welcome mats, decorations, and any other tripping/slipping hazards?

Yes ____ No ____ Not Sure ____

Does the door have a security peephole or view panel at the correct height for you?

Yes ____ No ____

Are there secure handrails on both sides of outdoor steps and indoor stairways at a good height for you?

Yes ____ No ____ N/A (no steps) ____

Are exterior pathways, porches and doorways well lit?

(Consider floodlights with motion sensors or photoelectric "eyes" in light fixtures so lighting will turn on automatically at dusk).

Yes ____ No ____ Not Sure ____

Are the walkways in good condition?

(No holes, loose bricks, or uneven areas of pathways.)

Yes ____ No ____ Not Sure ____

Are the doorways and hallways wide enough to let a wheelchair pass through (32" door & 36" hall)?

Yes ____ No ____ Not Sure ____

Do doorknobs and faucets have lever handles, which are easier to use than rounded knobs?

Yes ____ No ____ Not Sure ____



A zero step entrance makes life easier for daily tasks and serves all ages and abilities

HOUSING

Safety, Comfort and Accessibility

Is there a bedroom, full bath, and kitchen on the main living floor?


Yes ____ No ____

Is carpeting on interior steps worn, torn or loose?

Yes ____ No ____ N/A (no steps) ____

Did You Know?

Among people 65 years and older, falls are the leading cause of injury deaths and the most common cause of nonfatal injuries and hospital admissions. Each year in the United States, nearly one-third of older adults experience a fall. 55 percent of fall injuries among older people occur inside the home and an additional 23 percent happen outside, but nearby. Many of these falls can be prevented by taking steps to eliminate or fix potential hazards in and around the home.



A serious fall injury after age 65 can often precipitate a rapid decline in overall health and reduce a person's ability to live independently.

Are your interior door thresholds flat?

(consider installing beveled, no step, and no-trip thresholds between rooms. A contrasting color will make transitions more easily visible for added safety.)

Yes ____ No ____ Not Sure ____

Are interior steps in good repair?

(consider refinishing or replacing worn stair treads. Add non-slip adhesive strips to uncarpeted stair treads.)

Yes ____ No ____ Not Sure ____ N/A (no steps) ____

Can light switches, electrical outlets, and thermostats be easily reached even when seated? *(Light switches and thermostat 48", outlets 24" above the floor.)*

Yes ____ No ____ Not Sure ____

Are light switches easy to use? *(Consider rocker switches, motion detectors)*

Yes ____ No ____ Not Sure ____

Can the windows be opened with minimum effort and from a seated (wheelchair) position if necessary?

Yes ____ No ____ Not Sure ____

HOUSING

Safety, Comfort and Accessibility: Steps and Stairs

Can you clearly see the edges of the steps? *(consider painting edge of step with contrasting color so you can see the stairs and landings)*

Yes ___ No ___ Not Sure ___ N/A (no steps) ___

Are the stairs well lighted?

Yes ___ No ___ Not Sure ___ N/A (no steps) ___

Are there light switches at both the top and bottom of indoor stairs? *(consider motion sensor lights for stairs)*

Yes ___ No ___ Not Sure ___ N/A (no steps) ___

Are your stairs free from clutter or other objects that could trip someone?

Yes ___ No ___ Not Sure ___ N/A (no steps) ___

Would it be feasible to install a stairwell chairlift in your home if it was needed in future?

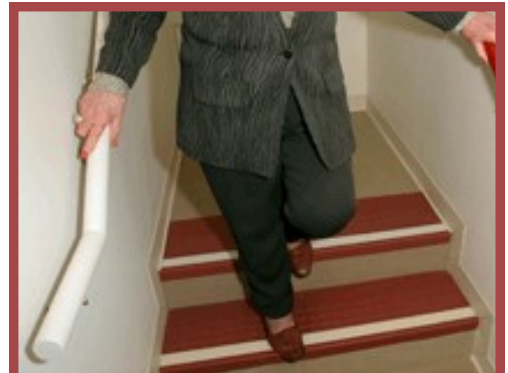
Yes ___ No ___ Not Sure ___ N/A (no steps) ___

Did You Know?

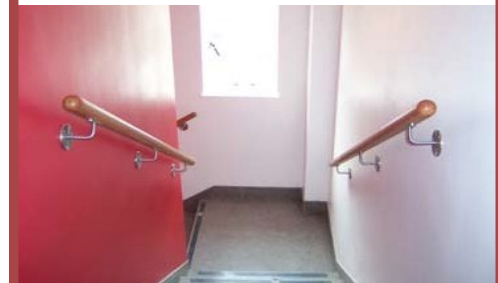
An **Occupational Therapist** is a professional with specific expertise in helping people across the lifespan do the things they want and need to do. They are trained to observe and understand how an individual functions in her or his space, which is essential in making recommendations that will enhance function and safety in the home environment. This person-centered focus helps ensure that any modifications made to a home will meet both current and future needs. Such unbiased assessments save money in the long run by helping to avoid mistakes in product selections and design solutions.

Occupational therapists are generally paid a flat fee per visit and their services may be covered by health insurance (check with your insurance provider.)

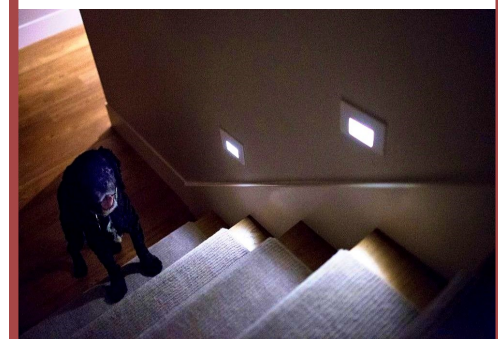
To find a local occupational therapist, ask your physician for a referral or contact a local home health care agency.



Contrasting color on steps can aid with visibility.



Handrails on both sides. Non-slip strips on edges of stairs.



Battery operated motion sensor LED light are easy to install.

HOUSING

Safety, Comfort and Accessibility: Bathroom

Is there good lighting in the bathroom? *(consider a night light or glow switch)*

Yes ___ No ___

Is the hot water heater set at 120° or lower? *(any hotter wastes energy and is a scald risk)*

Yes ___ No ___ Not Sure ___

Are the sink, bathtub and shower faucets easy to use? *(consider installing lever handles)*

Yes ___ No ___ Not Sure ___

Are there properly installed and located grab bars in the bathtub, shower, and toilet areas?

Yes ___ No ___ Not Sure ___

Is there a handheld or adjustable height showerhead?

(helpful to those who have trouble bending or who need to bathe from a seated position)

Yes ___ No ___ Not Sure ___

Does your bathtub or shower have a built-in or removable seat?

Yes ___ No ___ Not Sure ___

Does your bathtub or shower have a walk/roll-in entrance with no threshold?

Yes ___ No ___ Not Sure ___

If you required a wheelchair in the future, would you be able to maneuver in your bathroom?

(a 5' unobstructed turning radius is ideal)

Yes ___ No ___ Not Sure ___

Is the bathtub and/or shower floor slip resistant?

(consider using non-slip strips on tub or shower floors)

Yes ___ No ___ Not Sure ___

Do bathmats outside the tub have rubber backing and

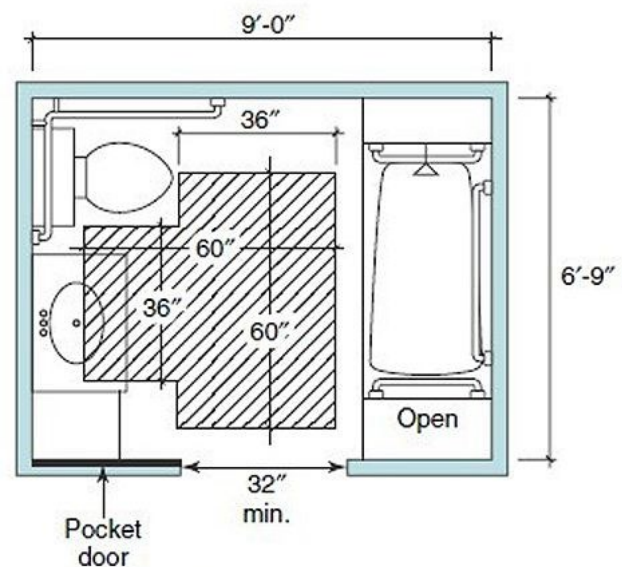
lie flat? *(never use towels or throw rugs on the floor in the bathroom).*

Yes ___ No ___ Not Sure ___

Is the toilet seat at a comfortable height to make it easier to stand up?

(consider replacing low toilets with comfort height toilets, or adding a raised toilet seat)

Yes ___ No ___ Not Sure ___



Space for T-Turn

HOUSING

Safety, Comfort and Accessibility: Kitchen

Is there good lighting in the kitchen work areas? *(consider LED lighting)*

Yes ___ No ___ Not Sure ___

Are cabinets and cupboards easy to open?

(see picture at right)

Yes ___ No ___ Not Sure ___

Are stove controls easily reached from a seated position without exposing your arms, hands or clothing to the flame or electric coils? *(If there are no young children in the house and you are replacing your stove, consider purchasing one with controls at the front.)*

Yes ___ No ___ Not Sure ___

Is a fire extinguisher mounted within easy reach?

Yes ___ No ___ Not Sure ___

Are objects on shelves or in drawers easily accessible? *(Move most used items to where you can reach without a step stool. If you do need to use a step stool, make sure it has non-slip steps and a grip handle. Install pull out drawers or lazy susans in lower cabinets.)*

Yes ___ No ___ Not Sure ___

Does the sink have an anti-scald device?

Yes ___ No ___ Not Sure ___

Is there a countertop work area that can be used from a seated (wheelchair) position?

Yes ___ No ___ Not Sure ___

Is the dishwasher raised for easy loading?

Yes ___ No ___ Not Sure ___

Is the refrigerator a side-by-side for easy access?

Yes ___ No ___ Not Sure ___



“C” or “D” shaped handles are easier than knobs for people with limited dexterity.



Contents in pull-out base cabinet drawers are easier to access than standard base cabinets.



Many appliances, countertops, and cabinets are designed to be accessible from a seated position.

HOUSING

Safety, Comfort and Accessibility: Living Spaces and Bedrooms

Are all passageways well lit?

Yes ___ No ___ Not Sure ___

Are pathways clear of throw rugs, electrical or telephone cords, and other clutter?

Yes ___ No ___ Not Sure ___

Are carpets free from wrinkles and secured to floor?

Yes ___ No ___ Not Sure ___



1. Non-secured rug is easy to trip over.
2. Exposed cords can easily entangle feet.
3. Objects in walking path and/or clutter create trip hazards.



Are there working smoke and carbon monoxide detectors on each floor of the house and are they near bedrooms? *(CO detectors only needed if combustion appliances present)*

Yes ___ No ___ Not Sure ___

Is the telephone easily accessible from bed?

Yes ___ No ___ Not Sure ___

Are closets well-lit and easy to use? *(consider installing rods and shelves that can be adjusted to different heights to enable access from a wheelchair if needed)*

Yes ___ No ___ Not Sure ___

Is there a lamp on both sides of the bed that is easy to turn off and on?

Yes ___ No ___ Not Sure ___

Are you able to keep your house comfortably warm in winter and cool in summer?

Yes ___ No ___ Not Sure ___

Are your utility bills affordable during the coldest and warmest months?

Yes ___ No ___ Not Sure ___

If you heat with a woodstove, are you able to carry firewood, even in inclement weather?

Yes ___ No ___ Not Sure ___ N/A (no woodstove) ___

HOUSING

Home Safety & Livability

Home and Yard Maintenance

Do you know the maintenance requirements for the appliances and systems in your home? *(please see Appendix B for a sample home maintenance checklist)*

Yes ___ No ___ Not Sure ___ N/A ___ (covered by rental/condo property manager)

Do you have the physical capability to maintain your home?

Yes ___ No ___ Not Sure ___ N/A ___ (covered by rental/condo property manager)

Do you have the financial resources to maintain your home (or pay someone to do it)?

Yes ___ No ___ Not Sure ___ N/A ___ (covered by rental/condo property manager)

Do you have the physical capability to maintain your yard/property?

Yes ___ No ___ Not Sure ___ N/A ___ (no yard or property to maintain)

Do you have the financial resources to maintain your yard/property (or pay someone to)?

Yes ___ No ___ Not Sure ___ N/A ___ (no yard or property to maintain)

Do you know who you might contact for specialized home repairs or maintenance?
(plumbing, electrical, HVAC, roof/gutters, cleaning/painting)

Yes ___ No ___ Not Sure ___ N/A ___ (covered by rental/condo property manager)

Did You Know?

Deferred home maintenance can lead to expensive or even dangerous conditions over time and may diminish your ability to successfully age in place.

For some maintenance tasks, it may make sense to hire a professional. Remember: emergency repairs are almost always more expensive than proper preventative maintenance!

As a part of your aging-in-place planning, it may also be worth hiring a professional inspector to perform a thorough assessment of your home to identify any structural problems, major system issues, or safety concerns. The American Society of Home Inspectors can be a helpful resource to find a local, certified home inspector:

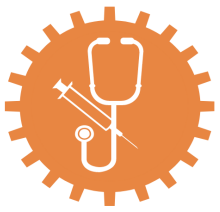
<http://www.homeinspector.org/HomeInspectors/Find>



HOUSING

Take a look at your responses in this section and note any NO or NOT SURE answers. Use the space below to identify changes you are considering or topics you want to investigate further.

My Housing Questions, Considerations & Priorities:



HEALTH & WELLNESS

Planning for Aging In Place—Key Points on Health & Wellness

#1: MAKE WELLNESS A PRIORITY

The goal of living independently as one ages is highly correlated with one's physical wellness. While health challenges often increase with age, lifestyle choices that maintain or improve health and functional ability can dramatically increase the odds of maintaining independence in your later years.

#2: UNDERSTAND RESOURCES AVAILABLE TO YOU

Health insurance costs are usually the largest expense in an older adult's budget. Approximately 80% of older Americans have a chronic health condition and 50% have two or more, making it critically important to have adequate coverage and access to health care later in life. There are many on-line and community resources available to help you make informed decisions when choosing or re-evaluating your healthcare coverage options.

Because chronic conditions and/or declining functioning can emerge in later life, you also need to plan for the possibility that you may need some supportive in-home assistance or community based services. Statistics indicate that 70% of people who reach age 65 will need some form of care before the end of their life. This includes both short and long term care.

In-home assistance, community based supportive services and long term care can be an important component in maintaining one's ability to age in place. Finding them poses a challenge at best and can even be overwhelming if searching for them in the midst of an urgent need. Exploring the spectrum of services available and developing a hypothetical support plan (along with the potential cost and eligibility factors) before actually needing them can help alleviate some of the stress in the event they are needed down the road.

#3: MAKE YOUR WISHES KNOWN

The ability to age comfortably and safely in one's home requires making thoughtful and deliberate decisions. This applies as well to healthcare decisions. The importance of having advanced directives can't be stressed enough. If an individual cannot express their wishes regarding treatments and no advanced directive is in place, the treatment received might be very different from what they would choose for themselves. Lack of an advanced directive can also put family members at odds if there is a difference of opinions about treatment.

HEALTH & WELLNESS

Wellness

Do you exercise or engage in moderate to vigorous physical activity* on a regular basis?

**at least 20 minutes of aerobic or strength-training activity*

Yes, nearly every day _____

Yes, 3-4 times/week _____

Yes, 1-2 times/week _____

No, I rarely exercise _____

Do you eat a healthy, nutritious diet?

Yes ____ No ____ Not Sure ____

Are you close to your ideal weight?

Yes ____ No ____ Not Sure ____

Are you a non-smoker?

Yes ____ No ____

Do you limit your alcohol intake to 1 drink or less per day?

Yes ____ No ____

Do you have a regular medical provider?

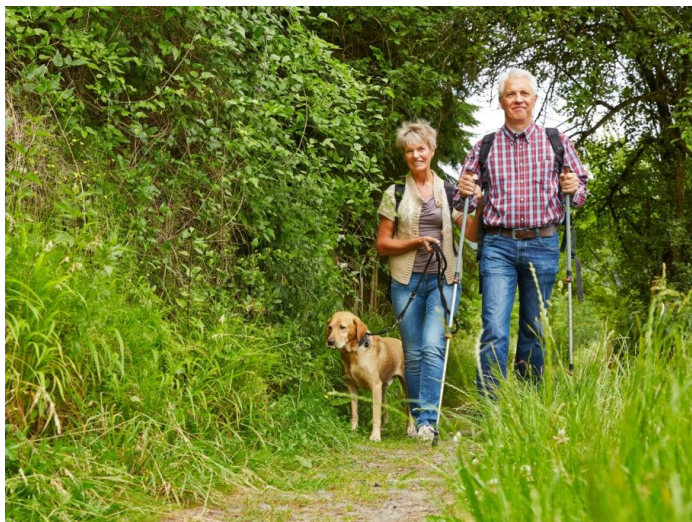
Yes ____ No ____

Do you visit your medical provider at least annually for a routine checkup and testing?

Yes ____ No ____

Do you follow your medical provider's recommendations regarding lifestyle changes, medication, and/or medical treatments?

Yes ____ No ____



Helpful Resources

Recommended physical activity guidelines for older adults:

<https://www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-older-adults.aspx>

Better Health While Aging: Practical Information for Aging Health & Family Caregivers:

<https://betterhealthwhileaging.net/>

Recommended list of preventative health screenings for older adults. These are typically covered by Medicare's Annual Wellness Visit:

<http://betterhealthwhileaging.net/wp-content/uploads/pdfs/preventivecareaging.pdf>

HEALTH & WELLNESS

General

Do you feel you have a sufficient understanding of the benefits provided by Medicare or private insurance?

Yes ___ No ___ Not Sure ___

Do you know where to find this information?

Yes ___ No ___ Not Sure ___

Do you seek needed medical care regardless of potential cost?

Yes ___ No ___ Not Sure ___

Medicare

Are you eligible for Medicare?

Yes ___ No ___ Not Sure ___

If you answered **"yes"**: Have you enrolled?

Yes ___ No ___

If you answered **"no"**: Please skip to the "Private Healthcare Plans" section.

If you answered, **"not sure"** check out this website:

<https://www.mymedicarematters.org/enrollment/am-i-eligible/>

Or you can contact the NRV Agency on Aging for more information.



MEDICARE PART



COVERS HOSPITAL-RELATED SERVICES AND EMERGENCY CARE



MEDICARE PART



COVERS DOCTOR'S OFFICE VISITS



MEDICARE PART



COVERS BOTH PART A AND PART B WITH ADDITIONAL COVERAGE



MEDICARE PART



COVERS PRESCRIPTION DRUGS



HEALTH & WELLNESS

Medicare cont...

Are your Medicare benefits enough to cover your medical costs?

Yes ___ No ___ Not Sure ___

If you answered "no":

Have you used [Medicare.gov](https://www.medicare.gov) to review and compare Medicare plans available to you?

(It is recommended that users compare available Medicare Part D plans annually during open enrollment, as plans often change year-to-year.)

Yes ___ No ___

Have you used <https://www.scc.virginia.gov/boi/> to compare available Medigap (supplemental) policies in Virginia that cover the deductibles and/or coinsurance cost of the Medicare-approved services for outpatient care?

Yes ___ No ___

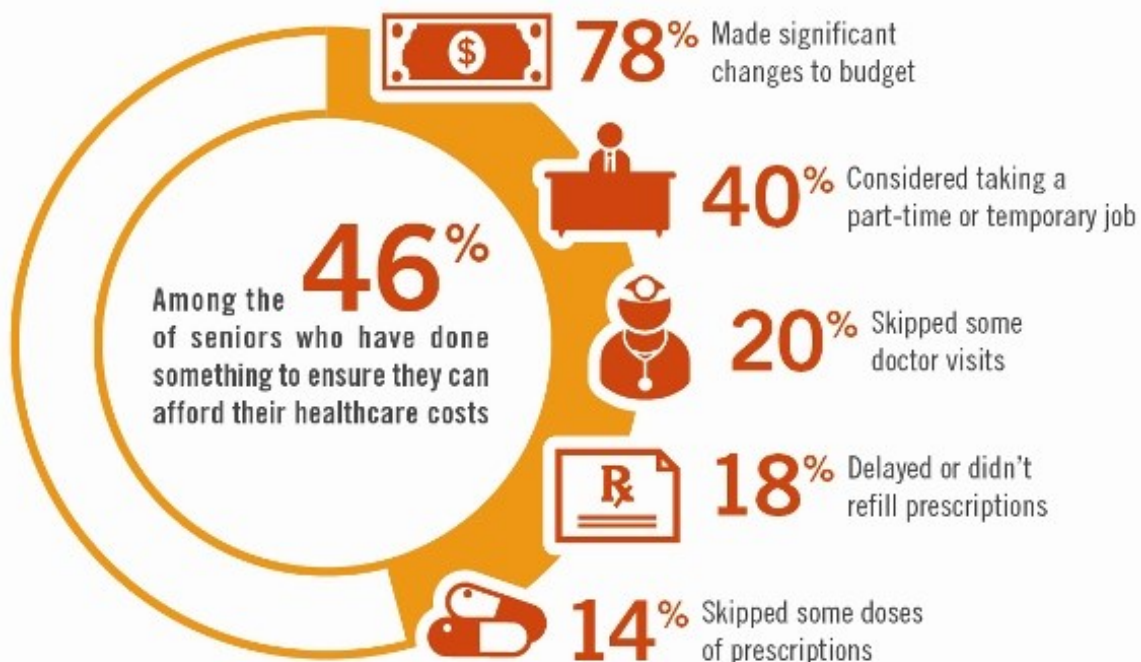
Have you used [benefitscheckup.org](https://www.benefitscheckup.org) to determine if you might be eligible for additional medical benefits or programs?

Did You Know?

In 2017, the average monthly healthcare cost for a healthy person with Medicare and supplemental insurances was estimated at \$628 per month (source: Motley Fool). This includes the cost of premiums for Medicare Parts B and D and a Medigap Supplement along with deductibles and co-pays.

The NRV Agency on Aging Health Insurance Counseling program provides unbiased information to help individuals make informed decisions regarding Medicare supplemental plans for Parts A and B as well as the Part D drug plans, and can help with other Medicare related issues.

Phone: 540-980-7720



HEALTH & WELLNESS

Private Healthcare Plans

(NOTE: If you are eligible for Medicare, please skip this section)

If you are not eligible for Medicare, do you have a private health care plan?

Yes ___ No ___

If you answered “no”:

- a. Can you afford a private plan?
Yes ___ No ___ Not Sure ___
- b. Have you used healthcare.gov to compare available plans? (link at right)
Yes ___ No ___

If you answered “yes”:

- a. Are your benefits sufficient to cover your medical costs?
Yes ___ No ___ Not Sure ___

If you have a high-deductible health plan, do you utilize the benefits of a Health Savings Account?

Yes ___ No ___

If you are employed, does your employer offer Flexible Spending Accounts?

Yes ___ No ___

Did You Know?

Older adults between the ages of 50 and 64 often experience rising out-of-pocket healthcare expenses and declining access.

A recent AARP Public Policy Institute study found that one in three adults in this pre-Medicare edibility group is spending at least 10 percent of their after-tax income on healthcare.

If you retire before 65 without health coverage, or are still working but not eligible for health insurance through your employer, you may want to explore your options via the Healthcare.gov Health Insurance Marketplace. There you can find out if you qualify for a private plan with premium tax credits and lower out-of-pocket costs depending on your income and household size.

<https://www.healthcare.gov/retirees/>

Did You Know?

Flexible Spending Accounts (FSAs) and **Health Savings Accounts (HSAs)** are special tax-advantaged accounts that allow people to save money to pay for qualified medical expenses. Although they are similar, they have some key differences. Figuring out if one of these options is a good fit for your circumstances might seem complicated, but it boils down to a couple key factors:

- Which are you eligible for? Are you eligible for both?
- How predictable are your annual healthcare expenses?
- What is the carryover potential? What happens to any unspent balance?
- Which account type is a better fit for your tax circumstances?

<https://money.usnews.com/money/personal-finance/articles/2015/11/19/fsa-vs-hsa-how-to-make-the-best-choice-during-open-enrollment>

HEALTH & WELLNESS

Daily Living/In-Home and Community-Based Care

Are any of these daily activities challenging for you to perform without assistance?

Check all that you have trouble performing on your own:

- ☐ Bathing and showering
- ☐ Personal hygiene and grooming
(including washing hair)
- ☐ Toileting hygiene
- ☐ Dressing
- ☐ Eating
- ☐ Managing personal medical devices
(hearing aid, oxygen, etc.)
- ☐ Transferring (getting in and out of bed
and chairs and on and off toilet)
- ☐ Functional mobility (getting around
your home and community)

Did You Know?

Caregivers can be hired through local licensed agencies or from registries maintained by hospitals or other community based organizations to assist with activities of daily living such as bathing, grooming, eating, etc.

Medicare rarely pays for personal care services. Typically they will only be covered when skilled services from a Licensed Nurse or Therapist are needed and ordered by a physician.

If you currently need help (or in the future) with any of the items listed above, do you have a family member or friend who can support you with your activity(s)?

Yes ___ No ___ Not Sure ___

If you answered “**yes**”:

What role would family/friends/volunteers play in a situation where you needed help with daily living activities? (think both short- and long-term)

If you answered “**no**”:

Do you have the financial resources to hire a caregiver to assist you with your daily activities? (see Personal Finance section)

Yes ___ No ___ Not Sure ___

HEALTH & WELLNESS

Daily Living/In-Home and Community-Based Care, cont....

Do you have a personal health record? Or do you have a current list of your physicians, health conditions, and medications (including dosages)? (*A personal health record, or PHR, is an electronic means for patients to maintain and manage their own health information in a private, secure, and confidential manner. They typically include information such as lists of diagnoses, medications, allergies, surgeries, and immunization histories.*)

Yes ____ No ____

If you answered “no”:

Please visit <http://www.myphr.com/> if you would like to get started creating a personal health record.

Do you have a chronic medical condition that requires daily monitoring and/or treatment?

Yes ____ No ____

If you answered “yes”:

Are you able to manage your medical condition on a daily basis?

(*using medical equipment, monitoring blood glucose levels, etc.*)

Yes ____ No ____

If you answered “no”:

Do you have a caregiver (family member, friend, or hired employee) who can assist you with managing your medical condition?

Yes ____ No ____ Not Sure ____

Have you consulted with your doctor to see if your health care system has a care manager who can advise you on how to better manage your condition?

Yes ____ No ____

Did You Know?

Technology products exist to assist with managing health conditions and medication management. Research on-line and check out:

Virginia Assistive Technology Systems:
www.vats.org

or Senior Navigator:
www.seniornavigator.org



HEALTH & WELLNESS

Daily Living/In-Home and Community-Based Care, cont...

Managing medications can be a challenge, especially with multiple prescriptions or when memory impairment is involved. Is it a challenge for you?

Yes____No____

If you answered **yes**:

Have you researched and considered any medication management systems?

Yes____No____

Have you asked a family member, friend or hired employee to assist you to ensure medications are taken as prescribed?

Yes____No____

Do you know about the NRV Area Agency on Aging and the various no cost or low cost programs, services and information they provide to older adults, adults with disabilities and caregivers? *(see list of NRV Agency on Aging programs and services below)*

Yes____No____

New River Valley Agency on Aging Programs and Services:

- Care Coordination Services
- Congregate Meals
- Elder Abuse Prevention
- Home Delivered Meals
- Homemaker Services
- General Info and Assistance
- Legal Services
- Medical Transportation
- Ombudsman Program
- Respite Care/Caregiver Support
- Volunteer Opportunities
- Virginia Insurance Counseling Program

Did You Know?

The NRV Agency on Aging is dedicated to helping people with a whole host of issues related to aging.

For more information go to:

www.nrvaoo.org



or call: 540-980-7720

HEALTH & WELLNESS

Advance Directives

In the event that you are no longer able to make decisions about your health care it is important to have plans in place to ensure that your wishes are considered. If you are just getting started with advance directives, or have questions about how they work, the following resources may be helpful to you: <http://www.virginiaadvancedirectives.org/> and <https://dementia-directive.org/>

Listed below are types of advance directives (a legal document by which a person makes provision for health care decisions in the event that he/she becomes unable to make those decisions.) *Check all those that you have in place.*

- ☐ **Living Will** *(A written statement detailing your desires regarding medical treatment in circumstances in which you are no longer able to express informed consent.)*
- ☐ **Durable Power of Attorney for Health Care** *(A document that lets you name someone else to make decisions about your health care if you are unable to make decisions for yourself. It gives that person, called an agent, instructions about the kinds of medical treatment you want.)*
- ☐ **Do Not Resuscitate Order** *(A DNR is a request not to have cardiopulmonary resuscitation (CPR) if your heart stops or if you stop breathing.)*

Did You Know?



HEALTH & WELLNESS

Take a look at your responses in this section and note any NO and NOT SURE answers. Use the space below to identify changes you are considering or topics you want to investigate further.

My Health and Wellness Questions, Considerations and Priorities:



TRANSPORTATION

Planning for Aging In Place—Key Points on Transportation:

#1: SAFE DRIVING IS ABOUT ABILITIES, NOT AGE

Although there are natural changes that may occur in our brains and to our bodies as we age, there is no set age when a person should stop driving. Statistically, crashes involving injuries and fatalities are much more common among drivers aged 16-24 than among those over 70. That said, when measured by miles driven, the data show a substantial rise in crash incidence after age 70 (compared to other adult drivers). The factors that can affect an older person's ability to safely drive are: changes to vision, hearing, reaction time, physical abilities, cognitive processing, overall health, and the impact of certain medications. An impaired driver puts themselves and other people at serious risk of injury or even death. It is not a problem that should ever be ignored. Because diminished abilities can creep up on us slowly, it's important for older drivers to look for early warning signs and commit to periodically assessing the physical and cognitive abilities needed for safe driving. There are resources available, developed through the MIT AgeLab, and available online through AARP, which can help guide you through a self-evaluation.

#2: FOCUS ON GETTING YOU WHERE YOU NEED TO GO

Most people equate driving with independence and that's not entirely unreasonable. America is built around individual car ownership. Studies show that older adults who have convenient and affordable options to get where they need to go (with a car or without) spend more time engaged in their communities, and score much higher on measures of successful aging.

One thing is certain: the nature of transportation is changing. Many communities are working hard to expand public transportation options and make the transportation network safer and more convenient for pedestrians and cyclists. Ridesharing services like Uber and Lyft have transformed (and largely replaced) taxi services; and driverless cars may become commonplace in the coming years. Together, these changes have the potential to revolutionize options for non-drivers of all ages. That said, the range of transportation choices available to you will vary based on where you choose to live. Towns with larger populations are likely to have more options. If you live in a rural area, you may have fewer choices, and be more reliant on rides from family, friends, and community organizations in the event you are no longer able to drive or are uncomfortable driving yourself.

#3: DEVELOP A PLAN

Older drivers have a lifetime of driving experience and naturally they deeply value the independence and mobility that driving provides. Because this can be such an emotional and life-altering decision, it's important to develop an a concrete plan for how you will handle getting where you need to go well before you need to limit or stop driving.

TRANSPORTATION

Transportation: Abilities Not Age

What is your current primary means of transportation?

- ☐ Driving myself
- ☐ Spouse/Partner primarily drives
- ☐ Friends and family
- ☐ Volunteer ride services
- ☐ Walking or biking
- ☐ Public transportation
- ☐ Taxi or ridesharing services (Uber/Lyft)

If you drive your car, do you feel comfortable...

- a. Driving at night?
Yes____No____
- b. Driving during rush hour?
Yes____No____
- c. Driving on the interstate?
Yes____No____
- d. Driving to unfamiliar places?
Yes____No____

Have you noticed that you limit or modify your driving in any of the circumstances or settings listed above?

Yes____No____ Not Sure ____

Are the people in your family or others close to you in agreement that you are a safe driver?

Yes____No____ Not Sure ____

If your answer is “no” or “not sure”:

Are you willing to take an assessment of your vision, reaction time, and other functions necessary for safe driving?

Yes____No____ Not Sure ____

If your answer is “yes”:

Have you, your family, or your doctor discussed the factors that *could* impair your ability to drive safely in the future?

Yes____No____ Not Sure ____

Helpful Resources

If you are uncertain if you or a family member should continue driving, the following resource may help:

https://so.hfdstatic.com/sites/the_hartford/files/your-road-ahead-2012.pdf

Warning Signs to Look For:

- Delayed response to unexpected situations
- Becoming easily distracted while driving
- Decrease in confidence while driving
- Having difficulty moving into or maintaining the correct lane of traffic
- Hitting curbs when making right turns or backing up
- Getting scrapes or dents on car, garage or mailbox
- Having frequent “close calls”
- Driving too fast or too slow for road conditions

TRANSPORTATION

Transportation: Getting Where You Need To Go

Are there activities or trips that are challenging for you to get to due to lack of transportation? (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Attending clubs or social events | <input type="checkbox"/> Buying groceries/shopping |
| <input type="checkbox"/> Visiting family/friends | <input type="checkbox"/> Outdoor recreation/exercise |
| <input type="checkbox"/> Attending religious services | <input type="checkbox"/> Medical/dental appointments |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Other: _____ |

Look at the activities above and think about your average month.

If you had no transportation obstacles, about how many trips would you typically take over a 30 day period? _____

If you are (or become) uncomfortable or unable to drive yourself, what other transportation options would be accessible, affordable, and convenient for you?

- | | |
|--|---|
| <input type="checkbox"/> Spouse/Partner able to drive me | <input type="checkbox"/> Taxi or ridesharing services (Uber/Lyft) |
| <input type="checkbox"/> Walking or biking | <input type="checkbox"/> Friends and family |
| <input type="checkbox"/> Public transportation | <input type="checkbox"/> Volunteer ride services |

Did You Know?

Depending on where you live, you may have access to a wider range of affordable and/or convenient transportation options. In many cases, it may be possible to get rides from family, friends, neighbors or volunteers. But it's also worth exploring the potential cost of having to pay for transportation. Let's compare the cost of ridesharing and taxi services:

A one-way trip from Christiansburg to Blacksburg via a ridesharing service such as Uber or Lyft, would cost around \$17 (taxi fare ~ \$22).

Compare that to a one-way trip from Floyd to Blacksburg:
Uber or Lyft which would cost around \$55 (taxi fare ~ \$70).

If you had to rely on a ridesharing or a taxi service to get where you need to go on a regular basis, would you be able to afford it?

TRANSPORTATION

Transportation: Getting Where You Need To Go

Are you comfortable arranging the type of transportation that you need, such as BT Access or Uber, or do you need assistance from someone else?

Yes ____ No ____ Not Sure ____

If you do not have access to the transportation that you need, would you consider moving to an area where it is more readily available?

Yes ____ No ____ Not Sure ____



Helpful Resources

Public bus services are available in portions of the NRV including:

Blacksburg Transit

<http://www.btransit.org>

(540) 961-1185

BT Access (for people with disabilities)

btaccess@blacksburg.gov

(540) 961-1803

Pulaski Area Transit

<http://www.pulaskitransit.org/>

(540) 994-2610

Radford Transit

<http://www.radfordtransit.com/>

(540) 831-5911

Private taxi or ridesharing services:

RideGuru

<https://ride.guru/>

(provides online price comparisons of private car services such as taxis, Uber, and Lyft)

Plus, there are several NRV agencies and organizations that can help connect people with volunteers willing to provide rides.

These include:

NRV Agency on Aging

<http://nrvaog.org/>

(540) 980-7720

NRV TimeBank

<https://nrv.timebanks.org/>

(540) 443-1613

Ride Solutions

<https://ridesolutions.org/>

(540) 639-9313

TRANSPORTATION

Transportation: Develop a Plan

The aging process affects people differently, and on different timetables. People can experience minimal, moderate, or significant declines in vision, hearing, reaction time, and cognitive processing. It all depends on the person and their particular physiology. It's not a personal failing or a sign of weakness, it's just reality. It's also important to keep in mind that it's not all or nothing. You may not need to limit your driving at all if you are only experiencing a minimal decline in these senses or functions, although a tad more vigilance couldn't hurt. A moderate decline in your senses or functioning can often be accommodated by limiting driving to certain circumstances and settings (daylight hours, familiar routes, good weather), adjusting medications, or by utilizing assistive technologies (hearing aids, glare reduction glasses, backup/side cameras, collision avoidance systems).

Unfortunately, a significant decline in one or more of your senses or functioning probably means it is unsafe for you to drive under any circumstances.

Preparing for potential changes in one's ability to drive is important. Four steps you can take include:

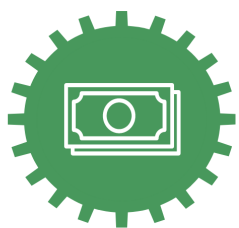
- ☐ Commit to having an annual evaluation with your medical provider to test for a significant decline in any of the senses and functions needed for safe driving: vision, hearing, reaction time, cognitive processing.
- ☐ Have candid conversations with your family about how you plan to:
 - modify your driving if you are experiencing minor but manageable declines in any of the key senses or functions.
 - stop driving altogether if an evaluation reveals a significant decline in one or more senses or functions that cannot be managed by a medication adjustment or assistive technology.
- ☐ Investigate and become familiar with alternative options that get you where you need to go (that are accessible, affordable, and convenient). Think about your day-to-day trips as well as your travel needs outside the NRV. Take them for a "test drive" well before you need them!
- ☐ Set aside some money to pay for your routine transportation needs in the event you need to significantly limit your driving or stop altogether.



TRANSPORTATION

Take a look at your responses in this section and note any NO or NOT SURE answers. Use the space below to identify changes you are considering or topics you want to investigate further.

My Transportation Questions, Considerations & Priorities:



PERSONAL FINANCE

Planning for Aging In Place—Key Points on Personal Finance:

#1: DEVELOP A CLEAR PICTURE OF YOUR POST-RETIREMENT FINANCES

How do you want to live in retirement? What kind of lifestyle do you want to have? Having a financial plan is crucial because it identifies your sources of income and expenses and establishes your retirement budget, based on your personal plan. The first step is preparing a balance sheet showing your assets and liabilities to determine your net worth (what you own minus what you owe). Knowing your net worth will help you develop the right strategy for your situation. The second step is to build a monthly budget based on what you think your actual non-discretionary and discretionary expenses are/will be in retirement. Even if you are already retired, having a plan helps you keep track of expenses and allows you to adjust your goals given certain events or changing circumstances. Remember, retirement will be more enjoyable if your income is structured to fit your lifestyle choices and if you have developed a retirement plan to protect the assets you have worked hard to acquire.

#2: GET ADVICE

Let's face it, retirement is a big life change. And to many, it can feel overwhelming to try to make sense of the complex financial decisions before them. Do I take my pension as a lump sum or an annuity? When should I file for social security? Should I pay off my mortgage? Is a reverse mortgage a good idea? How will my health insurance be handled during the bridge years between when I retire and Medicare eligibility? Do I still need life or long-term disability insurance? You may also not have the expertise, the time or the desire to actively plan and manage certain financial aspects of your life.

Don't be afraid to reach out to a financial expert who can help you answer your important questions. A financial expert can help you organize your finances, project the results of your savings and investments so you can see how well prepared you are for retirement, and help you make decisions about how to save and spend. Depending on your needs, you may want help from a financial planner, a tax advisor, or an attorney with estate planning expertise.

#3: CREATE AND SHARE KEY DOCUMENTS

Peace of mind is key for you as you age, but it is also incredibly important to your loved ones. Your children, spouse, other family, and friends will want to understand and honor your wishes near the end of your life. We often hear people say they do not want to be a burden to family and friends as they age, and having good records and documentation is key to accomplishing that goal. Questions you should be asking:

- Do I have the appropriate documentation?
- Is it up to date?
- Do my loved ones know where those documents are and how to access them?

PERSONAL FINANCE

General

Have you calculated how much money you expect to need in retirement?

Yes___No___ Not Sure ___

Have you estimated your taxes in advance of retirement? *(For example, what deferred compensation will you pay taxes on and what will be left? The goal here is to forecast your net available to spend each year. Consider getting a tax advisor before retirement, as there can be a lot of issues to deal with that you've never encountered before .)*

Yes___No___ Not Sure ___

Do you expect to be free of debt in retirement?

Yes___No___ Not Sure ___

Do you currently have a detailed budget for your income and expenses?

Yes___No___ Not Sure ___

Do you have a plan to cover anticipated and unanticipated expenses during retirement?

Yes___No___ Not Sure ___

Do you seek advice on how to utilize your retirement savings and/or pension?

Yes___No___ Not Sure ___

If your answer is "yes":

To whom do you turn for advice?

- ☐ Professional financial advisor
- ☐ Family
- ☐ Friends
- ☐ Banker

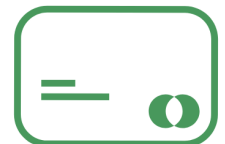
- ☐ AARP or other organization
- ☐ Online Resources
- ☐ Financial Planning Books
- ☐ Other: _____

Did You Know?

Retirees will need anywhere from 70-100% of their pre-retirement income to maintain the same standard of living once they stop working.

Appendix A provides a template for creating a detailed budget.

Plus, the National Council on Aging has a simple tool to help you with budgeting. Go to *Figure Out a Budget in 3 Minutes* at: www.economiccheckup.org/money-management-tips



PERSONAL FINANCE

General

Do you feel comfortable that you have/will have enough money to support yourself through the remainder of your life?

Yes____No____ Not Sure ____

If your answer is “no” or “not sure”.

Have you thought through strategies to either increase your retirement income or reduce your expenses? Some examples include:

- | | |
|---|---------------|
| <input type="checkbox"/> delaying retirement | Yes____No____ |
| <input type="checkbox"/> phased retirement with part-time work | Yes____No____ |
| <input type="checkbox"/> modifying your savings withdrawal rate | Yes____No____ |
| <input type="checkbox"/> converting other assets to savings | Yes____No____ |
| <input type="checkbox"/> converting home equity to savings | Yes____No____ |
| <input type="checkbox"/> eliminating unnecessary expenses | Yes____No____ |
| <input type="checkbox"/> revising insurance needs | Yes____No____ |

Are you currently collecting Social Security benefits?

Yes____No____

If your answer is “no”:

Have you decided when you will collect your Social Security benefits? (*The earlier in life you lock in benefits, the lower your monthly check will be.*)

Yes____No____

Do you have savings or pensions?

Yes____No____

If your answer is “yes”:

Do you know where they are located and how to access those funds?

For example, are they in a:

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> 401K Account | <input type="checkbox"/> Investments |
| <input type="checkbox"/> IRA account | <input type="checkbox"/> Annuities |
| <input type="checkbox"/> Bank savings | <input type="checkbox"/> Other: _____ |

Did You Know?

You can learn more about finding a financial advisor and the questions you should ask about your advisor’s approach, fees, and commission, at:

www.economiccheckup.org/financial-advisor-and-counseling

PERSONAL FINANCE

Housing Affordability

Is your monthly mortgage or rent payment so high that you are left with not enough money for your other monthly expenses ? *(note: a monthly mortgage or rent payment that is more than 30% of monthly income is considered unaffordable)*

Yes____No____

If your monthly housing costs are higher than you feel you can afford, have you looked into the pros and cons of any of the following?

- ☐ Using your home equity to supplement your income (such as a Home Equity Loan or Reverse Mortgage) *(Buyer beware! Although a reverse mortgage could be very helpful in improving your monthly cash-flow, make sure you research the terms thoroughly before signing. Not all reverse mortgages are the same, and some can be a bad deal in the long-term.)*
- ☐ Refinancing your mortgage at a lower interest rate *(same caveat as above)*
- ☐ Property Tax Deferral plan for seniors (if applicable in your state/county)
- ☐ Downsizing/Finding a less expensive home
- ☐ Remodeling your current home to offer rental space for living or storage
- ☐ Home sharing
- ☐ Remaining in your current home and reducing your other expenses
- ☐ Moving to a lower cost area

Do you know the age of your appliances and other high-cost systems (e.g. roof, HVAC) in your home and their estimated replacement date(s)?

Yes____No____ Not Sure ____

Have you checked into appliance insurance programs?

Yes____No____ Not Sure ____

Do you have funds to repair or replace these high cost systems when needed?

Yes____No____ Not Sure ____

If your answer is “yes”:

What is the source of funds? _____



PERSONAL FINANCE

Other Financial Considerations

What measures/ legal documents do you have in place?

- ☐ Will
- ☐ Living Will
- ☐ Trust
- ☐ Power of attorney
- ☐ Advanced Medical Directive

Are these documents up to date?

Yes____No____ Not Sure ____

Have you checked into the legal ownership of your assets?

Yes____No____ Not Sure ____

(Often a deceased spouse or parent will still be listed as the legal owner on titles or deeds. Know who is listed on the title of your primary assets—car, homes, land, stocks, RVs, etc.)

Have you shared the location of these documents and other financial information (e.g. bank accounts, life insurance) with your spouse, children, other family, or trusted friends?

Yes____No____ Not Sure ____

If your answer is “yes”:

Who currently has access to this information? _____

Did You Know?

Links to helpful financial and legal resources, including information about benefits and supplemental income programs, can be found through:

The National Council on Aging

<https://www.ncoa.org/economic-security>

Senior Navigator

<http://www.seniornavigator>

Estate Planning and Document Organizing Tools

<https://www.everplans.com/digital-estate>

KEY DOCUMENTS: CREATE THEM, ORGANIZE THEM, SHARE THEM!



FINANCIAL INFORMATION

Bank and Investment Accounts
Insurance Documents
Credit Cards
Safe Deposit Box
Storage Locker

with contact details for:
Accountants
Financial Planners
Insurance Agents



LEGAL INFORMATION

Wills
Trusts
Power of Attorney

with contact details for:
Executors
Guardians
Lawyer



HEALTH INFORMATION

Advance Directive
Living Will
Healthcare Proxy
DNR
Organ Donation

with contact details for:
Doctors
Eldercare Advisors
Long-Term Care



PERSONAL INFORMATION

Vital Info
Funeral Wishes
Funeral Pre-Planning
Message To Family
Pets
Ethical Will
Home Utilities
Online Accounts

with contact details for:
Emergency Contacts

PERSONAL FINANCE

Take a look at your responses in this section and note any NO and NOT SURE answers. Use the space below to identify changes you are considering or topics you want to investigate further.

My Personal Finance Questions, Considerations & Priorities:



CONNECTION & GROWTH

Planning for Aging In Place—Key Points on Connection & Growth

#1: SEE THE WHOLE WELLNESS PICTURE

As you make choices in your life consider these additional dimensions of wellness:

- *Emotional wellness* encompasses optimism, self-esteem, self-acceptance, and the ability to share feelings. It includes the capacity to manage one's feelings and related behaviors including the realistic assessment of one's limitations and the ability to cope effectively with stress.
- *Intellectual wellness* refers to keeping your mind active and continuing to learn. Our minds need to be inspired and exercised just like our bodies do.
- *Spiritual wellness* involves possessing a set of guiding beliefs, principles, or values that help give direction to one's life, providing a sense of meaning and purpose.

#2: BE AWARE OF THE RISK FACTORS FOR SOCIAL ISOLATION

Social isolation is a significant predictor of poor physical and emotional health outcomes in older adults. When changes occur in our life, we may not fully realize how they will affect our ability to stay connected to other people. If we are aware of the risk factors for social isolation, we can be pro-active and not slip into an unhealthy pattern.

The three top-ranked risk factors for social isolation are living alone; having a mobility or sensory impairment; or experiencing major life transitions or losses such as divorce, retirement, moving to a new place, or the death of someone close to you. If several risk factors occur simultaneously, the impact can be much greater.

#3: BUILD AND DIVERSIFY YOUR SOCIAL RESOURCES

Think about all the ways your social connections are beneficial to your life. Your social network is a source of emotional support, a source of information, and a source of help. It is never too late to work on improving your social wellness: you can work on strengthening the relationships you have and build new ones.

CONNECTION & GROWTH

General

Do you feel that you have enough social interaction with other people?

Yes____No____ Not Sure ____

If you answered “no”:

What are the reasons? *Select all that apply.*

- ☐ Transportation (hard to drive at night, cost, etc.)
- ☐ Home is far away from social opportunities
- ☐ Children/family no longer live in the area
- ☐ Don't feel connected to people or groups in the area
- ☐ Other: _____

Did You Know?

Isolation and loneliness are associated with higher rates of chronic health conditions, weakened immune system, depression, anxiety, and dementia.

Are the social activities and entertainment that you prefer, available in your community?

Yes____No____ Not Sure ____

If you answered “no”:

What kind of social activities and entertainment would you be interested in?

- ☐ Theatre
- ☐ Exercise
- ☐ Civic and Service groups and clubs
- ☐ Religious or Spiritual groups
- ☐ Craft Clubs or Guilds
- ☐ Dance
- ☐ Music
- ☐ Movies
- ☐ Book Clubs or Writer's Groups
- ☐ Speakers and Adult Education
- ☐ Sports and/or Recreation
- ☐ Other: _____



CONNECTION & GROWTH

General cont...

Do you feel connected to your local community?

Yes____No____ Not Sure ____

Would you like to volunteer in your community?

Yes____No____ Not Sure ____

Do you participate in events at senior centers?

Yes____No____

Are you a member of or do you belong to any religious institutions, clubs, local groups, alumni associations, etc.?

Yes____No____

If you are not as involved in your community as you would like to be, is there a reason?

(Select all that apply)

- ☐ Do not have funds
- ☐ Physical limitations/health challenges
- ☐ Limited transportation options
- ☐ Not sure where to start
- ☐ Not enough time/other commitments
- ☐ Others:_____

How comfortable are you using technologies (smart phones, tablets, computers)?

- ☐ Not comfortable at all
- ☐ Moderately comfortable
- ☐ Very comfortable

Would you consider a course on using these technologies if it could help you feel more connected?

Yes____No____ Not Sure ____

Did You Know?

There are many volunteer opportunities for sharing your skills, talents, and life experience in the New River Valley. In addition to traditional options such as hospitals, libraries, and museums, here are a few options you may not be aware of:

The New River Valley TimeBank

www.nrv.timebanks.org

New River Valley Agency on Aging

www.nrvaooa.org

New River Community Action

www.newrivercommunityaction.org



CONNECTION & GROWTH

General cont...

Do you have enough opportunities to do things that interest and/or challenge you?

Yes____No____ Not Sure ____

If you answered **"no"**:

What interests would you like to pursue? (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Carpentry/Woodworking |
| <input type="checkbox"/> Games (solo or with friends) | <input type="checkbox"/> Hunting/Fishing |
| <input type="checkbox"/> Reading or writing | <input type="checkbox"/> Camping/Hiking |
| <input type="checkbox"/> Visual Art or Crafts | <input type="checkbox"/> Outdoor Hobbies, i.e. birding |
| <input type="checkbox"/> Music or other Performing Arts | <input type="checkbox"/> Genealogy/History |
| <input type="checkbox"/> Charitable or Civic Work | <input type="checkbox"/> Solo exercise (i.e. cycling, swimming) |
| <input type="checkbox"/> Competitive Activities | <input type="checkbox"/> Group exercise, classes, or sports |
| <input type="checkbox"/> Touring/Travel | <input type="checkbox"/> Car Repair/Restoration |
| <input type="checkbox"/> Classes (Lifelong Learning Institute) | <input type="checkbox"/> Other: _____ |

Do you enjoy traveling either internationally or domestically? Yes____No____

Are you able to travel as much as you would like?

Yes____No____ Not Sure ____

If you answered **"no"** or **"not sure"**:

What is preventing you?

- ☐ Physical limitations/health challenges
- ☐ Finances
- ☐ Lack of a travel partner
- ☐ Lack information on travel options
- ☐ Other: _____



CONNECTION & GROWTH

Take a look at your responses in this section and note any NO or NOT SURE answers. Use the space below to identify changes you are considering or topics you want to investigate further.

My Connection & Growth Questions, Considerations & Priorities:

[illegible]



UNDERSTANDING YOUR PRIORITIES: DEVELOPING YOUR PLAN

Congratulations! You've made it through all five sections and have jotted down key questions, considerations, and priorities for each topic. Now it's time to identify items that need further research and attention. Please use the spaces provided in the next few pages to create a personalized checklist. We encourage you to review and discuss this list with your family, friends, doctors, financial planners and others who are important to making your aging in place plan a reality.

Records or documents I want to collect or compile: (check when completed)

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____



Legal documents I want to create:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Outside expertise or professional services I may need:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____



Discussions I want to have with family and others:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Other items I want to tackle:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____



MY PLAN FOR HOUSING

My “Plan A” for housing, i.e. my ideal aging-in-place scenario is:

My “Plan B” for housing, if my financial, physical or health circumstances change:

Actions I will take to make my “Plan A” probable and my “Plan B” possible:

Keep Doing

Start Doing



MY PLAN FOR HEALTH & WELLNESS

My “Plan A” for health & wellness, i.e. my ideal aging-in-place scenario is:

My “Plan B” for health & wellness, if my financial, physical, or health circumstances change:

Actions I will take to make my “Plan A” probable and my “Plan B” possible:

Keep Doing

Start Doing



MY PLAN FOR TRANSPORTATION

My “Plan A” for transportation, i.e. my ideal aging-in-place scenario is:

My “Plan B” for transportation, if my financial, physical or health circumstances change:

Actions I will take to make my “Plan A” probable and my “Plan B” possible:

Keep Doing

Start Doing



MY PLAN FOR PERSONAL FINANCE

My “Plan A” for personal finance, i.e. my ideal aging-in-place scenario is:

My “Plan B” for personal finance if my financial, physical, or health circumstances change:

Actions I will take to make my “Plan A” probable and my “Plan B” possible:

Keep Doing

Start Doing



MY PLAN FOR CONNECTION & GROWTH

My “Plan A” for connection & growth, i.e. my ideal aging-in-place scenario is:

My “Plan B” for connection & growth, if my financial, physical or health circumstances change:

Actions I will take to make my “Plan A” probable and my “Plan B” possible:

Keep Doing

Start Doing



Acknowledgements

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Act III: Your Plan for Aging in Place, National Aging in Place Council
The MetLife Aging in Place Workbook, MetLife Mature Market Institute
The AARP Homefit Guide, AARP

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Appendix A: Budget Planning

INCOME: Monthly	CURRENT	RETIREMENT
Wages, salary, tips		
Cash dividends		
Interest received		
Social Security		
Pension income		
Rents, royalties		
Other income:		
Other income:		
Adjustments		
Federal income taxes		
State income taxes		
FICA - SSA		
Other taxes		
Total Income		
(Subtract) Total Taxes		
Total Adjusted Income		



Appendix A: Budget Planning

FIXED EXPENSES: Monthly	CURRENT	RETIREMENT
Mortgage payment or rent		
2nd home mortgage		
Real estate taxes		
Automobile loan		
Personal loans		
Life insurance		
Disability insurance		
Medical insurance		
Long-term care insurance		
Homeowner's insurance		
Automobile insurance		
Umbrella liability insurance		
Savings (regularly)		
Investments (regularly)		
Retirement plan contributions		
Other:		
Other:		
Other:		
Total Fixed Expenses		



Appendix A: Budget Planning

VARIABLE EXPENSES: Monthly	CURRENT	RETIREMENT
Electricity		
Gas/Fuel		
Telephone		
Water		
Cable TV		
Home repairs/Maintenance		
Landscape		
Credit cards -- total.		
Food/Dining		
Clothing/Laundry		
Camp/Child care		
Personal care		
Other family care expenses		
Automobile gas & oil		
Automobile repairs, etc.		
Other transportation		
Education expenses		
Entertainment		
Recreation/Travel		
Club/Association dues		
Hobbies		
Gifts/Donations		
Unreimbursed medical/Dental		
Miscellaneous		
Pets		
Other:		
Total Variable Expenses		



Appendix B: Home Maintenance Checklist

Deferred home maintenance can lead to expensive or even dangerous conditions over time and may diminish your ability to successfully age in place. Not everyone will feel comfortable performing each of the tasks listed below; it may be worth hiring a professional to do some of them. Since each of these tasks should be done annually (by seasons) you may want to print a paper copy and date it for each calendar year. Please use the open spaces in each section to add maintenance tasks that are particular to your home or property.

(Note: If you are unfamiliar with some of these items, YouTube can be a great resource to find step-by-step instructions for even the smallest home maintenance tasks.)

Spring List: March, April, May

Year _____

- ☐ Inspect and replace HVAC filters
- ☐ Clean kitchen exhaust hood and filter
- ☐ Install fresh batteries in smoke and carbon monoxide detectors
- ☐ Test and dust all detectors
- ☐ Inspect bathroom and kitchen caulk; recaulk as needed
- ☐ Vacuum refrigerator coils
- ☐ Schedule air conditioning inspection (if relevant)
- ☐ Check fire extinguishers
- ☐ Remove storm windows, and install screens
- ☐ Repair/replace damaged window screens
- ☐ Prune spring-flowering shrubs after they bloom
- ☐ Prune summer-flowering shrubs before they bloom
- ☐ Schedule yearly septic tank inspection (if relevant)
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____



Appendix B: Home Maintenance Checklist

Summer List: June, July, August

Year _____

- ☐ Inspect and replace HVAC filters
- ☐ Clean kitchen exhaust hood and filter
- ☐ Inspect roof for damage
- ☐ Inspect attic for water damage or roof leaks
- ☐ Inspect outdoor structures for stability (sheds, outbuildings, gazebo)
- ☐ Inspect exterior paint and touch up as needed
- ☐ Inspect siding/masonry for damage
- ☐ Clean gutters
- ☐ Clean and seal deck (if needed)
- ☐ Vacuum refrigerator coils
- ☐ Reverse direction of ceiling fans (to blow cool air downward)
- ☐ Inspect foundation for drainage problems (clogged downspouts, grading issues, etc.)
- ☐ Inspect basement/crawl space for moisture issues
- ☐ Inspect for insect activity (termites, ants, wood bees, etc.)
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____



Appendix B: Home Maintenance Checklist

Fall List: September, October, November

Year _____

- ☐ Inspect and replace HVAC filters
- ☐ Install fresh batteries in smoke and carbon monoxide detectors
- ☐ Test and dust all detectors
- ☐ Check fire extinguishers
- ☐ Clean kitchen exhaust hood and filter
- ☐ Drain sediment from hot water heater
- ☐ Vacuum refrigerator coils
- ☐ Insulate exposed pipes as needed
- ☐ Schedule furnace inspection
- ☐ Remove (or cover) window air conditioners (if relevant)
- ☐ Have chimneys and flues inspected and cleaned (if relevant)
- ☐ Remove screens and install storm windows
- ☐ Turn off outdoor water supply, and store hoses
- ☐ Inspect roof for damage
- ☐ Clean gutters
- ☐ Inspect caulk around windows and doors; recaulk as needed
- ☐ Trim trees and shrubs away from house
- ☐ Inspect deck for any nails or screws that may be popping up
- ☐ Cover or store outdoor furniture
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____



Appendix B: Home Maintenance Checklist

Winter List: December, January, February

Year _____

- ☐ Inspect and replace HVAC filters
- ☐ Clean kitchen exhaust hood and filter
- ☐ Test GFCI outlets
- ☐ Vacuum refrigerator coils
- ☐ Clean dryer vent
- ☐ Check sinks and toilets for leaks
- ☐ Inspect hoses on washing machine, dishwasher & icemaker for leaks
- ☐ Change direction of ceiling fans (blowing upward to re-circulate warm air near the ceiling more evenly around the room)
- ☐ Test sump pump (if relevant)
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____