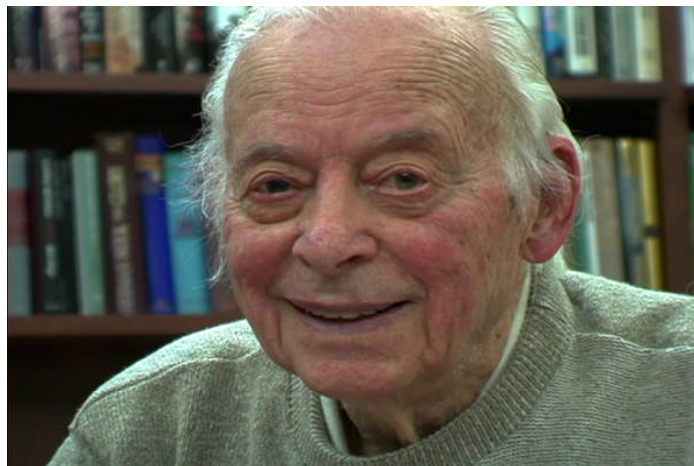


# A HOUSE IN ORDER

*A Planning Guide*

HOW PLANNING FOR YOUR AGING  
BRINGS PEACE OF MIND



Provided and modified by:  
Ozaukee County Aging Services  
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AgeAdvantage  
The Medical College of Wisconsin

**Ozaukee County Aging Services Department  
121 W. Main Street  
Port Washington, WI 53074  
(262) 238-8120**

**email: [aging@co.ozaukee.wi.us](mailto:aging@co.ozaukee.wi.us)  
website: [www.co.ozaukee.wi.us/aging](http://www.co.ozaukee.wi.us/aging)**

***Other useful websites:***

**<http://dhfs.wisconsin.gov/aging/index.htm?nav=mo>**

**[www.seniorresourcesonline.com](http://www.seniorresourcesonline.com) (For metro Milwaukee)**

**<http://dhfs.wisconsin.gov/bqaconsumer/ResidOpts/seek.htm>**

## **Your Personal Guide for Planning a Happy Healthy & Independent Long Life – What Do You Want?**

**Why plan:** Planning means thinking about what you want and getting the best out of the future. A good plan can help you to enjoy every day, stay as healthy as possible, get the help you need when you need it, avoid a crisis, and handle any crisis that proves unavoidable.

Remember: **Small steps now can help you live your life your way!**

**How to use this document:** Older adults are faced with change all the time. But physical, mental or financial change usually does not lead to a change in your values. This document will help you take an inventory of the values and preferences most important to you. By recording them, and reviewing them periodically with those closest to you, you can truly plan for the future and help your loved ones carry out your plans if you are unable to do so. **This is not a legal document – it is a planning document that will help you gather your thoughts and discuss them with your family.**

### **Some things to remember while making plans:**

- **You know more than you think you know!** Your life has given you problem solving skills. Be creative in using them.
- **Asking for help is not a sign of weakness!** A little help early on can help you stay as independent as possible.
- **Find out what's available before making your plans!** Learn about all possible choices. Look to family, friends, neighbors and religious congregations.
- **It is worth the trouble to solve problems!** Even if you are older, many problems can be anticipated and resolved. Normal aging does not necessarily include depression, chronic illness or a complete end to mobility.
- **Get a good medical diagnosis and appropriate care before assuming that you must live with an illness or memory loss!** Older adults can often recover from serious illness, memory loss or injury if given the opportunity.
- **Remember** that the Resource Center for older adults in Ozaukee County will help you. Call **262-238-8120** to discuss your needs.

**As you plan for the future and maintaining an independent long life this page will give you an overview of the issues you need to consider and discuss with your family. They are further detailed in this document.**

- ❖ **Your support system – friends, family, acquaintances, service providers. Who do you rely on for help? Who do you contact in an emergency?**
- ❖ **Your health condition and relation to medical care providers. What would concern you the most if you had a chronic illness? Do you have a good relationship with your doctor?**
- ❖ **Your choices and preferences are important – it is important that those people who provide care honor your choices and preferences.**
- ❖ **What are your priorities in letting others assist you? Are you willing to let go of some things so that you don't become overwhelmed and risk losing much of your independence? What kinds of things would make it easier to accept assistance?**
- ❖ **Your home reflects your personality and life history. The most fundamental decision you can make about your future is this one – where do I want to live?**
- ❖ **Are you a member of any groups, associations? Do you want to maintain those contacts?**
- ❖ **If you were no longer able to make decisions about day-to-day activities or about care needs because of Alzheimer's disease or another dementia, who would you like to be named as your guardian or substitute decision maker?**
- ❖ **How important is spiritual health and religion to you? What gives you the most meaning in your life?**
- ❖ **Do you have a good handle on your financial situation as well as an idea of the cost of services in your area?**
- ❖ **What documents have you completed to assist with end-of-life decisions?**

**Support Systems:**

**Our ties to acquaintances, friends, family, and service providers bind us to the larger community and sometimes even to life itself. It is important to maintain these connections and sometimes to make new ones. The people around us contribute to a rich and full life.**

Who are the people you rely on for help?

- FAMILY
- FRIENDS
- NEIGHBORS
- CLERGY
- OTHER
- PHYSICIAN
- NURSE
- SOCIAL WORKER
- BUILDING MANAGER

Do any of these people help you at present?

Name	Type of Assistance
_____	_____
_____	_____
_____	_____
_____	_____

This is whom I contact in an emergency:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

Are there barriers in your helper's lives, which will limit the kind of assistance they can offer?  
Check all that apply.

- Small children
- Family dynamics
- Work/career demands
- Busy schedule
- Lack of skill
- Geographic distance
- Lack of interest
- Other barriers\_\_\_\_\_
- Lack of knowledge about my condition

Do you have an ongoing relationship with a health care practitioner (nurse, doctor, therapist)?

- Yes     No    Who?\_\_\_\_\_

Have you talked with a health care practitioner about your wishes or preferences for treatment?

- Yes     No    Who?\_\_\_\_\_

Is there anyone that you now help:

- Yes     No    Who?\_\_\_\_\_

How do you assist this person (these people)?\_\_\_\_\_

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Have you made arrangements for their care if you are not able to do so?

- Yes             No

***Physical Needs:***

**Our health condition and relation to medical care providers often influences our decisions about seeking help.**

What would concern you the most if you had a chronic illness?

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What lifestyle choices would you like to make to improve your health?  
Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Exercise regularly                  | <input type="checkbox"/> Quit smoking/chewing tobacco                                    |
| <input type="checkbox"/> Taking calcium supplements          | <input type="checkbox"/> Reduce the amount I smoke/chew                                  |
| <input type="checkbox"/> Taking vitamin supplements          | <input type="checkbox"/> Quit drinking alcohol   |
| <input type="checkbox"/> Eat more fruits & vegetables        | <input type="checkbox"/> Drink less alcohol  |
| <input type="checkbox"/> Reduce amount of fat in my diet     | <input type="checkbox"/> Have a complete physical  |
| <input type="checkbox"/> Take all my medications as directed | <input type="checkbox"/> Eat more whole grains   |
| <input type="checkbox"/> Meditate or pray daily              | <input type="checkbox"/> Make physical changes to my home making it easier to get around |

How well do you tolerate pain? \_\_\_\_\_

Do you expect to need help with daily tasks such as meals, bathing, housework, yard care, or errands within the next few years?

- Yes                       No                       Maybe

Which tasks do you think might be too hard for you to do?  
Check as many as apply.

- |                                    |                                    |                                   |
|------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Dressing  | <input type="checkbox"/> Yard Work | <input type="checkbox"/> Finances |
| <input type="checkbox"/> Bathing   | <input type="checkbox"/> Errands   | <input type="checkbox"/> _____    |
| <input type="checkbox"/> Meal prep | <input type="checkbox"/> Driving   | <input type="checkbox"/> _____    |
| <input type="checkbox"/> Housework | <input type="checkbox"/> Laundry   |                                   |

Do you have a good relationship with your doctor(s)?

- |                              |                             |                                      |
|------------------------------|-----------------------------|--------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Indifferent |
|------------------------------|-----------------------------|--------------------------------------|

Do you trust your doctor(s)?  Yes  No  Indifferent

If you do not have a good relationship with your physicians, what can you do to either change doctors or improve the relationship?

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***Functional Needs:***

**Asking for help is often difficult when we need to seek assistance; however it is very important that those who provide care honor our choices and preferences.**

How important is it to you that an individual assisting you with personal care such as dressing, bathing, and help getting to the bathroom be of the same sex?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Very important | <input type="checkbox"/> Somewhat important | <input type="checkbox"/> Not important |
|---|---|--|



Are there particular individuals, organizations, or institutions you would like to help with your care if you should need it? If so, name them.

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How important are other personal appearance and grooming matters?

Very important       Somewhat important       Not important

How important is it to you to choose what you wear?

Very important       Somewhat important       Not important

What would you like to say about your favorite clothes, preferred fabrics, brand names, colors etc.?

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What would you like to say about your beard, make-up, hairstyle, fragrances, fingernails, denture and dental care, skin care, etc?

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What time of day do you like a bath/shower? \_\_\_\_\_

What time of day do you like to go to bed? \_\_\_\_\_

What time of day do you like to get up? \_\_\_\_\_

Do you like to nap?  Yes       No      If so, when \_\_\_\_\_

What other comments would you like to make about personal care?

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***Self Care Needs:***

**Some people find it very difficult to let others take charge or even offer assistance. Other people are happy to settle back and let someone else have responsibility. For most of us this is a mixed issue. We will let another person be in charge of some things but not others. If you insist on doing everything for yourself you run the risk of becoming overwhelmed and losing much of your independence. If you are able to let go of some tasks this may strengthen your overall prospects for independence. Take a moment to consider your priorities and how they are likely to affect your future.**

What thing do you insist on doing your own way, with little or no involvement from anyone else? Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Driving                  | <input type="checkbox"/> Household repairs            |
| <input type="checkbox"/> Housework                | <input type="checkbox"/> Scheduling activities        |
| <input type="checkbox"/> Cooking/meal preparation | <input type="checkbox"/> Laundry                      |
| <input type="checkbox"/> Shopping                 | <input type="checkbox"/> Organizing closets/cupboards |
| <input type="checkbox"/> Handling finances        | <input type="checkbox"/> Gardening/plant care         |
| <input type="checkbox"/> Yard work                | <input type="checkbox"/> Other_____                   |

What kinds of things would make it easier to accept assistance – even assistance you wish you didn't need in the first place? Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> If a stranger helped<br>other ways | <input type="checkbox"/> If accepting some help means I can be independent in<br>other ways |
| <input type="checkbox"/> If an acquaintance helped          |   |

- |  |   |
|--|---|
| <input type="checkbox"/> If a relative helped                                | <input type="checkbox"/> If a woman/girl helped                 |
| <input type="checkbox"/> If someone from my religious<br>Congregation helped | <input type="checkbox"/> If a man/boy helped                    |
| <input type="checkbox"/> If I paid for help                                  | <input type="checkbox"/> If a younger person helped             |
| <input type="checkbox"/> If the help was very skillful                       | <input type="checkbox"/> I would have no trouble accepting help |
|  | <input type="checkbox"/> Other _____                            |

What do you fear the most? What frightens or upsets you?

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Which of the following best reflects your attitudes? Check all that apply.

- I consider myself an independent person.
- I like to make my own decisions.
- I don't like other people to help me.
- I like to make decisions in cooperation with other people.
- Sometimes it is a relief to let other people take charge.
- I like help with things that are hard to do.
- If I couldn't make my own decision it would be very hard to let someone else do it.
- If I could not make my own decisions I would reluctantly let someone else do it.
- If I couldn't make my own decision I would gladly relinquish the job to someone else.

What other statements would you like to make about independence and decision-making?

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Which of the following statements reflect your attitude toward risk? If none is appropriate, write your own.

- I am willing to accept a lot of risk in order to live the life I have chosen.
- I am willing to accept some risk in order to live a life that reflects some but perhaps not all of my choices.
- I am willing to accept almost no risk. I want to be safe even if it means that I have significantly less control over my life.
- Make any statement you like about your attitude toward risk.

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***Living Situation:***

**Our homes are more than just shelter from the wind and the rain. Our homes reflect our personalities, our life histories, what makes us feel safe, comfortable, and happy. The most fundamental decision you can make about your future is this one – Where do I want to live? If possible, all other decision should flow from this.**

Which of the following most reflects your attitude toward your home?

- I like where I live. I want to stay here forever. Carry me out feet first.
- This place no longer meets my needs. It is too big, too isolated, too hard to care for, or has other insurmountable problems. I'm ready to move.
- This place does not meet all of my needs but I am not ready to move.
- This place meets some but not all of my needs. I think that with some adjustments I could continue to live here.
- Other \_\_\_\_\_

What adjustments could make it possible for you to continue living in your home?  
Check all that apply.

- Wheelchair ramp
- First floor bedroom/bathroom
- Widened doorways
- Improved locks and security
- Less clutter
- Fewer throw rugs and fall hazards

What else would you like to say about your home?

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Which of the following best describes your attitude toward the community where you live? If none apply, write your own statement.

- I like it here. My friends, family, and/or other connections are here. I don't want to move.
- I'd like to go back to \_\_\_\_\_, a place where I have lived or vacationed in the past.
- I'd like to live in \_\_\_\_\_, a place that is new to me.
- I'd like to live in \_\_\_\_\_, the same community as one of my grown children.
- I really don't care where I live.
- Other or additional statement.

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Would you consider sharing your home if that would mean you had more independence?

- Yes                       No                       Maybe

Under what circumstances?

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Who would you choose to share a home with?

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Who would you dislike sharing a home with?

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Would you prefer to live alone, with a few people around you, or in a residence with lots of people around you?

- Alone                       Few People                       Lots of People

Would you consider living in an adult family home – in which non-professional caregivers take in a few elders or people with disabilities? Adult family homes offer meals and limited care in an ordinary home setting.

- Yes                       No                       Maybe

Under what circumstances?

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Would you consider living in a group home or community based residential facility (CBRF), a home that offers meals, planned activities, assistance with medications, and some personal care?

- Yes                       No                       Maybe

Under what circumstances?

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Would your answer change if you had to share a room with another person? How?

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Would you consider living in an assisted living apartment, a place that combines privacy with meals, some activities, and help with housework?

- Yes       No       Maybe

Under what circumstances?

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Would you consider a retirement community or senior apartments that do not offer special services such as meals or help with housework?

- Yes       No       Maybe

Under what circumstances?

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Would you consider moving to a one-story house, a duplex, an apartment, or a mobile home if that would make it easier to maintain your independence? Check all that apply.

One story house

Apartment

Mobile home

Duplex

Other \_\_\_\_\_

**Social Issues:**

Are you a member of any groups or associations such as card club, Lions or Kiwanis, book group, quilting circle, men's breakfast, bowling team, etc.? List them in order of importance to you.

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

Do you have a pet?     Yes     No

Would you like to own a pet?     Yes     No    If so, what kind \_\_\_\_\_

What are your favorite activities? List in order of preference.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Have you participated in any of the above activities in the last month?

Yes     No

If not, why? \_\_\_\_\_



Are you interested in Adult Day Care? That is, would you like to congregate with other older individuals in a place where you can receive treatment, good meals, help with your medicine, etc. for several hours per day?

- Yes       No

***Mental & Emotional Health***

**Mental health is as important as physical health no matter what our age. Though Alzheimer’s disease and dementia surely impair our mental health there are many other conditions or issues that can be equally devastating.**

Which of the following have you experienced?

- Marriage                       Military Service                       Chronic Illness  
 Divorce                       Job Loss                       Physical Abuse  
 Remarriage                       Chronic Illness                       Religious Experience/Conversion  
 Death of a Parent                       Death of a Spouse                       Death of a child

Which one of the above has had the greatest impact on your life?

\_\_\_\_\_

When you think about the next year, how do you feel?

- Hopeful       Confident       Anxious       Fearful  
 Other \_\_\_\_\_

If you are no longer able to make decisions about day to day activities or about care needs because of Alzheimer’s Disease or another dementia, who would you like to be named as your guardian or (substitute decision maker).

\_\_\_\_\_ Name

\_\_\_\_\_ Relation

## ***Spiritual Health***

**Spiritual wellness involves a search to create a personal sense of life's meaning, value and purpose. For many older adults, religion and spirituality are central to a sense of peace, wholeness and health, regardless of physical or mental condition.**

What gives you the most meaning in life?

- |  |  |
|--|--|
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Friendships/Relationships |
| <input type="checkbox"/> Family            | <input type="checkbox"/> Religion/Spirituality     |

When you are afraid or in pain, how do you find comfort?

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Are you a member of a religious congregation? If so, which one?

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How often do you attend services? Check the one that most applies.

- |   |  |
|---|--|
| <input type="checkbox"/> Four or more times a month | <input type="checkbox"/> Primarily on holidays |
| <input type="checkbox"/> Two or three times a month | <input type="checkbox"/> Several times a year  |
| <input type="checkbox"/> Once a month               | <input type="checkbox"/> Never or almost never |

Is there anything stopping you from attending more frequently?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Can this barrier be addressed? How?

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## **Finances**

**Sometimes small steps and just a small amount of money can help you to maintain your independence. Often, spending a lower amount to address simple problems can prevent bigger outlays in the future. Although you may qualify for some governmental assistance, you should expect to use at least a portion of your resources for your care. It is important to have a good handle on your financial situation as well as an idea of the cost of services in your area. The benefit specialist at the county aging office can help you determine if you qualify for any government-sponsored program. Please remember that government assistance is not charity. You have paid taxes throughout your life in part to insure that these programs would be available to you. If you need assistance be sure to ask for it.**

Do you have a clear understanding of your financial resources?

- Yes                       No

Are you presently financially secure? Check one.

- I am very comfortably set.
- I have adequate financial security.
- I am on the edge of security and financial hardship.
- I am experiencing or expect to experience financial hardship.

What can you do now to improve your future financial situation?

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*If you have no ideas about this, contact your bank or a financial planner for guidance.*

Do you have long-term care or nursing home insurance?

- Yes     No

How willing or reluctant are you to spend your resources on long-term care for yourself?

- I am completely willing to spend what I have on long-term care for myself.
  - I would rather not spend what I have on long term care but I will if it is necessary
  - I do not want to spend what I have on long term care. I will do what I can to avoid it.
  - Other comments on spending resources on long-term care.
- 

How much can you afford to spend on long term care each month? \_\_\_\_\_

What are you willing to budget for health care and long term care?

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Do you think that your attitude is reasonable in light of the cost of services in your community?

- Yes
- No
- Maybe

Do you understand what kinds of resources are available from the formal and informal care systems?

- Yes
- No
- Somewhat

Do you have a general idea of how much these services cost?

- Yes
- No
- Somewhat

What are your priorities for any resources you have set aside? Please rank in order of importance. Add priorities if yours are not reflected here.

- Maintain my home
- Pay for long-term care/medical expenses
- Leave to my children or grandchildren
- Leave to religious congregation, school, or charity
- Travel/vacation
- Move to a new home/community
- Fund a new business, project or venture
- Other \_\_\_\_\_

### ***End of Life Decisions:***

**Check all of the following that you have. If you do not have the following documents in place, please give them serious consideration. You may want to discuss these decisions with a lawyer. The goal of this plan is to help you live the best life you can even if you must face frailties and limitations. These documents will help to insure that your choices will continue to be honored even if you do not have the capacity to tell family, friends, medical professionals, and caregivers what you want.**

- Will
- Living Will
- Power of Attorney for Health Care
- Power of Attorney for Finances
- Organ Donation Wishes
- Funeral and Burial Arrangements
- Other \_\_\_\_\_

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