Dear Friend:

Since 1979, Community Hospice the oldest and largest nonprofit hospice in the Central Valley has cared for thousands of friends and neighbors in their time of need. We realized that there are a number of families who may not be dealing with terminal illness, but are struggling instead to care for themselves, aging parents and family members facing serious and chronic illness.

We have recognized that many families may benefit from education founded upon 37 years of supporting family caregivers. This realization led us to create a number of educational tools and resources for oneself and caregivers—expanding our mission to care for the community in their time of need.

The Caregiver Toolkit was created by Community Hospice to assist in keeping track of the immense amount of information required for healthcare, finances and other facets of life. There are also medication charts, tips for assessing home safety and most importantly, a number of national and local resources included.

This toolkit was created with the realization that while there are many resources available to seniors and their caregivers in the Central Valley, it can often be confusing and overwhelming to seek out and make sense of the information.

We invite you to attend our free Caregiver College presentations held throughout our communities. All programs are free and feature lively and informative local experts. Please see the enclosed Caregiver College 2017 class schedule for complete details or call (209) 578-6300.

Being a caregiver can be a challenging task. If we can be of assistance during this time, please call us at (209) 578-6300.

Sincerely,

C. DeSha McLeod, MBA, CHPCA
President/Chief Executive Officer
A Caregiver’s Bill of Rights

I have the right:

To take care of myself. This is not an act of selfishness. It will give me the capability of taking better care of my relative.

To seek help from others even though my relative may object. I recognize the limits of my own endurance and strength.

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

To get angry, be depressed, and express other difficult feelings occasionally.

To reject any attempt by my relative (either conscious or unconscious) to manipulate me through guilt, anger, or depression.

To receive consideration, affection, forgiveness, and acceptance for what I do from my loved one as long as I offer these qualities in return.

To take pride in what I am accomplishing and to applaud the courage it has sometimes taken to meet the needs of my relative.

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

To expect and demand that as new strides are made in finding resources to aid physically and mentally impaired older persons in our country, similar strides will be made toward aiding and supporting caregivers.

To ____________________________

__________________________

__________________________

Add your own statements of rights to the list. Read the list to yourself every day.

PERSONAL INFORMATION

Full name ___________________________ Nickname ________________________________

Previous legal names used; dates of name changes ________________________________

Spouse/Significant other ________________ Mother's maiden name ______________________

Address ______________________________ City __________________ State _____ Zip ______

Home phone _______________ Cell phone _______________ E-mail ____________________

Date of birth ________ Birth certificate location ___________ Social Security number ______

☐ Right handed  ☐ Left handed  Languages understood/spoken __________________________

Veteran serial no. _____________ Location of discharge papers _______________________

Passport number _____________ Passport location _________________________________

Religious denomination ___________ House of worship ____________________________

Address ____________________________ Phone _______________ Clergy ______________

DAILY ROUTINE

Time awakens ___________ Nap times ___________ Bedtime ___________

Bathing schedule ____________________________

Meal Times:

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Snacks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Activity Schedule:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
### PERSONAL AIDS/MEDICAL EQUIPMENT USED

<table>
<thead>
<tr>
<th>Equipment</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>□ Eyeglasses</td>
<td>□ Cane</td>
<td>□ Specialized phone</td>
<td>□ Oxygen</td>
<td></td>
</tr>
<tr>
<td>□ Contact lenses</td>
<td>□ Walker</td>
<td>□ Emergency response system</td>
<td>□ Prosthetic device</td>
<td></td>
</tr>
<tr>
<td>□ Magnifying glass</td>
<td>□ Wheelchair</td>
<td>□ Identification bracelet</td>
<td>□ Insulin kit</td>
<td></td>
</tr>
<tr>
<td>□ Hearing aid:</td>
<td>□ Mobile chair/Cart</td>
<td>□ Bed pan</td>
<td>□ Blood sugar tester</td>
<td></td>
</tr>
<tr>
<td>□ R □ L □ Both</td>
<td>□ Wig/Hairpiece</td>
<td>□ Portable commode/Urinal</td>
<td>□ Incontinence products</td>
<td></td>
</tr>
<tr>
<td>□ Dentures</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>□ Other</td>
<td></td>
<td></td>
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</tbody>
</table>

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### PETS

<table>
<thead>
<tr>
<th>Type of pet</th>
<th>Pet’s name</th>
<th>Notes (Feeding schedule, toys, where it sleeps, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Veterinarian  
Address  
Phone

---

Groomer  
Address  
Phone

---

### AUTOMOBILE

<table>
<thead>
<tr>
<th>Make/Model</th>
<th>Year</th>
<th>Color</th>
<th>VIN #</th>
<th>License plate #</th>
<th>Title #</th>
<th>Registration renewal date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Driver’s license #/expiration date  
Location of title(s)

Repair facility  
Address  
Phone

---

Location of repair records
PERSONAL PREFERENCES

Favorite television shows and movie

Favorite radio stations and music

Favorite books

Newspapers read (delivered?)

Hobbies/Musical instruments

Social organizations

Exercise

Religious interests

Likes/Dislikes and other interests

MEALS

Favorite Foods:
Breakfast
Lunch
Dinner
Snacks

__________

__________

__________

__________

__________

__________

__________

__________

__________

__________

__________

__________

(for favorite recipes; note location or place behind this page)

Favorite Restaurants:
Name

Address

Phone

__________

__________

__________

__________

__________

__________

__________

__________

Food allergies

Special dietary needs

Special utensils
FUNERAL INSTRUCTIONS

Disposition of body:
(Cremation, Burial, donate body, donate organs)
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Burial/Cremation Instruction:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Funeral Home:
_____________________________________________________________________________________

Address: ____________________________________________  Phone: ________________________

Pallbearers:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Cemetery:
_____________________________________________________________________________________

Address: ____________________________________________  Phone: ________________________

Plot Location: ____________________________________________

Deed Location: ____________________________________________

Prepaid funeral arrangements: ____________________________________________
EMERGENCY CONTACTS

CONTACT IN CASE OF EMERGENCY

1. Name ___________________________ Relationship ___________________________
   Address ________________________________________________________________
   Phone #s: Home _______________ Business _______________ Cell _______________

2. Name __________________________ Relationship __________________________
   Address ________________________________________________________________
   Phone #s: Home _______________ Business _______________ Cell _______________

3. Name __________________________ Relationship __________________________
   Address ________________________________________________________________
   Phone #s: Home _______________ Business _______________ Cell _______________

EMERGENCY PHONE NUMBERS

Police _______________ Fire _______________ Ambulance __________________________

Hospital preference Address Phone

Employer Address Phone
(or most recent employer if retired)
## RELATIVES

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

## FRIENDS

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
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<tbody>
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</tbody>
</table>

## NEIGHBORS

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

## HOME HEALTH AGENCY

Name ___________________________ Phone ___________________________

Address ___________________________________________________________

Contact Person ________________________________________________

## HOME MAINTENANCE

Company ___________________________ Phone ___________________________

Address ___________________________________________________________

Contact Person ________________________________
How do you know if your loved one needs help? If there has been no crisis, but you are concerned that help may be needed, the following assessment will help you decide. Even if a crisis has already occurred, take your time and don't panic. You will end up spending more time and getting fewer results without a plan.

The assessment is a comprehensive review of a person's mental, physical, environmental, social, and financial condition. It helps establish his or her ability to remain safely independent. A successful assessment will lead to a comprehensive plan for meeting needs and addressing problems. It is possible for you to do an assessment on your own, but professional services are available. Geriatric assessments can be performed by a geriatric care manager and some hospitals. If your loved one currently does not have an elder care specialist, he or she may want to consider a geriatric doctor as the primary care physician. Gero-psychiatrists, specialists in elder care, can also be helpful in the assessment process.

Understanding your loved one’s general health can be useful in determining his or her need for help. Talk to your loved one’s doctor and learn about symptoms of any disease or condition. Knowing the symptoms will alert you to their affect on your loved one’s abilities.

**INVOLVED PARTIES**

(List family, friends, doctors, geriatric care manager, hospital staff, social worker, therapists, etc., who will help perform assessments.)
**NEEDS ASSESSMENT**

Particularly if your loved one lives alone; take a good look around the residence for signs of persistent neglect. Observe your loved one's appearance and behavior. The following suggest a need for help:

<table>
<thead>
<tr>
<th>PHYSICAL SIGNS</th>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent bruises, burns, or other signs of falls or accidents</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Unusual weight gain or loss</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Balance problems: standing, walking, climbing stairs</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Difficulty getting up from a chair or out of bed/sitting down in chair or lying down in bed</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Hygiene problems such as unbrushed teeth, untrimmed nails, unshaven hair, unwashed/uncombed hair</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Inappropriate clothing</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Difficulty hearing</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Stains on clothes or other signs of vision problems such as bumping into things</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Difficulty chewing food or swallowing</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

Problems with activities of daily living:
- Dressing/undressing  ☐   ☐  
- Bathing  ☐   ☐  
- Continence  ☐   ☐  
- Getting to bathroom (mobility)  ☐   ☐  
- Eating  ☐   ☐  
- Telephone use  ☐   ☐  
- Shopping  ☐   ☐  
- Preparing meals  ☐   ☐  
- Keeping house  ☐   ☐  
- Doing laundry  ☐   ☐  

*Needs Assessment Continued*
### Behavioral Signs

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood swings</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Delusions</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Extreme forgetfulness,</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>wandering, confusion,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>disorientation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inability to get help</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>in an emergency</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Forget to eat meals</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Not sleeping restfully</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>through the night</td>
<td></td>
<td></td>
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<tr>
<td>Unexplained sadness</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>or loneliness</td>
<td></td>
<td></td>
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<tr>
<td>Decreased interest in</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>usual activities,</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>socializing,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or life in general</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased driving ability</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>(see driving assessment)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vulnerability to</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>telephone, mail, or</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>door to door scams</td>
<td></td>
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</tbody>
</table>

### Environmental Signs

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>The person is less clean</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>than it used to be</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foul odors</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>There is inadequate food</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>in the kitchen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is spoiled food</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>in refrigerator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The stove is left on</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>after cooking.</td>
<td></td>
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</tbody>
</table>

*Needs Assessment Continued*
Signs that medicine isn’t being taken as directed

□   □   ________________________________

A lot of mail is lying around unopened

□   □   ________________________________

The answering machine has messages that have not been heard

□   □   ________________________________

The yard isn’t being maintained

□   □   ________________________________

FINANCIAL SIGNS       YES   NO   COMMENTS

Inadequate health insurance

□   □   ________________________________

Inadequate personal assets to properly take care of self (see financial status worksheet in section 7)

□   □   ________________________________

Unpaid bills piling up

□   □   ________________________________

Unreasonable financial decisions (paying same bill twice, donating to more charities than usual)

□   □   ________________________________
SAFE DRIVING TIPS

If you need outside assistance in assessing your loved one’s driving abilities or addressing the subject, resources are available. Modesto Senior Center offers an AARP driving course, call 209-491-5944 to find out more. You can obtain a driving-skills assessment booklet from AARP to help with your assessment. The American Medical association has teamed with the National Highway Traffic Safety Administration to release the Physicians Guide to Assessing and Counseling Older Drivers. The doctor can use the guide to assess driving skills, point out how medical conditions and medications affect driving, counsel the patient on retiring from driving, and other educational handouts to concerned family members.

Address problems that the assessment uncovers. Be sensitive in how you approach a discussion of driving. Just talking about the issue can help you gradually work toward a mutually agreeable solution.

- Avoid direct criticism or making the person feel attacked.
- Express positive and supportive feelings.
- Try raising the topic indirectly, such as, "I hear Mr. Smith gave up driving because of his age. Do you think your driving ability has changed as you've gotten older?"
- If appropriate, discuss ideas to help your loved one continue driving.
- Be understanding if your loved one resists change.
- Think about how you would like your own children to address driving with you some day.

Encourage habits that make for safer driving:

- Avoiding driving at night, during rush hour, and in bad weather.
- Limiting trips to short distances.
- Planning the route in advance.
- Using adequate hearing and vision aids.
- Exercising regularly to maintain strength and flexibility.
- Avoiding driving if taking medications that reduce alertness or ability to drive.
- Increasing the space between cars.
- Carrying these items in car: jumper cables, flashlight, first-aid kit, distress signals, cellular phone.
- Avoiding driving while using a telephone.
- Avoiding a car with features that reduce visibility, such as tinted windshields and windows.
- Help your loved one who can no longer drive find other means of transportation:
  - Identify public, private, and community transportation services. Find out about any discount or reduced-rate programs for older adults.
  - Consider friends and relative who might provide rides, and pitch in when possible.
  - Talk with your loved one about what he or she might do for someone else in exchange for transportation.

As with all decisions that affect your loved ones, include them as much as possible. They should feel that they are still in control and that you respect their ability to direct their own lives. If driving is no longer safe or feasible, enlist the help of a doctor, a member of the clergy, or a family friend if you think such advice may be better accepted from someone other than you. As a last resort, you can contact the local Department of Motor Vehicles and report unsafe driving. In most states, they will contact older adults, ask them to take a driving test, and, if necessary, revoke their license.
Some physical and mental changes associated with aging can affect a person's ability to drive safely; for example:

- vision problems
- weakened muscles
- mental changes that lead to slower reflexes
- decreased attention span
- difficulty performing two tasks at once
- health problems such as arthritis, Parkinson's disease, stroke, or dizziness
- certain medications

However, driving often represents independence as well as a feeling of competence, and in some communities, alternative transportation is limited. Caregivers need to find the right balance between safety and their loved one's independence and fear of isolation. An objective assessment of driving ability can help your aging loved one continue to drive safely or, if necessary, seek alternative sources of transportation.

The next time you go somewhere with your loved one, ask him or her to drive. This will give you information so you can be specific when you discuss the situation.

**Have you noticed such things as:**

- changing lanes without signaling □ Yes □ No
- failure to stop at stop signs or red lights □ Yes □ No
- slow reactions □ Yes □ No
- problems seeing road signs or traffic signals □ Yes □ No
- straying into other lanes □ Yes □ No
- driving too fast or too slowly for safety □ Yes □ No
- difficulty making turns at intersections □ Yes □ No
- jerky stops or starts □ Yes □ No

**Check to make sure these are present:**

- ability to see easily over the dashboard □ Yes □ No
- ability to reach the pedals □ Yes □ No
- properly adjusted steering wheel, mirrors, and seats □ Yes □ No
- absence of clutter obstructing windows and mirror □ Yes □ No
- seat belt usage □ Yes □ No
- safe operating condition of the automobile □ Yes □ No

Recent accidents or traffic tickets could signal a problem, as can damage to the car.

- Do you see damage to the car or know of traffic violations? □ Yes □ No

Comments ____________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________
<table>
<thead>
<tr>
<th>HOME INSPECTION CHECKLIST</th>
<th>YES</th>
<th>NO</th>
<th>IDEAS FOR IMPROVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. WINDOWS/DOORS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are windows/doors easy to open/close?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Are locks sturdy and easy to operate?</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>Are doors wide enough for walker/wheelchair?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Are thresholds low enough?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Is there space to maneuver while opening/closing doors?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Does front door have a peep hole or view panel?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>If so, is it at proper height?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>2. FLOOR SURFACES</td>
<td>YES</td>
<td>NO</td>
<td>IDEAS FOR IMPROVEMENT</td>
</tr>
<tr>
<td>Is the surface non-slip?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Are throw rugs, doormats, or other loose rugs absent?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Are floors free of changes in levels?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>If not, are they obvious or marked?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>3. STEPS/STAIRWAYS/WALKWAYS</td>
<td>YES</td>
<td>NO</td>
<td>IDEAS FOR IMPROVEMENT</td>
</tr>
<tr>
<td>Are they in good repair?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Smooth/safe surfaces</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Are handrails on both sides of stairway?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Do railings allow grasping space for both knuckles and fingers?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Are stair treads deep enough for a person’s whole foot?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Are stairs free of hazardous open risers?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Is a ramp feasible in any of these areas if it became necessary?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>
### Home Inspection Checklist Continued

<table>
<thead>
<tr>
<th>4. APPLIANCES/KITCHEN/BATH</th>
<th>YES</th>
<th>NO</th>
<th>IDEAS FOR IMPROVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is arrangement of kitchen convenient and safe?</td>
<td>☐</td>
<td>☐</td>
<td>__________________________</td>
</tr>
<tr>
<td>Can dishes, pots, silverware, and food be easily reached?</td>
<td>☐</td>
<td>☐</td>
<td>__________________________</td>
</tr>
<tr>
<td>Are sharp objects stored safely?</td>
<td>☐</td>
<td>☐</td>
<td>__________________________</td>
</tr>
<tr>
<td>Can oven and refrigerator be opened easily?</td>
<td>☐</td>
<td>☐</td>
<td>__________________________</td>
</tr>
<tr>
<td>Are cooking (oven and cook top) controls easy to read and use?</td>
<td>☐</td>
<td>☐</td>
<td>__________________________</td>
</tr>
<tr>
<td>Are appliances in working order?</td>
<td>☐</td>
<td>☐</td>
<td>__________________________</td>
</tr>
<tr>
<td>Are counter heights and depth suitable?</td>
<td>☐</td>
<td>☐</td>
<td>__________________________</td>
</tr>
<tr>
<td>Can the user sit while working?</td>
<td>☐</td>
<td>☐</td>
<td>__________________________</td>
</tr>
<tr>
<td>Are cabinet door handles easy to use?</td>
<td>☐</td>
<td>☐</td>
<td>__________________________</td>
</tr>
<tr>
<td>Are faucets easy to use?</td>
<td>☐</td>
<td>☐</td>
<td>__________________________</td>
</tr>
<tr>
<td>Does shower have a hand held head?</td>
<td>☐</td>
<td>☐</td>
<td>__________________________</td>
</tr>
<tr>
<td>Can tub/shower be entered and exited with ease?</td>
<td>☐</td>
<td>☐</td>
<td>__________________________</td>
</tr>
<tr>
<td>Does shower/bath have a seat?</td>
<td>☐</td>
<td>☐</td>
<td>__________________________</td>
</tr>
<tr>
<td>Does shower floor have mat or non-skid strips?</td>
<td>☐</td>
<td>☐</td>
<td>__________________________</td>
</tr>
<tr>
<td>Does bathroom have grab bars where needed?</td>
<td>☐</td>
<td>☐</td>
<td>__________________________</td>
</tr>
<tr>
<td>Is toilet seat height convenient?</td>
<td>☐</td>
<td>☐</td>
<td>__________________________</td>
</tr>
<tr>
<td>Is water temperature set low enough to prevent scalding?</td>
<td>☐</td>
<td>☐</td>
<td>__________________________</td>
</tr>
<tr>
<td>Is bathroom close to bedroom?</td>
<td>☐</td>
<td>☐</td>
<td>__________________________</td>
</tr>
</tbody>
</table>
### Home Inspection Checklist Continued

#### 5. STORAGE

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>IDEAS FOR IMPROVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is storage located conveniently?</td>
<td>☐</td>
<td>☐</td>
<td>______________________</td>
</tr>
<tr>
<td>Is storage adequate and usable?</td>
<td>☐</td>
<td>☐</td>
<td>______________________</td>
</tr>
<tr>
<td>Can closet be reached easily?</td>
<td>☐</td>
<td>☐</td>
<td>______________________</td>
</tr>
<tr>
<td>Are flammable chemicals stored safely?</td>
<td>☐</td>
<td>☐</td>
<td>______________________</td>
</tr>
</tbody>
</table>

#### 6. ELECTRICAL/SWITCHES

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>IDEAS FOR IMPROVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are switches easy to turn on/off?</td>
<td>☐</td>
<td>☐</td>
<td>______________________</td>
</tr>
<tr>
<td>Are outlets properly grounded?</td>
<td>☐</td>
<td>☐</td>
<td>______________________</td>
</tr>
<tr>
<td>Are cords placed so that they do not present a walking hazard?</td>
<td>☐</td>
<td>☐</td>
<td>______________________</td>
</tr>
<tr>
<td>Are extension cords in good condition?</td>
<td>☐</td>
<td>☐</td>
<td>______________________</td>
</tr>
<tr>
<td>Is there an alarm system?</td>
<td>☐</td>
<td>☐</td>
<td>______________________</td>
</tr>
<tr>
<td>Is the telephone readily accessible for emergencies?</td>
<td>☐</td>
<td>☐</td>
<td>______________________</td>
</tr>
<tr>
<td>Is the telephone equipped for hearing enhancement if necessary?</td>
<td>☐</td>
<td>☐</td>
<td>______________________</td>
</tr>
<tr>
<td>Are emergency phone numbers posted near telephone?</td>
<td>☐</td>
<td>☐</td>
<td>______________________</td>
</tr>
<tr>
<td>Can doorbell be heard in every part of the house?</td>
<td>☐</td>
<td>☐</td>
<td>______________________</td>
</tr>
<tr>
<td>Are space heaters being safely used?</td>
<td>☐</td>
<td>☐</td>
<td>______________________</td>
</tr>
<tr>
<td>(proper distance from drapes and furniture)</td>
<td>☐</td>
<td>☐</td>
<td>______________________</td>
</tr>
</tbody>
</table>

#### 7. LIGHTING/VENTILATION

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>IDEAS FOR IMPROVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is lighting sufficient for propose area?</td>
<td>☐</td>
<td>☐</td>
<td>______________________</td>
</tr>
<tr>
<td>Is lighting bright enough for safety?</td>
<td>☐</td>
<td>☐</td>
<td>______________________</td>
</tr>
<tr>
<td>Are night lights present?</td>
<td>☐</td>
<td>☐</td>
<td>______________________</td>
</tr>
<tr>
<td>Is area well ventilated?</td>
<td>☐</td>
<td>☐</td>
<td>______________________</td>
</tr>
<tr>
<td>Is room temperature appropriate?</td>
<td>☐</td>
<td>☐</td>
<td>______________________</td>
</tr>
</tbody>
</table>
**Home Inspection Checklist Continued**

### 8. DRIVEWAY/GARAGE

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>IDEAS FOR IMPROVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Is parking space convenient to entry? [ ] [ ] ________________
- Is there sufficient room by entrance, so that home can be entered safely? [ ] [ ] ________________
- Does garage have an automatic opener? [ ] [ ] ________________
- Can mail be retrieved safely? [ ] [ ] ________________
- Are there grab bars near steps to door or ramp into home? [ ] [ ] ________________

### 9. LIVING AREA

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>IDEAS FOR IMPROVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Is television conveniently located? [ ] [ ] ________________
- Is seating easy to rise from and sit down safely? [ ] [ ] ________________
- Is bed easy to rise from and lie down on safely? [ ] [ ] ________________

**Additional Comments:**

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Ideas for Home Improvement

Here are some improvements that can enhance your loved one's comfort, safety, and independence:

- Change door and faucet handles to lever type that operates easily with a push.
- Install adjustable closet rods.
- Install lights in closets.
- Put a night-light in the bedroom near bathroom entrance.
- Buy or modify clothing so that it's easy to put on and take off: one size larger, velcro instead of buttons, elastic shoelaces, elastic waistbands, non-skid shoe soles.
- Get a laundry basket on wheels and cart for groceries.
- Remove throw rugs and other loose carpeting; use slip-resistant rugs or other non-slip flooring.
- Install beveled thresholds.
- Install convenient-height surface to place packages when opening entry door.
- Install an additional smoke alarm in kitchen area or area where smoke likely if your loved one smokes.
- Place handrails on both sides of staircases and outside steps.
- Use brighter staircase lighting.
- Replace light switches with large rocker type that turn on/off with a push.
- Move electric outlets to 27 inches above floor if your loved one uses a wheelchair.
- Use glow-in-the-dark doorknobs and switches.
- Place a peephole or view panel in front door.
- Install outdoor motion-sensor lights.
- Install flashing light or sound amplifier to indicate doorbell if hearing/visually impaired.
- Replace bathtub with walk-in shower that has grab bars and portable or adjustable seat.
- Install a hand-held adjustable shower head.
- Replace spring rod with screw-in shower-curtain rod.
- Make sure bathtub/shower has a non-skid surface.
- Install a raised toilet seat.
- Install grab bars by the toilet and tub/shower.
- Mark water faucets "hot" and "cold."
- Ask your loved one to avoid locking bathroom door to allow quicker access in case of a fall.
- Place a tilting or full-length mirror in bathroom or bedroom to view entire body safely.
- Install a telephone (or place a cordless telephone) in the bathroom in case of a fall.
- Place reminder chart in bathroom for hygiene functions like brushing teeth, showering, and shaving.
- Adjust countertop heights if too high or low.
- Install rounded kitchen counter tops to avoid injuries.
- Install sliding shelves in cupboards, Lazy Susan in corner cabinets.
- Rearrange dishes, glasses, appliances, and food to be easily reachable.
- Hang hot pads, pots, pans, and utensils to be easily reachable.
- Ask your loved one not to wear loose sleeves when cooking.
- Buy food and beverages in small containers that are easy to handle.
Ideas for Home Improvement Continued

- Consider providing non-breakable dishes and glasses.
- Provide a timer so your loved one won't forget something is cooking.
- Modify existing eating utensil handles or buy built-up handle utensils for easier grasp.
- Buy larger oven/stove controls through vision support organization if difficulty reading knobs.
- Place a reminder chart in kitchen for housekeeping functions such as cleaning, laundry, changing linens, vacuuming.
- Move bedroom and bathroom to first floor to allow living entirely on one level if necessary.
- Widen/clear pathways within each room by rearranging furniture.
- Provide a specially equipped telephone or emergency-call device that signals help in emergency.
- Replace appliances such as iron or coffee maker with ones that automatically turn off.
- Tag shutoffs for gas, water, electricity.
- Install carbon monoxide detectors.
- Place fire extinguishers on each floor.
- Provide a first-aid kit.
- Make sure a working flashlight is handy on each floor and near the bed.
- Post emergency phone numbers near the most-used telephone.
- Develop and post an emergency evacuation plan.
- Coil outside water hoses.
- Consider remote controls for lights and radio in addition to television.
- If your loved one has impaired memory, label drawers and cabinets on outside to indicate contents.
- For someone with dementia, door-frame colors that contrast with doors can help distinguish entrances to particular rooms.
- Contrasting colors between furniture and carpet or walls, and white dishes to contrast with food are helpful in guiding someone with dementia in a safe and directing way.
- If wandering is a concern, consider moving door locks out of reach (enabling emergency exit), or invest in alarm or security system.
- Adjust the bed height so that feet reach floor when sitting.
- Raise furniture to appropriate height by using leg extender products.
- Install vertical pole adjacent to chair/sofa to assist person in getting up and sitting down.
- Provide firm seating if your loved one has balance problems or cannot rise and sit easily.
- Simple battery-operated stick-on lights can be purchased at hardware stores for dark closets.
- Call the California Telephone Access Program (CTAP) for a free amplified phone for the hard-of-hearing. Phone: 800-806-1191.
IN-HOME CARE

The following checklist will help you select an in-home care provider. First, decide whether to choose an agency or an independent individual. What services does your loved one need? Will an individual be able to provide the particular skills and services required, or do you need the expertise or service mix that only an agency can provide? Is it more important to have an agency with a roster of back-up staff (for vacations and other absence), or do you prefer the familiarity of a consistent person, which an agency may not be able to provide? Do you want live-in help or a commuter? These are questions you should try to resolve before beginning your search.

Whether you seek an agency or individual, ask if they provide services particular to your needs, such as driving the family car (make sure your auto insurance covers this situation). Ask to see credentials for special medical services such as giving insulin injections or technical certification for using high-tech equipment. With an agency, find out who supervises the caregiver and whom to contact if the worker does not show up. Ask about staff turnover and how many different people will be assigned to your loved one. If important to you, find out if the caregiver will be the same sex as your loved one. If your loved one needs round-the-clock care or monitoring, determine if an agency can handle multiple shifts competently and consistently.

Find out if your loved one's doctor or other health care provider recommends the agency or individual. Check with your state Department of Health and Senior Services or other state regulatory agencies and Better Business Bureau to see if they have received complaints about the agency or individual. Ask for references, and contact them.

Photocopy the following checklist for each in-home care provider you interview.
CHECKLIST FOR CHOOSING IN-HOME CARE PROVIDER

The chart below includes information you should obtain for each candidate. Fill in the skills/services required to meet your loved one's needs, and note ability to meet those needs. Of course, you will also want to take into account the candidate's personality. Will it mesh with your loved one's?

Name of Candidate: ________________________________________________

<table>
<thead>
<tr>
<th>SKILLS/SERVICES DESIRED (LIST BELOW)</th>
<th>ABILITY TO MEET NEEDS/NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you provide both medical and non-medical services?</td>
<td>____________________________</td>
</tr>
<tr>
<td>What is the person’s education and training?</td>
<td>____________________________</td>
</tr>
<tr>
<td>Licensing &amp; Accreditation? (both agency and staff)</td>
<td>____________________________</td>
</tr>
<tr>
<td>Does person have special certification for service needed?</td>
<td>____________________________</td>
</tr>
<tr>
<td>Medicare certified?</td>
<td>____________________________</td>
</tr>
<tr>
<td>Experience/Years in business? (agency/individual)</td>
<td>____________________________</td>
</tr>
<tr>
<td>Have you performed background checks? What kind?</td>
<td>____________________________</td>
</tr>
<tr>
<td>Bonded?</td>
<td>____________________________</td>
</tr>
<tr>
<td>Insured for liability?</td>
<td>____________________________</td>
</tr>
<tr>
<td>Hours/shifts available?</td>
<td>____________________________</td>
</tr>
<tr>
<td>Minimum of service provided? (agency)</td>
<td>____________________________</td>
</tr>
<tr>
<td>Do you send same person each time? (agency)</td>
<td>____________________________</td>
</tr>
<tr>
<td>Is back-up coverage provided?</td>
<td>____________________________</td>
</tr>
<tr>
<td>Fees? (cost per hour)</td>
<td>____________________________</td>
</tr>
<tr>
<td>Any additional charges?</td>
<td>____________________________</td>
</tr>
<tr>
<td>What billing schedule for services?</td>
<td>____________________________</td>
</tr>
<tr>
<td>Are services covered by Medicare or Medicaid?</td>
<td>____________________________</td>
</tr>
<tr>
<td>How do you monitor/supervise individuals? How often?</td>
<td>____________________________</td>
</tr>
</tbody>
</table>
ASSISTED LIVING

Asking the Right Questions

If you have decided that an assisted living residence is the right choice for you or someone you care for, this checklist will help you choose the right residence to meet your needs. If you are still trying to decide whether an assisted living residence is the right choice. Make a copy of this checklist for each of the residences you are considering. It may make comparing the residences a little easier.

The Call

Once you have a list of residences to visit, make a telephone call to each one. Think about what is important in a new home for you, things such as location, size, and types of service. Remember that the person you speak with will most likely be a marketing or sales representative whose job is to promote the residence. Using the checklist on this tip sheet can help narrow down the list of residences to visit.

The Checklist

The following checklist will help you compare residences. Choosing a quality assisted living residence can be a challenge. Remember that it can be expensive and is long-term major life decision. If you are looking for yourself, try not to make the visits and decisions alone. Talk with family members and friends. Learn as much as you can about assisted living and each of the residences you are considering is the best way to gain the confidence you will need to be comfortable that you are making the best choice.

The Visit

Take your checklist and any questions you noted when reviewing the residences materials so you can ask the staff about them during your visit. As you meet with staff and tour a residence, pay close attention to how you feel and what is going on around you. Spend time with the staff and residents; ask them what they like and dislike about the residence. It is a good idea to make more than one visit; an unscheduled visit on a weekend or in the evening might be very helpful in your decision making.
# Checklist for Choosing an Assisted Living Residence

**Residence**

**Name:**

<table>
<thead>
<tr>
<th>Check:</th>
<th>First Visit</th>
<th>Second Visit</th>
<th>Date(s) Visited:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Morning</td>
<td>Afternoon</td>
<td>Evening</td>
</tr>
</tbody>
</table>

**Circle:**  
Mon  Tues  Wed  Thurs  Fri  Sat  Sun

*You may want to attach the residence’s rate sheet for easier comparison*

**Over the telephone ask the following questions:**

- How many living units are in the residence? ____________________________
- Where is the residence located? ____________________________
- Are different size and types of units available?  
  - Yes  
  - No
- Do any units have kitchens or kitchenettes?  
  - Yes  
  - No
- Are all the rooms private?  
  - Yes  
  - No
- Are bathrooms private?  
  - Yes  
  - No
- Does the residence offer special care units, such as those serving people with Alzheimer’s disease?  
  - Yes  
  - No
- Is a contract available that details all fees, services, and admission and discharge policies?  
  - Yes  
  - No
- Is there a written care plan for each resident?  
  - Yes  
  - No
- What role does the resident have in developing the care plan? ____________________________
- Are additional services available on the same campus if a resident’s need change?  
  - Yes  
  - No
- Can resident’s choose their own doctors, therapists, or pharmacies?  
  - Yes  
  - No
Checklist for Choosing an Assisted Living Residence Continued

How does the residence bill for services?______________________________________________

What if a resident runs out of money?
______________________________________________

Under what conditions would a resident have to leave the residence?
__________________________________________________________________________________

During your visit, ask the following questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the residence clean?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the residence cheerful?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you feel good about the residence?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are stairs and hallways well lit?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are exits well marked?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do rooms and bathrooms have handrails and call buttons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there safety locks on the doors and windows?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there security and fire safety systems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there an emergency generator or alternate power source?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a parking fee for residents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the residence offer worship services?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is transportation for worship services provided?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What are the entrance fees?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the monthly rent?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the security deposit?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are deposits refundable?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are utilities included?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Checklist for Choosing an Assisted Living Residence Continued

Which ones?____________________________________

Is telephone included?  Yes  No  Long distance?  Yes  No

How are rate increases or late payments handled?

Does the contract cover transfer and discharge policies?  Yes  No

Who makes transfer or discharge decisions?________________________________________

How much notice is given to residents who have to leave?________________________

Is the living area held if the resident is in the hospital?  Yes  No

For what cost________________________________________

Can you have a pet? Yes  No

Can you have personal furniture? Yes  No

Does the contract deny your right to bring legal action against the residence for injury, negligence, or other cause?  Yes  No

Can you come and go at will? Yes  No

Can personal visitors come and go at will? Yes  No

Is the floor plan logical and easy to follow? Yes  No

Are rooms large enough for a residents needs? Yes  No

Are there enough common areas (dens, living rooms) Yes  No

Does your facility have visiting doctors Yes  No

What special services are available? **Circle all that apply:**  Café’ beauty salon other (make notes below)

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NURSING HOMES

Sometimes the need for a nursing home comes suddenly or unexpectedly. Often, it comes when your loved one is in the hospital with a serious medical condition or injury. Choosing a home can be very difficult. Early planning and visiting can make this process easier.

You are the best judge of how many nursing homes you can visit, but try to see at least three so you can make comparisons. If possible, ask the loved one who will be living in the nursing home and other family members to visit the nursing homes with you.

Your visit will give you the chance to view care firsthand; talk to staff, residents, and other families; taste the food and observe the activities. It is always best to visit a facility at least twice. Make one of the visits unscheduled, during the weekend or evening, when staffing problems will be most obvious. Talk with the nursing staff about the kind of care your loved one needs and make sure the facility can provide it.

- Is transportation available so the resident can visit his or her own doctor?
- Is physical therapy available for as long as the resident needs it?
- Does the staff have special training dealing with dementia?
- Are there special units, programs, or services for special needs such as Alzheimer's?

One thing to consider when choosing a nursing home is location. Try to find one that family and friends can visit often. People in nursing homes who have regular visitors usually get better care. Use your visits to observe carefully, and do not discount your personal feelings. The checklist in the Tip Sheet can help you compare the different facilities you visit.

CHECKLIST FOR CHOOSING NURSING HOME

The Basics:

Is the facility Medicare certified?  
| Yes | No |
--- | --- |

Is the facility Medi-Cal certified?  
| Yes | No |

Has the license ever been revoked?  
| Yes | No |

Is the facility accepting new patients?  
| Yes | No |

Is there a waiting period for admission?  
| Yes | No |

Does the facility conduct background checks on all of the staff?  
| Yes | No |

How many licensed nurses are on duty at each shift?  
| RNs | LPNs |

---
Checklist for Choosing Nursing Home Continued

What is the patient to staff ratio? ________ Nurse to patient? ________ Aide to patient? ________

Does the nursing home have an active family council? Yes No

What is the visiting policy? ________________________________

What is the facility's discharge policy? ________________________________

Is transportation available so the resident can visit the doctor? Yes No

Are the care planning meetings held at times that are easy for residents and their family members to attend? Yes No

Safety:
- Are stairs and hallways well lighted? Yes No
- Are exits well marked? Yes No
- Do the hallways have handrails? Yes No
- Do rooms and bathrooms have grab bars and call buttons? Yes No
- Are there safety locks on the doors and windows? Yes No
- Are there security and fire safety systems? Yes No
- Is there an emergency generator or alternate power source? Yes No
- Is the floor plan logical and easy to follow? Yes No

Care Issues:
- Does the facility have a fresh smell? Yes No
- Are residents clean and well groomed? Yes No
- Does staff interact well with residents? Yes No
- Are residents participating in activities and exercise? Yes No
- Does the staff respond quickly to calls for help? Yes No
- Is there fresh water available in rooms? Yes No
- Does the food look and smell good? Yes No
- Are the residents offered choices of food at mealtimes? Yes No
- Are the residents who need assistance eating/drinking getting it? Yes No
- Are there nutritious snacks available throughout day/evening? Yes No
- Is physical therapy available for as long as the resident needs it? Yes No
- Does the staff have special training to deal with dementia? Yes No
- Are there special units, programs, or services for special needs, such as Alzheimer’s? Yes No
Checklist for Choosing Nursing Home Continued

**Quality of Life:**

- Are residents' rights posted?  
  - Yes
  - No

- Does the staff knock before entering a resident's room?  
  - Yes
  - No

- Are the doors shut when a resident is being dressed or bathed?  
  - Yes
  - No

- Is the facility an easy place for family and friends to visit?  
  - Yes
  - No

- Does the nursing home meet cultural, religious, or language needs?  
  - Yes
  - No

- Does the nursing home have outdoor areas for residents and help for residents who want to spend time outside?  
  - Yes
  - No

- Are the residents allowed to make choices about daily routine (for example, when to go to bed, when to get up, when to bathe, or when to eat)?  
  - Yes
  - No

- Are the residents allowed to have personal articles and furniture in their rooms?  
  - Yes
  - No

- Is the staff friendly, considerate, and helpful?  
  - Yes
  - No

- Does the facility have a friendly, home-like environment?  
  - Yes
  - No

**Additional Notes:**

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When people hear the word hospice, they may become frightened and confused. That’s because there are many myths and misconceptions about what hospice is and what it can do for persons who are nearing the end of life. Since our population is aging and the need for hospice services is continuing to grow, it is important to clear up the mystery of hospice. This tip sheet is designed to introduce you to hospice and may help you and your loved ones during life’s final journey.

What is hospice? Hospice is a unique approach to caring for persons who are terminally ill. It involves a team of specially trained professionals who provide expert medical care, pain management, and emotional and spiritual support that is tailored to the individual patient’s needs and wishes. Their focus is on caring not curing. In addition, recognizing the tremendous toll that illness takes on family members, the hospice team also provides compassionate comfort and support to the patient’s loved ones, both during the illness and beyond. Services are available 24 hours a day, seven days a week. Originally introduced in England in the 1960’s the hospice philosophy is based on the belief that death is a natural part of life. It does not prolong life, nor does it hasten death. Hospice simply allows nature to take its course. Hospice’s sole focus is on assisting the terminally ill to live life to the fullest during their final days.

Who can receive hospice care? Hospice services are available to anyone regardless of illness, culture, age, gender or financial status. The criteria for receiving hospice care are that the patient has a terminal illness, has been certified by a medical professional as having a prognosis of six months or less, and does not wish to pursue curative treatment.

How does hospice work? Once a referral to hospice has been made by a medical professional, members of the hospice staff will come and conduct an assessment of the patient’s overall needs as well as establish a care team. Along with the primary caregiver (usually a member of the family), the hospice team and the patient will outline an appropriate care plan.

From the moment a patient enters into hospice care, he or she may access a wide range of services, including: Physician services; Regular home visits by a registered and licensed practical nurse; Home health aides to assist in activities of daily living, such as dressing and bathing; Social work and counseling services; Medical equipment, such as hospital beds and oxygen equipment; Medical
Hospice Continued

supplies, such as bandages and catheters; Volunteer support to assist exhausted caregivers and family members; specialized services, such as physical therapy, speech therapy, occupational therapy, and nutritional counseling.

Where do I go to get hospice services? You don’t have to go anywhere, Hospice comes to you. Whether you are in a nursing home, hospice facility, hospital, or in your own home, hospice professionals will provide services where ever you live and are most comfortable. This flexibility in service is part of the hospice mission to help patients live their lives as they wish during this difficult time.

How do I pay for hospice? Hospice care is usually paid by Medicare and, in 43 states, Medicaid. In addition many other types of health care plans, including health maintenance organizations (HMO’s) and preferred provider organizations (PPO’s) cover the costs related to hospice care. For patients who do not have insurance and do not qualify for Medicare/Medicaid, many hospice programs will offer their services free of charge. Community Hospice, based in Stanislaus County, will provide care regardless of ability to pay.

How do I find a hospice program in my community? Since 1979, Community Hospice has provided compassionate care, comfort and support to terminally ill patients and their families in the Central Valley. Today, Community Hospice provides care to over 230 patients every day in private homes, skilled nursing facilities and at the Alexander Cohen Hospice House. For more information or to make a referral, please call (209) 578-6300. Helpful information and resources can be found at www.hospiceheart.org.

Are all hospices alike? While all hospice programs provide the same core services and subscribe to the same philosophy and mission of helping the terminally ill, each hospice program has its own characteristics and strengths that set it apart from other programs. It is important to find out as much as you can about any hospice program you are considering.
# MEDICAL INFORMATION

## DOCTORS (PRIMARY CARE & SPECIALISTS)

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<th>Specialty</th>
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Directions to Hospital

## MEDICAL SUPPLY STORE

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### Medical Information Continued

**MEDICAL HISTORY**

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**CURRENT MEDICAL CONDITIONS**

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Blood type

Allergies
DOCTOR VISITS: DISCUSSING MEDICAL CONDITIONS

Informal caregivers often need to supervise the medical care of their loved ones and ensure compliance with medical directives. Make sure you know the answers to the following questions about any current disease or condition; if possible, meet with your loved one's primary care physician and any specialists treating a current condition.

What is the diagnosis?

1. Is the condition treatable? (The answer to this question will help you determine if outside care, hospice, or other services are appropriate.)

2. How will the condition progress? (Knowing what to expect will help you determine if you have the necessary skills to be the primary caregiver?)

3. What can I do to help now?

4. Is treatment covered by current insurance?

5. Where can I find information about this condition? (Many healthcare providers have literature or can refer you to toward helpful books or web sites.)

6. Is this condition hereditary? (If you can make lifestyle changes to prevent the condition, you may want to start making those changes today.)

DOCTOR VISITS: DISCUSSING MEDICINES

By accompanying your loved one on visits to the doctor, you can both obtain and provide information. For example, you may be able to describe symptoms more completely or accurately than your loved one, which will help the doctor to make a diagnosis.

Be patient during the visit, however; let the patient try to answer the doctor's questions first, without interrupting. Your loved one's responses, or lack of same, will help the doctor's assessment. Bring a list of questions, and take notes on the doctor's answers. Make sure you understand the answers; if not, ask for a more simple explanation. If you cannot accompany your loved one on a medical visit, find someone trusted to take your place.
Discussing Medicines Continued

Review the medicines your loved one is taking, including prescription and over-the-counter medicines and dietary supplements such as vitamins and herbs. At least once a year, all current medicines and supplements should be brought to the doctor for a formal review. For new medications, immediately tell the doctor about any adverse reactions or other problems.

Also ask and write down the answers to these questions before leaving the doctor's office:

- Brand and generic name of the medicine
- Condition being treated
- How does this medicine treat this condition?
- When and how often should it be taken?
- How should it be taken? (Empty or full stomach?)
- Avoid foods or drinks? Avoid alcoholic beverages?
- How long will it take to work?
- If your loved one forgets to take medicine, what should he or she do?
- What side effects can be expected? Should side effects be reported to you?
- How long will your loved one have to take this medicine?
- Can this medicine interact with other medicines (prescription and over the counter, including herbal and dietary supplements) that your loved one is taking now?
- Where should medicine be stored?
- What is the color and shape of the medicine?
- If loved one has difficulty swallowing a tablet/capsule, can this medicine be chewed, crushed, or mixed with food or drink?
- Is this medicine available as a liquid?
MEDICATION MANAGEMENT

People age 65 and older consume more prescription and over-the-counter medicines than any other age group. Taking several medications increased the likelihood of errors in administration and of harmful interactions, especially when medications are not managed by a single doctor or pharmacy.

Taking some over-the-counter drugs together with prescription medicines can cause serious problems. Older adults tend to be more sensitive to drugs than younger adults are, due to their generally slower metabolisms and organ functions. A formal review of all medications by a person's doctor and pharmacist can raise awareness of the risks and benefits of the different medications, identify potential problems, and lead to the simplest, most appropriate regimen.

Noncompliance is more common among older adults, especially those with dementia. The person may forget to take a medication or repeat a dose, and may not understand why taking the medicine is important. Arthritis, poor eyesight, and memory lapses can make it difficult for some older adults to take their medications correctly.

The caregiver plays a critical role in ensuring the appropriate use of medicines. Use the charts included in this toolkit to make note of prescription medicines, over-the-counter medicines, and dietary supplements such as vitamins and herbs. The caregiver and care recipient each should keep a copy of the charts in a handy area. The care recipient may want to post one in the medicine cabinet and keep the pocket-size version in his or her wallet or purse.

Review the charts with your loved one's doctor at every visit, and bring the charts to the hospital on each admittance. You can also help monitor your loved one's proper use of medicines by comparing the quantity of pills he or she is taking during a specific time period with the prescribed dosage.

MEDICATION MANAGEMENT: TRACKING AND INFORMATIONAL CHARTS

Chart A lists all the medications your loved one is currently taking and can be displayed to serve as a reminder list. It also should be taken to every doctor and hospital visit. Use this chart if all current medicines fit into a 4-times-a-day schedule (e.g., breakfast, lunch, dinner, and bedtime).

Chart B is a monitoring/tracking chart to help the caregiver or care recipient double-check that the correct quantity of pills is being taken. Use the chart to keep track of each refill of each medicine by noting the quantity of pills per container, the quantity of pills taken per day, and the date the person started using that medicine container. To check if medications are being taken as directed, count the number of pills in the container. Compare this number with the result of the following: multiply the quantity of pills that should be taken each day by the number of days that have passed since the starting date of that container, and subtract this number from the quantity of pills originally in the container at the start date. If they are not the same number, the person has not been taking the prescribed quantity during this time period.

Make copies of any of the following charts before you fill in your medication information if you need additional space.
CHART A: MEDICATIONS THAT GO IN PILL ORGANIZER

Care Recipient’s Name ___________________________________________________________
Date __________________________________________

(Even if you are not using an organizer, list medications that would go in organizer in this top section, should you later decide to use one):

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Brand or generic?</th>
<th>Quantity to take at:</th>
<th>Dosage</th>
<th>Color</th>
<th>Prescribing doctor</th>
<th>Condition treated</th>
<th>Start date</th>
<th>Exp. date</th>
<th>Take w/ full or empty stomach</th>
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### CHART B: MEDICATION MONITORING/TRACKING CHART

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<thead>
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<th>Medication #1</th>
<th>Prescribed number</th>
<th>Quantity pills/container</th>
<th>Quantity pills/day</th>
<th>Date started container</th>
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# INSURANCE INFORMATION

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<td>DISABILITY INSURANCE</td>
<td>Company</td>
<td>Agent</td>
<td>Phone</td>
<td>Policy #</td>
<td>Policy location</td>
</tr>
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</tr>
<tr>
<td>HOMEOWNER'S/RENTER'S INSURANCE</td>
<td>Company</td>
<td>Agent</td>
<td>Phone</td>
<td>Policy #</td>
<td>Policy location</td>
</tr>
<tr>
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</tr>
<tr>
<td>HEALTH INSURANCE</td>
<td>Company</td>
<td>Agent</td>
<td>Phone</td>
<td>Policy #</td>
<td>Policy location</td>
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<tr>
<td>LONG-TERM CARE INSURANCE</td>
<td>Company</td>
<td>Agent</td>
<td>Phone</td>
<td>Policy #</td>
<td>Policy location</td>
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</tr>
<tr>
<td>LIFE INSURANCE</td>
<td>Company</td>
<td>Agent</td>
<td>Phone</td>
<td>Policy #</td>
<td>Policy location</td>
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<tr>
<td>OTHER INSURANCE</td>
<td>Company</td>
<td>Agent</td>
<td>Phone</td>
<td>Policy #</td>
<td>Policy location</td>
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</tbody>
</table>

**MEDICARE**

<table>
<thead>
<tr>
<th>ID number</th>
<th>Regional office address</th>
<th>Regional office phone</th>
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<tbody>
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</table>

**MEDICAID**

<table>
<thead>
<tr>
<th>ID number</th>
<th>State office address</th>
<th>State office phone</th>
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</tbody>
</table>
AUTHORIZATION TO ACCESS INSURANCE INFORMATION

(If necessary, obtain and note authorization from care recipient to access information concerning insurance, Medicare, or Medicaid). Obtaining authorization may require power of attorney and notarization; there are many “travelling notaries” in the area who will come to you in an emergency.

<table>
<thead>
<tr>
<th>Type of insurance</th>
<th>Authorized party</th>
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<tbody>
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<tr>
<td>Bank</td>
<td>Banker/Financial advisor</td>
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</tbody>
</table>

Online user ID __________________ Online password __________________ ATM pin# __________

<table>
<thead>
<tr>
<th>Account type</th>
<th>Name(s) on account</th>
<th>Account number</th>
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<tbody>
<tr>
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</table>

Banking Information continued...

<table>
<thead>
<tr>
<th>Bank</th>
<th>Banker/Financial advisor</th>
<th>Address</th>
<th>Phone</th>
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<tbody>
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</table>

Online user ID __________________ Online password __________________ ATM pin #________

<table>
<thead>
<tr>
<th>Account type</th>
<th>Name(s) on account</th>
<th>Account number</th>
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</table>

Banking Information continued...

<table>
<thead>
<tr>
<th>Bank</th>
<th>Banker/Financial advisor</th>
<th>Address</th>
<th>Phone</th>
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<tbody>
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</tbody>
</table>

Online user ID __________________ Online password __________________ ATM pin #________

<table>
<thead>
<tr>
<th>Account type</th>
<th>Name(s) on account</th>
<th>Account number</th>
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<tbody>
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</tbody>
</table>
SAFE DEPOSIT BOX

Bank
Box Number
Address
Location of keys

Tip: Check that another person’s name (the caregiver) is on the safety deposit box; to avoid problems later gaining access to contents of the box.

AUTOMATED BILL PAYMENTS & OTHER ELECTRONIC FUND TRANSFERS

Account charged or transferred from
Account paid or transferred to

PENSIONS OR RETIREMENT PLANS

Type
Employer name
Plan administrator
Contact

BUSINESS INTERESTS (STOCK, REAL ESTATE, ETC.)

Company Name
Type
Address
Phone
### SOCIAL SECURITY

<table>
<thead>
<tr>
<th>Social Security number</th>
<th>Local office address</th>
<th>Local phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

### ACCOUNTANT

<table>
<thead>
<tr>
<th>Name</th>
<th>Firm</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### FINANCIAL ADVISOR

<table>
<thead>
<tr>
<th>Name</th>
<th>Firm</th>
<th>Address</th>
<th>Phone</th>
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</table>

Type of investment

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<table>
<thead>
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<th>Name</th>
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Type of investment

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</tr>
</tbody>
</table>
## FINANCIAL INFORMATION

### CREDIT/DEBIT CARDS

<table>
<thead>
<tr>
<th>Type of card</th>
<th>Card number</th>
<th>Expiration date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### OTHER FINANCIAL OBLIGATIONS (Party to any written or oral agreements, fiduciary obligations)

<table>
<thead>
<tr>
<th>Type</th>
<th>Obligated to</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### MORTGAGE

<table>
<thead>
<tr>
<th>Type of property</th>
<th>Lender’s name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### LEASE OBLIGATIONS

<table>
<thead>
<tr>
<th>Type of property or equipment</th>
<th>Lessor</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>
## AUTHORIZATION TO ACCESS FINANCIAL INFORMATION

(If necessary obtain and note authorization from care recipient to access bank accounts, manage finances, or become representative payee for Social Security)

<table>
<thead>
<tr>
<th>Type of financial information</th>
<th>Authorized party</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## LOCATION OF DOCUMENTS/PROPERTY

<table>
<thead>
<tr>
<th>Item</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checkbook and checkbook registers</td>
<td></td>
</tr>
<tr>
<td>Income tax returns</td>
<td></td>
</tr>
<tr>
<td>Certificates for CD’s, stocks, bonds, annuities</td>
<td></td>
</tr>
<tr>
<td>Contracts for pension, retirement account</td>
<td></td>
</tr>
<tr>
<td>Deeds</td>
<td></td>
</tr>
<tr>
<td>Leases or loans</td>
<td></td>
</tr>
<tr>
<td>Marriage license</td>
<td></td>
</tr>
<tr>
<td>Divorce/separation papers</td>
<td></td>
</tr>
<tr>
<td>Jewelry</td>
<td></td>
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<tr>
<td>Other</td>
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<td>Other</td>
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<td>Other</td>
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<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
To help you assess your loved one's financial status, you should compare his or her financial resources and financial obligations. Although financial resources include all of one's assets, some people prefer to limit their expenditures to the income generated from their assets without depleting the principal.

Therefore, this worksheet helps you determine only the income generated from assets. However, the assets themselves should be considered in determining what your loved one can afford to spend on care. Using the following items, construct a statement of income and expenses. If you need help in determining all of your loved one's resources and obligations, contact his or her accountant or financial advisor.

It is easier to compare expenses with available income when these numbers are broken down in monthly increments. This monthly net income number will guide you in your choices of care giving to see what is affordable.

Locate and record the following information. Then total the income generated over one year; total the expenses incurred over one year; and subtract the total expenses from the total income. Divide this yearly figure by 12 to derive the average monthly net income.
<table>
<thead>
<tr>
<th>Income currently generated</th>
<th>Annual Income</th>
<th>Expenses incurred</th>
<th>Annual Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>from these assets and resources:</td>
<td></td>
<td>from these obligations:</td>
<td></td>
</tr>
<tr>
<td>Net Wages</td>
<td>____________</td>
<td>Mortgage, auto &amp; other loan paymts.</td>
<td>____________</td>
</tr>
<tr>
<td>Certificates of deposit interest</td>
<td>____________</td>
<td>Credit cards</td>
<td>____________</td>
</tr>
<tr>
<td>Checking account interest</td>
<td>____________</td>
<td>Personal debts</td>
<td>____________</td>
</tr>
<tr>
<td>Savings account interest</td>
<td>____________</td>
<td>Utilities</td>
<td>____________</td>
</tr>
<tr>
<td>Money market account interest</td>
<td>____________</td>
<td>Telephone</td>
<td>____________</td>
</tr>
<tr>
<td>Annuities interest / income</td>
<td>____________</td>
<td>Home repairs and maintenance</td>
<td>____________</td>
</tr>
<tr>
<td>Bond interest</td>
<td>____________</td>
<td>Housekeeping services</td>
<td>____________</td>
</tr>
<tr>
<td>Other interest</td>
<td>____________</td>
<td>Legal and accounting services</td>
<td>____________</td>
</tr>
<tr>
<td>Social Security benefits</td>
<td>____________</td>
<td>Insurance premiums</td>
<td>____________</td>
</tr>
<tr>
<td>Insurance benefits</td>
<td>____________</td>
<td>Personal care expenses</td>
<td>____________</td>
</tr>
<tr>
<td>Pension / retirement account benefits</td>
<td>____________</td>
<td>Food</td>
<td>____________</td>
</tr>
<tr>
<td>Stocks and mutual funds dividends</td>
<td>____________</td>
<td>Clothing</td>
<td>____________</td>
</tr>
<tr>
<td>Other dividends</td>
<td>____________</td>
<td>Automobile / transportation</td>
<td>____________</td>
</tr>
<tr>
<td>Business investment income</td>
<td>____________</td>
<td>Medical / dental care, Medicines</td>
<td>____________</td>
</tr>
<tr>
<td>Profit-sharing plan benefits</td>
<td>____________</td>
<td>Entertainment &amp; gifts</td>
<td>____________</td>
</tr>
<tr>
<td>Real estate income</td>
<td>____________</td>
<td>Charitable contributions, Taxes</td>
<td>____________</td>
</tr>
<tr>
<td>Other income-generating assets</td>
<td>____________</td>
<td>Other regular expenses</td>
<td>____________</td>
</tr>
</tbody>
</table>

**Total Annual Income** ____________  **Total Annual Expenses**

Total Annual Income:  ____________
Total Annual Expenses:  ____________

Net Annual Income: ____________ divided by 12 = Monthly Net Income: ____________
### LEGAL DOCUMENTS EXECUTED
(Wills, trust, power of attorney, healthcare declaration, living will, advanced directives, do not resuscitate orders)

<table>
<thead>
<tr>
<th>Document type</th>
<th>Location of original document</th>
<th>Copies of document given to:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Power of attorney  
Address  
Phone  

Executor  
Address  
Phone  

Trustee(s)  
Address  
Phone  

Conservator  
Address  
Phone  

### ATTORNEY

<table>
<thead>
<tr>
<th>Name</th>
<th>Firm</th>
<th>Address</th>
<th>Phone</th>
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</table>

### AUTHORIZATION TO ACCESS LEGAL INFORMATION
(If necessary, obtain and note authorization from care recipient to access legal information)

<table>
<thead>
<tr>
<th>Type of legal information</th>
<th>Authorized party</th>
</tr>
</thead>
<tbody>
<tr>
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</table>
CARE PLAN TEAM MEMBERS

INFORMAL CAREGIVERS
(Family, relatives, friends, neighbors):

<table>
<thead>
<tr>
<th>Name *</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
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<tbody>
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</table>

*Primary caregiver

FORMAL CAREGIVERS AND SUPPORT ORGANIZATIONS
(Daycare centers, senior centers, Meals-on-Wheels, geriatric care manager, in-home care workers, therapists, support groups, Alzheimer’s Association, etc.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
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<tbody>
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</tbody>
</table>

CARE PLAN TASK ASSIGNMENTS

CARE PLAN
Some common needs are listed below, but you should modify this list according to your needs.

<table>
<thead>
<tr>
<th>Task</th>
<th>Time/required/Frequency</th>
<th>Where</th>
<th>Who can perform task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changing bed linen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turning and repositioning</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Care Plan Task Assignments Continued

<table>
<thead>
<tr>
<th>Task Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toileting</td>
</tr>
<tr>
<td>Dressing/grooming</td>
</tr>
<tr>
<td>Preparing meals/snacks</td>
</tr>
<tr>
<td>Feeding breakfast</td>
</tr>
<tr>
<td>Feeding lunch</td>
</tr>
<tr>
<td>Feeding dinner</td>
</tr>
<tr>
<td>Giving medications</td>
</tr>
<tr>
<td>Providing wound care/other nursing care</td>
</tr>
<tr>
<td>Assisting with therapy/exercises</td>
</tr>
<tr>
<td>Laundry/ironing</td>
</tr>
<tr>
<td>Shopping</td>
</tr>
<tr>
<td>Transportation</td>
</tr>
<tr>
<td>Researching legal and/or financial issues</td>
</tr>
<tr>
<td>Managing finances/paying bills</td>
</tr>
<tr>
<td>Researching community resources/support services</td>
</tr>
<tr>
<td>Caring for residence</td>
</tr>
<tr>
<td>Caring for automobile</td>
</tr>
<tr>
<td>Caring for pets/plants</td>
</tr>
<tr>
<td>Accompanying to religious/social occasions</td>
</tr>
<tr>
<td>Coordinating social activities</td>
</tr>
</tbody>
</table>

**Other situations-specific needs/commitments:**

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
LONG–DISTANCE CAREGIVING

When care-giving must be done from afar, as when no adult children live in the same town as their parents, distance can add to the stress of already-difficult circumstances. If this is your situation, you may feel helpless, but you can take steps to help you through this process.

You probably will have to rely on a network of relatives; neighbors; friends; and members of religious, civic, and social organizations who are local to your loved one. Ask them to contact you if they become aware of a problem, and keep their telephone numbers, e-mail and mailing addresses handy (see Important Contacts information in Section 2 and Care Plan Team Members in Section 9).

Get a copy of your loved one's local telephone book. Call your loved one's physician periodically, especially after a medical visit or a new problem or symptom. Try to pre-arrange a contact person, such as a willing neighbor, who will check on your loved one if you can't reach him/her or otherwise suspect a problem. You may have to rely on more emergency communication devices to alert you or a local caregiver to a problem.

Medical supply stores sell telephones that can be programmed to call caregivers on a pre-set time interval. Monitoring companies provide communication devices that your loved one can activate in the event of an emergency. If you have to take care of your loved one's finances from a distance, change billing addresses to your address. You may need to hire a local geriatric care manager if informal caregivers are unable to handle all care needs.

There are also many online resources available for family caregivers and their families. Below are two useful websites that help connect families when their loved one has a serious illness:

- www.caringbridge.org
- www.hospicejourney.org
# NATIONAL ORGANIZATIONS

The following list of support organizations and resources offer a wealth of information about caregiving issues, and many can help you find local support.

*This information is furnished by Community Hospice for educational purposes and does not imply an endorsement of service or product.*

<table>
<thead>
<tr>
<th>Organization</th>
<th>Phone Numbers</th>
<th>Internet Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>AARP</td>
<td>(888) 687-2277; <a href="http://www.aarp.org">www.aarp.org</a></td>
<td></td>
</tr>
<tr>
<td>Administration on Aging</td>
<td>(202) 619-0724; <a href="http://www.aoa.gov">www.aoa.gov</a></td>
<td></td>
</tr>
<tr>
<td>Alzheimer's Association</td>
<td>(312) 335-8700; <a href="http://www.alz.org">www.alz.org</a></td>
<td></td>
</tr>
<tr>
<td>American Health Care Association</td>
<td>(202) 842-4444; <a href="http://www.ahcanal.org">www.ahcanal.org</a></td>
<td></td>
</tr>
<tr>
<td>America’s Health Insurance Plans (AHIP)</td>
<td>(202) 778-3200; <a href="http://www.ahip.org">www.ahip.org</a></td>
<td></td>
</tr>
<tr>
<td>Caregiver Action Network (CAN)</td>
<td>(202) 454-3970; <a href="http://www.caregiveraction.org">www.caregiveraction.org</a></td>
<td></td>
</tr>
<tr>
<td>Centers for Medicare and Medicaid Services</td>
<td>(877) 267-2323 or (410) 786-3000; <a href="http://www.cms.gov">www.cms.gov</a></td>
<td></td>
</tr>
<tr>
<td>Department of Veterans Affairs (VA)</td>
<td>(800) 827-1000; <a href="http://www.va.gov">www.va.gov</a></td>
<td></td>
</tr>
<tr>
<td>Eldercare Locator</td>
<td>(800) 677-1116; <a href="http://www.eldercare.gov">www.eldercare.gov</a></td>
<td></td>
</tr>
<tr>
<td>Family Caregiver Alliance</td>
<td>(800) 445-8106 or (415) 434-3388; <a href="http://www.caregiver.org">www.caregiver.org</a></td>
<td></td>
</tr>
</tbody>
</table>

Mailing Address:
- AARP: 601 E St., NW Washington, DC 20049
- Administration on Aging: One Massachusetts Ave. Suites 4100 & 5100 Washington DC 20001
- Alzheimer's Association: 225 North Michigan Ave., Floor 17 Chicago, IL 60601-7633
- American Health Care Association: 1201 L St. NW Washington DC 20005
- America’s Health Insurance Plans (AHIP): 601 Pennsylvania Ave., NW South Building Ste. 500 Washington, DC 20004
- Centers for Medicare and Medicaid Services: 7500 Security Blvd., Baltimore MD 21244-1850
- Department of Veterans Affairs (VA): 810 Vermont Ave. NW Washington, DC 20420
- Eldercare Locator: 235 Montgomery St., Suite 950 San Francisco, CA 94104
National Association for Home Care & Hospice
Phone: (202) 546-4759; Internet: www.nahc.org/haa
Mailing Address: 228 Seventh St., SE Washington, DC 20003

Leading Age: Expanding the World of Possibilities for Aging
Phone: (202) 783-2242; Internet: www.leadingage.org
Mailing Address: 2519 Connecticut Ave. NW, Washington DC 20008-1520

Meals on Wheels Association of America
Phone: (888) 998-6325; Internet: www.mealsonwheelsamerica.org
Mailing Address: 1550 Crystal Dr. Suite 1004 Arlington, VA. Suite 1004 22202

Medi-Cal
Phone: (800) 541-5555; Internet: www.medi-cal.ca.gov
Mailing Address: Xerox State Healthcare, LLC 820 Stillwater Road West Sacramento, CA 95605-1630

Medicare
Phone: 1-800-633-4227; Internet: www.medicare.gov
Nursing Home Compare: www.medicare.gov/nhcompare/home.asp
Mailing Address: Centers for Medicare and Medicaid Services, 7500 Security Blvd., Baltimore MD 21244-1850

National Academy of Elder Law Attorneys, Inc.
Phone: (703) 942-5711 ext. 222; Internet: www.naela.org
Mailing Address: 1577 Spring Hill Road Ste. 310 Vienna, VA 22182

Aging Life Care Association
Phone: (520)881-8008; Internet: www.aginglifecare.org
Mailing Address: 3275 West Ina Road, Ste 130, Tucson, AZ 85741-2198

American Health Care Association
Phone: (202) 842-4444; Internet: www.ahcancal.org
Mailing Address: 1201 L Street, NW Washington DC 20005

National Council on the Aging
Phone: (571) 527-3900; Internet: www.ncoa.org
Mailing Address: 251 18th St. S. Suite. 500 Arlington, VA. 22202
National Hospice and Palliative Care Organization (NHPCO)
Phone: (703) 837-1500; Internet: www.nhpc.org
Mailing Address: 1731 King Street, Alexandria, VA 22314

National Institutes of Health
Phone: (301) 496-4000; Internet: www.nih.gov
Mailing Address: 9000 Rockville Pike, Bethesda MD 20892

The National Long Term Care Ombudsman Resource Center
Phone: (202) 332-2275; Internet: www.ltcombudsman.org
Mailing Address: 1001 Connecticut Avenue, NW Ste 425 Washington DC 20036

Social Security
Phone: (800) 772-1213; TTY (800) 325-0778; Internet: www.ssa.gov
Mailing Address: Social Security Administration, Office of Public Inquiries, Windsor Park Building, 6401 Security Blvd., Baltimore MD 21235

State Health Insurance Assistance Program
For the program nearest you, call the Eldercare Locator: (800) 677-1116

United States Department of Health and Human Services
Phone: (877) 696-6775; Internet: www.hhs.gov
Mailing Address: 200 Independence Ave. SW Washington DC 20201

WebMD.com
Phone: (212) 624-3700; Internet: www.webmd.com
Mailing Address: 111 8th Ave. 7th Floor New York, NY 10011

Well Spouse Association
Phone: (800) 838-0879 or (732) 577-8899; Internet: www.wellsppouse.org
Mailing Address: 63 West Main Street, Ste. H, Freehold NJ 07728

LOCAL ORGANIZATIONS
This information is furnished by Community Hospice for educational purposes and does not imply an endorsement of service or product.

ADULT DAY CARE
Adult Activity Center
Phone: 209-468-2285

Adult Day Services Center
Phone: 209-369-4443; Internet: whitmit@ah.org
Address: 125 S. Hutchins Suite F. Lodi, CA 95240
Community Continuum College  
Phone: 209-669-6503; Internet: continuumcollege.org/index.html  
Address: 1731 Colorado Avenue, Turlock, CA 95381

DayOut  
Phone: 209-388-9175; Internet: www.dayoutmerced.com  
Address: 1460 Merced Ave. Merced, CA 95341

Golden Age Senior Day Care Services  
Phone: 209-546-0715; Internet: goldenage@inreach.com

ALCOHOL & DRUG ABUSE

Aegis Treatment Centers  
Phone: 209-725-1060; Internet: www.aegistreatmentcenters.com  
Address: 1343 W Main St, Merced, CA 95340

Alcoholic Anonymous – AA  
Phone: 209-572-2970; Internet: www.cviaa.org  
Address: 1024 J. St Rm. 428 Modesto, CA 95353 P.O. Box 185

Alcoholics Anonymous Recovery  
Phone: 209-835-0255 or 209-464-1509

Alcohol Rehab Center Merced  
Phone: (855) 766-6255; Internet: www.drugrehab247.com  
Address: 60, Tahoe Drive Merced, CA 95340

Behavioral Health Services  
Phone: 209-525-6225; Internet: stanbhrsprevention.com/cap.shtm  
Address: 1917 Memorial Drive, Ceres, CA 95307

Breaking Barriers  
Phone: 209.541-2121; Internet: stanislausrecoverycenter.com  
Address: Stanislaus Recovery Center 1904 Richland Avenue, Ceres, CA 95307

Celebrate Recovery: Ceres Christian Church  
Phone: 209-324-2403; Internet: cereschristianchurch.org/celebraterecovery  
Address: 3502 Roeding Road, Ceres, CA 95307

Delta Intergroup-Alcoholics Anonymous  
24hr Hotline: 209-464-1594  
Phone: 209-464-1509
Behavioral Health & Recovery Services
Phone: 1-888-376-6246
Address: 800 Scenic Suite #4. Modesto, CA 95355

Hobie House
Phone: (209) 722-6335; Internet: www.csmainc.org
Address: 1301 Yosemite Pkwy, Merced, CA 95340

Merced County Alcohol & Drug
Phone: 209-381-6809; Internet: www.co.merced.ca.us
Address: 1628 N St, Merced, CA 95340

Stanislaus PHF
Phone: 209-300-8800; Internet: stancoe.org
Address: 1904 Richland Ave, Ceres, CA 95307

The Living Center
Phone: 1-844-242-2329; Internet: thelivingcentertreatment.com
Address: 2101 Greer Road, Suite 304G, Turlock, CA 95382

ALZHEIMER’S & DEMENTIA
Alzheimer’s Aid Society of Northern California
Phone: 1-800-540-3340; www.alzaid.org
Address: 2641 Cottage Way Suite #4. Sacramento, CA 95825

Alzheimer/Dementia Support Center, Inc.
Phone: 209-577-0018; Internet: www.ascmodesto.org
Address: 700 McHenry Avenue Suite B, Modesto, CA 95350

Alzheimer’s Disease Education and Referral Center
Phone: 1-800-438-4980

DayOut
Phone: 209-388-9175; Internet: www.dayoutmerced.com
Address: 1460 Merced Ave. Merced, CA 95341

HAWK – Safety Home Visits by Modesto Police Volunteers
Phone: 209-342-6150

Paramount Court Senior Living
Phone: 209-417-1661; Internet: paramountcourtseniorliving.com
Address: 3791 Crowell Road, Turlock, CA 95382

St. Francis Assisted Care
Phone: 209-668-8014
Address: 120 20TH CENTURY BOULEVARD, Turlock, CA, 95380

CAREGIVER SUPPORT

Alzheimer’s Aid Society
Phone: 209-238-0538

Alzheimer/Dementia Support Center, Inc.
Phone: 209-577-0018; Internet: www.ascmodesto.org
Address: 700 McHenry Avenue Suite B, Modesto, CA 95350

Alzheimer’s Informational Forum/Support Group
Phone: (559) 224-9154; Internet: www.amiesseniorcare.com/parkmerced
Address: 3845 N. Clark Street Suite 201, Fresno, CA 93726

Ceres Healthy Start Program
Phone: (209) - 556-1559
Internet: www.ceres.k12.ca.us/cms/One.aspx?portalId=5439732&pageId=5983131
Address: 2491 Lawrence Street, Ceres, CA 95307

Community Hospice.
Phone: 209-578-6300; Internet: www.hospiceheart.org
Address: 4368 Spyres Way, Modesto, CA 95356

Merced County Area Agency on Aging
Phone: 209-385-7550 Internet: www.co.merced.ca.us/index.aspx?nid=1475
Address: 851 W. 23rd Street Merced, CA 95340

Stanislaus County Aging and Veterans Services
Phone: 1-800-510-2020 or 209-558-8698; Internet: www.agingservices.info
Mailing Address: 121 Downey Avenue Suite 102, Modesto, CA 95354

Valley Caregiver Resource Center
Phone: (599) 224-9154; Internet: www.valleycrc.org
Mailing Address: 3845 North Clark Street, Fresno, CA 93726

Valley Caregiver Resource Center Merced Caregiver Support Group
Phone: (559) 224-9154; Internet: ww.brookdale.com
Address: 3420 R. Street, Merced, CA 95348
CONSUMER INFORMATION

Central Valley Information and Referral (211) Stanislaus
Phone: 209-572-2255

United Way of Stanislaus County
Phone: 209-523-4562; Internet: www.uwaystan.org
Address: 422 McHenry Avenue, Modesto, CA 95354

Center for Human Services
Phone: 209-526-1476; Internet: www.centerforhumanservices.org
Address: 2000 W. Briggsmore Ave Suite I Modesto, CA 95350

Emergency Mental Health and Peer Phone Support
Phone: 209-558-4600; Internet: www.tpcp.org/warm-line

Merced County Library
Phone: 209-385-7484; Internet: www.co.merced.ca.us/index.aspx?NID=77
Address: 2100 O Street, Merced, CA 95340

Stanislaus County Aging and Veterans Services
Phone: 1-800-210-2020 or 209-558-8698; Internet: www.agingservices.info
Mailing Address: 121 Downey Avenue Suite 102, Modesto, CA 95354

UC Merced Library
Phone: 209-228-4444; Internet: library.ucmerced.edu
Address: 5200 N. Lake Road, 5200 North Lake Rd. #275, Merced, CA 95343

DEATH & BEREAVEMENT

Community Hospice
Phone: 209-578-6300; Internet: www.hospiceheart.org
Address: 4368 Spyres Way, Modesto, CA 95356

Covenant Care Hospice: Journey Through Grief
Phone: 209-664-2550; Internet: covenantcareathome.org
Address: 125 N. Broadway, Turlock, CA 95382

Funeral Consumers Alliance of Stanislaus/Merced Counties
Phone: 209-521-7690; Internet: www.funerals.org/affiliates/stanislaus
Address: PO Box 4252, Modesto, CA 95352

Jessica's House: Jessica's House Grief Support Group for Children, Teens, And Families
RESOURCES

Phone: 209-250-5399; Internet: jessicashouse.org
Address: 741 East Main Street, Turlock, CA 95380

Widowed Persons – Oakdale
Phone: 209-847-1340

Young Adult Grief Support Group
Phone: 209-664-2550; Internet: www.emanuelmedicalcenter.org/
Address: 125 N. Broadway, Turlock, CA 95382

SERVICES FOR THE DISABLED

ABA Ride
Phone: 877-232-7433; Internet: www.mercedthebus.com/126/Seniors-Mobility-Challenged

American Cancer Society
Phone: 209-524-7242; Internet: www.cancer.org
Address: 1101 Sylvan Avenue Suite C-105, Modesto, CA 95350

Challenged Family Resource Center
Phone: 209-385-5314; Internet: www.challengedfrc.org
Address: 827 W. 20th Street, Merced, CA 95340

CTAP California Telephone Access Program
Phone: 1-800-806-1191; Internet: www.californiaphones.org
Address: PO Box 30310, Stockton, CA 95213

Human Services Agency - Merced
Phone: 209-385-3000; Internet: www.co.merced.ca.us/index.aspx?nid=74

Stanislaus County Area Agency on Aging
Phone: 209-558-7825; Internet: www.agingservices.info
Address: 121 Downey Ave #102 Modesto, CA 95354

Stroke Resources Inc.
Phone: 209-521-1786; Internet: www.strokeresources.org
Address: PO Box 77321, Modesto, CA 95357

United Cerebral Palsy
Phone: 209-577-2122; Internet: www.ucpstan.org
Address: 4265 Spyres Way #2 Modesto, CA 95356
Visually Impaired Persons Support  
Phone: 209-522-8477; Internet: www.vipsmodesto.org  
Address: 618 14th Street, Modesto, CA 95354

Valley CAPS  
Phone: 209-576-1807; Internet: www.mantecacaps.org  
Address: 1900 Blue Gum Avenue Suite B, Modesto, CA 95358

DRIVER'S EDUCATION

All American Driving School  
Phone: 209-722-8872; Internet: allamericandrivingschoolca.com  
Address: 3058 Beachwood Drive, Merced, CA 95348

Budget Driving School  
Phone: (209) 664-1565; Internet: budgetdrivingschool.net  
Address: 4355 Windam Court, Turlock, CA 95382

California Senior Driver  
Internet: http://www.dmv.ca.gov/about/senior/senior_top.htm

Love’s Safe Driving School-Mature Driver Class  
209-526-5683 or 1-800-503-5683; Internet: www.lovessafedriving.com  
Address: 3524 Oakdale Road, Modesto, CA 95357

Doctor’s Medical Center  
Phone: 1-888-284-6641; Internet: www.dmc-modesto.com

Modesto Senior Center  
Phone: 209-341-2974  
Address: 211 Bodem Street, Modesto, CA 95350

Turlock Driving School  
Phone: (209) 632-5957; Internet: turlockdrivingschool.com  
Address: 3102 Kendra Ct, Turlock, CA 95382

EDUCATION

Ceres Adult School  
Phone: 209-556-1557; Internet: adulted.ceres.k12.ca.us  
Address: 4295 Central Ave, Ceres, CA 95307

Merced Adult School  
Phone: (209) 325-2800; Internet: mas.muhsd.org/mas  
Address: 50 E. 20th Street, Merced, CA 95340
Modesto Institute for Continued Learning (MICL)
Phone: 209-575-6063; Internet: www.micolonline.org
Address: MJC Community Education, 435 College Avenue, Modesto, CA 95350

Modesto Junior College
Phone: 209-575-6550; Internet: www.mjc.edu
Address: 435 College Avenue, Modesto, CA 95350

Turlock Adult School
Phone: 209-667-0643; Internet: http://turlock.k12.ca.us/tas
Address: 1574 E. Canal Drive, Turlock, CA 95380

ELDER ABUSE AND EMERGENCIES
Adult Protective Service (APS)
Phone: Abuse Report Line (209) 558-2637 or Toll Free (800) 336-4316

California Department of Public Health Licensing & Certification
Phone: (916) 552-8701 or Toll Free (800) 236-9747; Internet: www.cdph.ca.gov/programs
Address: California Dept. of Public Health Licensing and Certification, PO Box 997377, MS 3202, Sacramento, CA 95899-7377

Community Care Licensing for Residential Care Facilities
Phone: 1-916-263-4700; Internet: www.ccld.ca.gov
Address: 2525 Natomas Park Drive Suite 270 MS 19-35, Sacramento, CA 95833

Merced County Elder Abuse
Phone: (209) 385-3105; Internet: co.merced.ca.us/index.aspx?NID=1480
Address: P.O. Box 112, Merced, CA 95341

Ombudsman of Modesto/California State
Phone: 209-322-0204
Crisis Line: 1-800-231-4024
Address: 2351 Tenaya Drive Suite D, Modesto, CA 95354

Stanislaus Elder Abuse Prevention Alliance (SEAPA)
Phone: 209-529-3784

EMERGENCY RESPONSE
American Medical Response
Phone: 1-800-913-9142; Internet: www/amr.net
Address: 4846 Stratos Way, Modesto, CA 95356
Stanislaus County Police Departments (By Cities)
Ceres: 209-538-5712
Escalon: 209-838-7093
Merced: 209-385-8880
Modesto: 209-572-9500
Newman: 209-552-2472
Oakdale: 209-847-2231
Turlock: 209-668-5550

Response Link
Phone: (888) 760-9033

Visiting Nurses Association – Health Watch
Phone: (209) 571-1055

EMPLOYMENT & TRAINING – SENIOR EMPLOYMENT

Alliance Worknet
Phone: 209-558-9675; Internet: www.allianceworknet.com
Address: 629 12th Street Modesto, CA 95354

AARP Foundation
Phone: 1-888-687-2277

Center for Human Services, Ceres Partnership
Phone: 209-541-0101; Internet: centerforhumanservices.org/creesperformance
Address: 1317 Grandview Avenue, Ceres, CA 95307

Central Valley Opportunity Center (CVOC)
Phone: 209-577-3210; Internet: www.cvoc.org
Address: 1581 Cummins Drive Suite 100 Modesto, CA 95358

Merced Adult Wellness Center
Phone: 209-381-6874; Internet: www.co.merced.ca.us/index.aspx?NID=502
Address: 300 E. 15th Street, Merced, CA 95341

Project YES
Phone: 209-556-1558;
Internet: www.ceres.k12.ca.us/student_support/specialized_programs/project_y_e_s
Address: 4231 Central Ave, Ceres, CA 95307

Worknet America's Job Center
Phone: 209-724-2100; Internet: www.caljobs.ca.gov/vosnet/Default.aspx
Address: 1880 Wardrobe Ave, Merced, CA 95341
FINANCIAL

Central Valley Opportunity Center – Rent Assistance
Phone: 209-577-5210; Internet: www.cvoc.org
Address: 1581 Cummins Drive Suite 100, Modesto, CA 95358

CVOC – Utility, Weatherization & Heat Energy Assistance Program
Weatherization Phone: 209-541-0496
Heat Energy Assistance Program Phone: 209-338 0004 or 209-537-9378

Modesto Irrigation District – MID Cares Program and Medical Life Support
MID Phone: 209-526-7373; Internet: www.mid.org
MID Cares Program and Medical Life Support Phone: 209-526-7435

Energy Program ( HEAP/ECIP)
Phone: 209-537-9217

Love INC of Greater Merced
Phone: (209) 383-1265; Internet: loveincmerced.com
Address: 1920 Canal Street, Merced, CA 95340

Merced County Community Action Agency
Phone: 209-723-4565; Internet: www.mercedcaa.org/our-programs/home-repair-energy-saving-services
Address: 1235 West Main Street, Merced, CA 95340

Pacific Gas & Electric Company
Phone: 1-800-743-5000; Internet: www.pge.com

Social Security
Phone: 1-888-748-7698 or 209 523-0635; Internet: www.ssa.gov
Address: 1521 N Carpenter Rd Suite E1 Modesto, CA 95358

Salvation Army Senior Services – Utility Assistance
Phone: 209-523-7577
625 I Street Modesto, CA 95350

Stanislaus County Area Aging and Veterans Services
Phone: 1-800-510-2020 or 209-558-8698; Internet: www.agingservices.info
Mailing Address: 121 Downey Avenue Suite 102, Modesto, CA 95354

Stanislaus County Community Services Agency – General Assistance
Phone: 209-558-2500; Internet: www.stanworks.com
Address: 251 E. Hackett Road, Modesto, CA 95358
FITNESS
City of Modesto Parks and Recreation, Burris Pool
Burris Pool (Disabled & Seniors)
Phone: 209-577-5344
Address: 1325 Sonoma Avenue, Modesto, CA 95355

Healthy Aging Association – Young at Heart
Phone: 209-523-2800; Internet: www.healthyagingassociation.org

FOOD AND NUTRITION
Catholic Charities of Merced
Phone: (209) 383-2494; Internet: www.ccdof.org
Address: 336 W Main Street, Merced, CA 95340

Ceres Partnership for Healthy Children
Phone: 209-541-0101; Internet: csa-stanislaus.com/cal-fresh/#_locs
Address: 2908 4th Street Ceres, CA 95307

Commodities Supplemental Food Program
Phone: (916) 229-3343
Address: 1430 N. St Suite 1500 Sacramento, CA 95814

Food Stamps aka CalFresh
Phone: (877) 652-0734; Internet: www.e4yourself.com

Gospel Mission
Phone: 209-529-8259; Internet: www.homelessmission.org
Address: PO Box 1203, Modesto, CA 95354

Harvest Time (Located at the Calvary Assembly of God)
Phone: 209-723-2395; Internet: mercedcalvaryag.org
Address: 1021 R Street, Merced, CA 95341

Howard Training Center – Senior Home Delivered Meals and Nutrition Sites
Phone: 209-593-5633

Interfaith Ministries
Phone: 209-572-3117
Address: 120 Kerr Ave. Modesto, CA 95354

Love Center
Phone: 209-538-9700
Address: 617 Winmoore Way Suite F Modesto, CA 95358
Love INC of Greater Merced
Phone: (209) 383-1265; Internet: loveincmerced.com
Address: 1920 Canal Street, Merced, CA 95340

Merced County Community Action Agency: Brown Bad Programs
Phone: 209-725-8574; Internet: mercedcaa.org/our-programs/homeless-services
Address: 1235 West Main Street, Merced, CA 95340

Merced County Food Bank
Phone: 209-726-3663; Internet: mercedcountyfoodbank.org
Address: 2000 W Olive Avenue, Merced, CA 95348

Missionary Baptist Church of Merced: Food Pantry Ministry
Phone: (209) 383-7729
Address: 500 Buena Vista Street, Merced, CA 95348

The Salvation Army – Emergency Food Program
Phone: 209-523-7577

United Samaritans Foundation
Phone: 209-668-4853; Internet: www.unitedsamaritans.org
Address: 220 S. Broadway Turlock, CA 95380

Second Harvest Food Bank
Phone: 209-239-2091

American Red Cross
Phone: 209-523-6451

HEALTH INSURANCE COUNSELING
Alejandro Hernandez Insurance
Phone: 209-777-7767
Address: 885 W. 18th Street, Merced, CA 95340

Cost-U-Less Insurance Center
Phone: 1-800-219-2670; Internet: costulessdirect.com/resources/locations/merced-95348/
Address: 3070 M Street, Suite 1, Merced, CA 95348

Healthy House Within a MATCH Coalition
Phone: 209-724-0102; Internet: healthyhousemerced.org
Address: 301 W. 18th Street, Suite 101, Merced, CA 95340

Health Insurance Counseling and Advocacy Program (HICAP)
Phone: 209-558-4540; Toll Free: 1-800-434-0222
Golden Valley Health Centers
Phone: 209-385-5490; Internet: gvhc.org/blog/locations/merced/
Address: 727 W. Childs Avenue, Merced, CA 95341

HEALTH SERVICES
American Cancer Society
Phone: 209-524-7241
Address: 1101 Sylvan Ave. Suite C, Modesto, CA 95350

Aspiranet Behavioral Health
Phone: (209) 726-3090
Address: 806 W 19th Street, Merced, CA 95340

Ceres Medical Office
Phone: 209-541-2929; Internet: schsa.org/pages/services/cesesOffice.shtml
Address: 3109 Whitmore Avenue, Ceres, CA 95307

Community Hospice
Phone: 209-578-6300; Internet: www.hospiceheart.org
Address: 4368 Spyres Way, Modesto, CA 95356

Denti-Cal
Phone: 1-800-322-6384; Internet: www.denti-cal.ca.gov

Eye Care America
Phone: 1-800-222-3937; Internet: www.aao.org

Golden Valley Health Center
Phone: 209-576-2845

Golden Valley Health Centers
Phone: 866-682-4842; Internet: www.gvhc.org
Address: 727W W Childs Ave, Merced, CA 95341

Golden Valley Health Centers
Phone: 1-866-682-4842; Internet: gvhc.org/blog/locations/ceres-2/
Address: 2760 3rd. Street, Ceres, CA 95307

La Sierra Care Center
Phone: 209-723-4224
Address: 2424 M Street, Merced, CA

Maino Health Library
Phone: 209-523-0732
Medi-Cal
Phone: 1-800-786-4346

Medicare
Phone: 1-800-633-4227; Internet: [www.medicare.gov](http://www.medicare.gov)

Medically Indigent Adult Program
Phone: 209-558-7232
Address: 830 Scenic Drive Modesto, CA 95353

Mental Health Services for Merced County
Phone: 209-381-6800; Internet: [co.merced.ca.us/index.aspx?NID=78](http://co.merced.ca.us/index.aspx?NID=78)
Address: 480 E 13th Street, Merced, CA 95341

Merced Behavioral Health Center
Phone: 209-723-8814
Address: 1255 B Street, Merced, CA 95341

Merced County Mental Health
Phone: (209) 381-6880; Internet: [co.merced.ca.us/index.aspx?nid=78](http://co.merced.ca.us/index.aspx?nid=78)
Address: 3305 G Street, Merced, CA 95340

Mercy Medical Center
Phone: (209) 564-5000; Internet: [dignityhealth.org/mercymedical-merced/](http://dignityhealth.org/mercymedical-merced/)
Address: 333 Mercy Avenue, Merced, CA 95340

Physicians Referral Service
Phone: 209-550-8300

Preventive Health Program for the Aging (Health Services Agency)
Phone: Stanislaus Public Health Dept. line 209-558-7400
Address: 830 Scenic Dr. Suite#3 Modesto, CA 95350

Department of Aging- Helping Medicare Recipients with Prescription Coverage
Phone: 1-800-510-2020; Internet: [www.ingservices.info](http://www.ingservices.info)
Address: 121 Downey Ave Suite. 102 Modesto, CA 95354

HOME REPAIR

City of Ceres
Phone: 209-538-5778

City of Modesto
Phone: 209-557-5211

City of Merced
Phone: 209-385-6834
Minor Home Repair
Phone: 209-557-5211

City of Patterson (CDBG)
Phone: 209-895-8026

City of Riverbank
Phone: 209-863-7126

City of Turlock
Phone: 209-668-5610

Central Valley Opportunity Center
Phone: 209-577-3210; Internet: www.cvoc.org
Address: 1581 Cummins Drive, Modesto, CA 95358

Housing Authority of Stanislaus County
Phone: 209-557-2000 or 209-557-2079; Internet: www.stancoha.org

Merced County Community Action Agency
Phone: 209-723-4565; Internet: mercedcaa.org/our-programs/home-repair-energy-saving-services/
Address: 1235 West Main Street, Merced, CA 95340

USDA
Phone: 209-491-9320

HOUSING
To obtain a Senior Housing List call 209-468-1104

Community Housing Shelter Services
Phone: 209-527-0444

CHSS
Phone: 209-527-0415

“D” Street Homeless Shelter
Phone: 209-725-8188; Internet: mercedcaa.org/our-programs/homeless-services/shelter/
Address: 317 E. 15th Street, Merced 95340

Golden Valley Women's Center
Phone: (209) 383-5871
Address: 797 West Childs Avenue, Merced, CA 95341
Human Services Agency
Phone: (209) 385-3000
Address: 2115 West Wardrobe Avenue, Merced CA 95340

Housing Authority of Stanislaus County
Phone: 209-557-2000; Internet: www.stancoha.org

Merced County Rescue Mission
Phone: 209-722-9269; Internet: mercedrescuemission.org
Address: 1921 Canal Street, Merced, CA 95340

Modesto Gospel Mission
Phone: 209-529-8259

Project Sentinel
Phone: 209-236-1577

IN-HOME SERVICES
To obtain a private in-home agency list call 209-468-1104.

Catholic Charities
Phone: 209-529-3784; Internet: www.ccstockton.net

In-Home Supportive Services Program (IHSS)
Phone: 209-558-1650

Link 2 Care (IHSS Provider list)
Phone: 209-558-1650; Internet: www.stanlink2care.org

Sutter Care at Home (Visiting Nurse Association of the Central Valley)
Phone: 209-571-1055; Internet: kingvl@sutterhealth.org
Address: 1316 Celeste Dr. Suite 140 Modesto, CA 95355

CASE MANAGEMENT
Stanislaus Area Agency on Aging
Phone: 209-558-8698

Multipurpose Senior Services Program (MSSP)
Phone: 209-558-2346
Address: 121 Downey Ave Suite. 102 Modesto, CA 95354

State Department of Vocational Rehabilitation
Phone: (209) 576-6220
Adult Case Management
Phone: (800) 834-8171

LEGAL ASSISTANCE
California Rural Legal Assistance
Phone: 209-577-3811 (CRLA); Internet: www.crla.org

Lawyers Referral Service
Phone: 209-571-5727; Internet: www.stanbar.org/lawyer-referral-service

Senior Legal Hotline
Phone: 1-800-222-1753

Senior Citizens Law Project
Phone: 209-577-3814

MEDICAL EQUIPMENT
Merced Medical Supply
Phone: 209-722-3832
Address: 1827 Canal St, Merced, CA 95340

LifeCare Solutions
Phone: 209-724-9078; Internet: preferredhomecare.com/branch-locator/
Address: 3368 N. State Hwy 59, Merced, CA 95348

Lightsheer Pro's Inc
Phone: (209) 505-1453; Internet: lightsheerpros.com
Address: 2030 Rockefeller Drive, Ceres, CA 95307

Premier Medical Supplies
Phone: 209-537-2882; Internet: premiermed.org
Address: 2800 Mitchell Rd # F, Ceres, CA 95307

Society for Handicapped
Phone: 209-524-3536; Internet: www.societyfordisabilities.org
Address: 1129 8th St Suite 101 Modesto, CA 95354

Valley Health Care Supply
Phone: 209-725-1200
Address: 359 W Main St, Merced, CA 95340

VFW Post # 3199
Phone: 209-537-3360
Address: 2801 W. Hatch Modesto, CA 95358
SENIOR CENTERS

Merced Senior Community Center
Phone: 209-385-8803; Internet: cityofmerced.org
Address: 755 W 15th Street, Merced, CA 95340

Modesto Senior Center
Phone: 209-341-2974
Address: 211 Bodem St Modesto, CA 95350

Patterson Senior Center
Phone: 209-895-8180
Address: 1033 W. Las Palmas Patterson, CA 95363

Oakdale Senior/Community Center
Phone: 209-845-3566; www.oakdalegov.com
Address: 450 E. A St. Oakdale, CA 95361

SUPPORT GROUPS

Cancer Support Group
Internet: https://www.dignityhealth.org/mercymedical-merced/classes-and-events/support-groups
Address: Mercy UC Davis Cancer Center, 3850 G Street, Merced, CA 95340

Community Hospice
Phone: 209-578-6300

Diabetes Support Group
Phone: Community Health, 3rd Floor 2740 M Street, Merced, CA 95340

Greif Support
Phone: 209-383-5038; Internet: http://www.yosemitechurch.com/
Address: 2230 East Yosemite Avenue Merced, CA 95340

Stroke Support and Resource Class
Address: Mercy Medical Pavilion, Mercy Avenue, Merced, CA 95340

TRANSPORTATION

American Medical Response
Phone: 1-800-913-9113

ADA Ride
Phone: 1-877-232-7433; Internet: mercedthebus.com/126/Seniors-Mobility-Challenged

Bus Line Service Turlock.
Phone: 209-668-5600
Catholic Charities – Assisted Transportation Senior Connection  
Phone: 209-529-3784; Internet: www.ccstockton.org  
Address: 2351 Tenaya Drive Suite D, Modesto, CA 95354

Ceres Area Transit (CAT) / Dial-A-Ride  
Phone: 209-527-4991; Internet: www.ci.ceres.ca.us  
Address: 2220 Magnolia Street • Ceres, California 95307

Modesto Area Dial-A-Ride  
Phone: 209-527-4900; www.srt.org

Modesto Area Express (MAX)  
Phone: 209-521-1274; www.modestoareaexpress.com

Society for Handicapped  
Phone: 209-524-3536; www.societyfordisabilities.org

Stast Bus and Runabout  
Phone: 1-800-262-1516

Waterford Dial-A-Ride  
Phone: 1-800-262-1516

Medivan  
Phone: 1-800-262-1516

The Bus – Customer Service  
Phone: 209-723-3100; Internet: mercedthebus.com/224/Contact-Us  
Address: 369 W. 18th Street, Merced, CA 95340

Valley Medical Transportation  
Phone: 1-888-994-4868; www.valleymedicaltranspot.com

VETERANS SERVICES

AAA/Veterans Services  
Phone: 209-558-7380; Internet: www.veteransservices.info  
Address: 3500 Coffee Road Modesto, CA 95355

Merced County Veterans Service Office  
Phone: 209-385-7588; Internet: co.merced.ca.us/index.aspx?NID=2242  
Address: 3376 N Hwy 59, Ste. D Merced, CA 95341
Stanislaus County Area Agency on Aging
Phone: 209-558-8698; Internet: http://www.agingservices.info

V.A. Castle Medical Clinic
Phone: 209-381-0105; Internet: va.gov/directory/guide/facility.asp?ID=5217
Address: 340 E Yosemite Avenue, Merced, CA 95340

V.A. Medical Clinic
Phone: 209-557-6200

California Department of Veterans Affairs
Phone: 800-952-5626; Internet www.calvet.ca.gov

VOLUNTEER SERVICES
Advancing Vibrant Communities
Phone: 209-544-9571; Internet: www.info@vibrantcommunities.org
Address: 3430 Tully Rd Suite 20-239 Modesto, CA 95350

American Red Cross
Phone: 209-466-6971
Address: 1565 Exposition Blvd. Sacramento, CA 95815

HOUSING OPTIONS
To obtain a housing list call the Area Agency on Aging at 209-558-8698.