



PERSONAL PLANNING GUIDE

THIS GUIDE SHOULD BE KEPT IN A PLACE
WHERE IT WILL BE IMMEDIATELY AVAILABLE
TO YOUR FAMILY CAREGIVER(S) AT THE
TIME OF A CRISIS OR DEATH. DO NOT KEEP
THIS BOOKLET IN A SAFE DEPOSIT BOX.

PROVIDED BY

ONE SENIOR PLACE

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BECAUSE YOU CARE ENOUGH TO PLAN AHEAD FOR THOSE YOU LOVE

OBJECTIVE

Many adult children or responsible parties only find out the extent of their loved one's situation or estate *after* a crisis has happened. Unfortunately, this leaves little to no opportunity for planning. Communication *before* a crisis can lead to more understanding, better planning and fewer headaches and family disputes.

Use this guide to record and organize life's many details to ensure those closest to you have all they need to handle your affairs.

Keep this guide in a place where it will be immediately available to your family caregiver(s) at the time of a crisis or death. You may also want to provide a copy to a loved one who lives outside your home. DO NOT keep this guide in a safe deposit box.

OPENING THE LINES OF COMMUNICATION

It is important to start the conversation early, *before* health or a crisis forces your hand. These are the topics for discussion:

PREFERENCES/CONCERNS

- What is your biggest concern in planning for your future?
- How do you feel about moving to assisted living or a nursing home?
- If possible, would you like to stay in your home?
- Do you have legal provisions in place if you become ill or incapacitated?
- Have you made those wishes known to your designated person?

HOME SAFETY

- Do you feel safe in your home?
- Are you willing to do the things necessary to stay safely at home?
- Would you be willing to accept help with your everyday activities?
- Does your hearing or eyesight affect your safety at home?
- Do you feel safe driving? Have you had any recent car accidents?
- Are you worried about being a victim of crime or fraud?

HEALTH

- Do you have any chronic health conditions?
- Do they affect your ability to do your everyday activities?
- Do you take medications and can you take them without assistance?
- When was your last physician's appointment?

HEALTH CARE

- What kind of medical coverage you have?
- What are the provisions of your medical insurance - co-pays, deductibles, etc.?
- Do you feel your health care coverage meets your needs?

NUTRITION

- Are you able to shop for food and cook safely?
- Are there any physical problems affecting your appetite?

FINANCES

- How will you pay for your long-term care?
- Are you concerned about outliving your money?
- Do you have long-term care insurance?
- Are you able to pay bills without assistance? Are your bills up-to-date?

LEGAL

- Do you have a DNR, living will, will, power of attorney, a trust, a health care surrogate or proxy?
- Does your designated person have access to your financial and legal information?

PLANNING AHEAD

It is important to know where all of your important documents are stored. Complete this planning guide, and then let your designated family member or responsible party know how to access your important documents. Attached additional documentation to this guide as necessary.

Personal Information for _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ Cell Phone _____

Social Security No. _____ Driver's License No. _____

Emergency Contact _____ Phone _____

Veteran? ☐ Yes ☐ No If yes, Service No. _____

DD-214? ☐ Yes ☐ No Location of DD-214 _____

HEALTH INFORMATION

Primary Care Physician Name _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____

Other Physicians/Specialists/Dentist:

Name _____

Specialty _____ Phone No. _____

Name _____

Specialty _____ Phone No. _____

Name _____

Specialty _____ Phone No. _____

Name _____

Specialty _____ Phone No. _____

Need Help? Call One Senior Place at 866-751-6771 to schedule a free consultation with a Care Manager.

Chronic Health Conditions _____

HEARING AIDS

Audiologist/Hearing Aid Specialist _____

Manufacturer _____

Warranty Contact Information _____

HEALTH INSURANCE

Company Name _____

ID No. _____ Phone _____

Secondary Insurance _____

ID No. _____ Phone _____

PRESCRIPTIONS

Pharmacy _____ Phone _____

Pharmacy _____ Phone _____

Medication/Dosage/Prescribing Physician:

Allergies _____

FINANCIAL

Name of Bank _____

Type of Account _____ Account No. _____

Names on the Account _____

Location of Statements _____

Name of Bank _____

Type of Account _____ Account No. _____

Names on the Account _____

Location of Statements _____

Name of Bank _____

Type of Account _____ Account No. _____

Names on the Account _____

Location of Statements _____

Location of Safety Deposit Box and Key _____

PENSION/401K/IRA/SURVIVOR'S BENEFIT PLAN

Employer Name _____

Benefit Coordinator Phone No. _____

Employer Name _____

Benefit Coordinator Phone No. _____

Employer Name _____

Benefit Coordinator Phone No. _____

Other _____

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LIFE INSURANCE

Company _____

Policy Owner _____ Policy No. _____

Agent's Name _____ Phone _____

Amount _____ Beneficiaries _____

Company _____

Policy Owner _____ Policy No. _____

Agent's Name _____ Phone _____

Amount _____ Beneficiaries _____

LONG-TERM CARE INSURANCE

Company _____

Policy Owner _____ Policy No. _____

Agent's Name _____ Phone _____

AUTO/RENTER'S/HOMEOWNER'S INSURANCE

Company _____

Policy Owner _____ Policy No. _____

Agent's Name _____ Phone _____

Company _____

Policy Owner _____ Policy No. _____

Agent's Name _____ Phone _____

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Company _____

Policy Owner _____ Policy No. _____

Agent's Name _____ Phone _____

Company _____

Policy Owner _____ Policy No. _____

Agent's Name _____ Phone _____

PROPERTY OWNERSHIP

Do you have a Veteran's Certificate of Eligibility? _____

Where is it located _____

Property Address _____

Mortgage Co _____ Account No. _____

Location of Title _____

Property Address _____

Mortgage Co _____ Account No. _____

Location of Title _____

OUTSTANDING FINANCIAL OBLIGATIONS

Name _____ Account No. _____

Name _____ Account No. _____

Name _____ Account No. _____

Name _____ Account No. _____

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LEGAL

Attorney Name _____

Address _____

City/ST/Zip _____

Phone _____ Date Will Executed _____

Location of Will _____

Executor of Estate _____

Power of Attorney

Name _____ Phone _____

Location of POA _____

Trust

Name of Trust _____

Name of Grantor/Trustee _____ Phone _____

Living Will

Date Executed _____ Document Location _____

FUNERAL PLANNING

Name of Funeral Home/Crematorium _____

Funeral Planner Name _____

Funeral Home Phone No. _____ Prepaid information _____

PROVISIONS FOR PETS

Veterinarian Name _____

Street address _____

City _____ State _____ Zip _____

Phone No. _____

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MISCELLANEOUS IMPORTANT INFORMATION

Location of Birth/Adoption Papers _____

Location of Marriage/Death/Divorce Documents _____

Security/Garage Door Code(s) _____

Cell Phone PIN/Password _____

Tablet PIN/Password _____

Computer Passwords _____

Memberships/Subscriptions _____

Online Accounts/Other _____

ADDITIONAL NOTES



Full Range of In-Home Care Services.

- Bathing, Dressing, Personal Care
- Meals, Housekeeping, Laundry
- Transportation
- Registered Nurse On Call 24/7
- Alzheimer's and Dementia Care
- Geriatric Care Management
- Medical Care Coordination
- Medication Management
- Placement Assistance
- Services Available 24 hours



321-253-6336 24 hours



A One Senior Place Company

Lic # 30211049

SeniorPartnerCare.com