JUST IN CASE *Binder*

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

BREVARD/SPACE COAST LOCATION:
8085 SPYGLASS HILL ROAD, MELBOURNE, FL 32940
(321) 751-6771

ALTAMONTE SPRINGS LOCATION:
715 DOUGLAS AVENUE, ALTAMONTE SPRINGS, FL 32714
(407) 705-2042

WWW.ONESENIORPLACE.COM

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 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 such as 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?

PASSWORD TRACKER

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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. _____

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:

_____

_____

_____

_____

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_____

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 _____

_____

_____

_____

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 _____

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. _____

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. _____

_____

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

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ADDITIONAL DOCUMENTS

You may have other important documents you'd like to include with your Just in Case Binder, such as:

- ☐ DURABLE POWER OF ATTORNEY
- ☐ HEALTHCARE SURROGATE
- ☐ LIVING WILL
- ☐ PRE-NEED GUARDIAN
- ☐ TRUST AND/OR WILL
- ☐ FINAL ARRANGEMENTS CONTRACT

LOCATION OF DOCUMENTS (if not included): _____

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The Experts in Aging

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(321) 751-6771 . WWW.ONESENIORPLACE.COM



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

senior partner
CARE SERVICES

321-253-6336 *24 hours*

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A One Senior Place Company

Lic # 30211049

SeniorPartnerCare.com

PROFESSIONAL CARE MANAGEMENT



Our Mission is to help our clients be as independent as possible for as long as possible, while maintaining quality of life for seniors and providing peace of mind for family members.

ADVOCATE

AGING life CARE® ASSOCIATION MEMBER

We ensure the rights of our clients are protected.
We ensure the decisions of our clients are followed.
We ensure the voice, opinions, and ideas of our clients are heard.
We can be the Health Care Surrogate for our client in time of emergency.

EDUCATE

We help our clients better understand medical issues that may arise.
We help with complex decision making issues.
We explain and help navigate the rules and regulations surrounding benefits, hospitals, rehab centers and assisted living facilities.

SUPPORT

We can be there in times of emergency to make sure medical history, insurance information and advanced directives are shared with medical personnel.
We manage medications to help our clients maintain optimal health.
We help our clients remain at home and keep connected, if and when family is at a distance.

Services Available Including

- Monitor and manage medications
- Coordinate medical care and accompany to physician appointments
- On-call services in case of an emergency
- Post hospitalization management to minimize the need for in-patient rehab services & hospitalization
- Navigate long term care insurance policies
- Care planning
- Home safety evaluations
- Facility visits/supervision
- Unbiased and individualized placement assistance
- Screen, arrange and monitor in-home care

ONE SENIOR PLACE
CARE MANAGEMENT
8085 Spyglass Hill Road, Viera, FL 32940
321-253-6330
OneSeniorPlace.com

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CARE MANAGEMENT

321-751-6771

8085 Spyglass Hill Road
Melbourne, FL 32940
Monday-Friday, 8:30am-5pm

Visit OneSeniorPlace.com for events and resources

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The Experts in Aging



Ask OSP, The Experts in Aging!

One of the best resources we have at One Senior Place is the wealth of knowledge in our professional staff. They stand ready to provide sound advice for successful aging, backed by years of training and experience in nursing, care management, social work, and in-home care. Call today to schedule a FREE 30-minute consultation (by phone or in-person) with an Aging Services Expert.

Need answers to your difficult questions?

One Senior Place can help.

- What is an Advance Directive? Why do I need this?
- Do I need an Elder Law Attorney to write my will or can I do it on my own?
- How do I start the conversation with my children about my wishes?
- What is long term care insurance and do I need it?
- How do I tell my wife I cannot care for her by myself anymore?
- What do I do about my husband who refuses to stop driving when his health and memory make it very unsafe?

Because knowledge is power. And aging is not for wimps.