

Aging-in-Place Checklist

Most older adults express the desire to remain independent as long as possible. Being able to do this successfully requires careful and thoughtful planning. This checklist may seem overly detailed at first, but successful aging-in-place has many more ingredients than most of us initially realize. This checklist can be used to assess your current home or a new home you are considering moving to.

Keep in mind:

Successful aging-in-place also requires an honest look at your personality. Are you good at asking for and accepting help? Are you comfortable allowing people into your home to help with chores/maintenance? Even if you have the money, does it bother you to spend money on things like housecleaning and taxis? When you can no longer drive, you will most likely spend more time alone — are you comfortable being alone? It is important to keep these things in mind as you answer the questions below. It’s also likely that you will need to revisit this checklist as you age, particularly if a spouse passes away or you start having health or mobility problems.

Date _____

For each question, circle your answer and/or add specifics in the spaces provided (\$ amount, name/initials of person helping, etc).

HOME UPKEEP:	
Do you feel comfortable hiring people to do chores and maintenance/repairs you no longer want or are unable to do?	Yes No
When will Major Repairs come due, and what is their cost?	
New roof	# years until repair needed _____ Cost to replace \$ _____
New boiler/furnace, oil tank	# years until repair needed _____ Cost to replace \$ _____
New hot water heater	# years until repair needed _____ Cost to replace \$ _____
New well pump (if not on municipal water)	# years until repair needed _____ Cost to replace \$ _____
Pump septic tank (if not on municipal sewer), every 3-7 yrs	# years until repair needed _____ Cost to replace \$ _____
Painting (exterior/interior)	# years until repair needed _____ Cost to replace \$ _____
Deck/porch repairs	# years until repair needed _____ Cost to replace \$ _____
Total Major Repairs Budget =	\$ _____
Do you have any savings, or the ability to borrow, to cover major repairs?	Yes No

KEY:

-  = You/Spouse
-  = Family/Friends
- \$ = Hire Someone

For each question, circle your answer and/or add specifics in the spaces provided (\$ amount, name/initials of person helping, etc).

HOME UPKEEP (continued):

In this section, if you intend to have someone help you with a chore, write their initials in the space provided. If you intend to pay someone, write in the estimated cost.

Who will do the following Annual Maintenance items?: Spring cleaning (washing windows/floors, cleaning fridge, cleaning under furniture, dusting ceilings/corners, etc) ----- Cleaning gutters ----- Seasonal landscaping (leaf removal, tree/shrub trimming, mulching, etc) ----- Boiler/woodstove cleaning and service ----- <p style="text-align: center;">Total Annual Maintenance Budget (if planning to hire someone to complete some annual maintenance) =</p>	<div style="text-align: center;">   _____ \$ _____ </div> <hr style="border-top: 1px dashed black;"/> <div style="text-align: center;">   _____ \$ _____ </div> <hr style="border-top: 1px dashed black;"/> <div style="text-align: center;">   _____ \$ _____ </div> <hr style="border-top: 1px dashed black;"/> <div style="text-align: center;">   _____ \$ _____ </div> <hr style="border-top: 1px dashed black;"/> <p style="text-align: center;">Annual Total = \$ _____ $\div 12 =$ Box A: \$ /month</p>
--	---

Who will do the following Regular Chores ?: Regular housecleaning, including vacuuming ----- Lawn mowing/raking/landscaping ----- Snow removal, including cleaning off car and shoveling walkways ----- Laundry ----- Food shopping	<div style="text-align: center;">   _____ \$ _____ </div> <hr style="border-top: 1px dashed black;"/> <div style="text-align: center;">   _____ \$ _____ </div> <hr style="border-top: 1px dashed black;"/> <div style="text-align: center;">   _____ \$ _____ </div> <hr style="border-top: 1px dashed black;"/> <div style="text-align: center;">   _____ \$ _____ </div> <hr style="border-top: 1px dashed black;"/> <div style="text-align: center;">   _____ \$ _____ </div>
---	---

KEY:



= You/Spouse



= Family/Friends

\$ = Hire Someone

For each question, circle your answer and/or add specifics in the spaces provided (\$ amount, name/initials of person helping, etc).

HOME UPKEEP (continued):

Household item shopping (hardware, repairs, etc)

 \$ _____

Pets (exercise, going to vet)

 \$ _____

Garbage and recycling, including getting bins to/from curb

 \$ _____

Getting mail

 \$ _____

Paying bills

 \$ _____

Changing light bulbs

 \$ _____

Total Monthly Regular Chores Budget (if planning to hire someone to complete some chores)

Box B: \$ /month

TRANSPORTATION:

Let's add up your current vehicle expenses.

Gas = \$ _____ /month

Insurance = \$ _____ /month

Repairs = \$ _____ /month

Payment = \$ _____ /month

Box C: \$ /month

Can you afford a new car when the time comes?

Yes No

\$ _____ /month

Do you take a defensive driving class?

Yes No

For each question, circle your answer and/or add specifics in the spaces provided (\$ amount, name/initials of person helping, etc).

TRANSPORTATION (continued):

What other types of transportation are available in your community that you could utilize? *Don't make assumptions. Check out what's available in YOUR town. A service your friend uses in the next town over may not be available, or may be limited in your town. Some services are limited only to certain types of trips, such as doctors appointments, or limited to certain areas.*

- Walking
- Bicycling
- Bus
- Taxi
- Dial-a-Ride
- Volunteer driver services
- Church

Are taxis a reasonable alternative for you, at least for some trips?

Yes No Don't Know

If yes, how much does a taxi cost from your home to the top 3 places you need/want to go on a regular basis?

1. _____ = \$ _____
2. _____ = \$ _____
3. _____ = \$ _____

If/when you are unable to drive, how (see alternative transportation choices above) will you get to:

Grocery store

Pharmacy

Other shopping

Doctor/medical appointments

Social/entertainment (eating out, library, movies, visiting family/friends, etc)

MEDICAL:

Are your doctors within a reasonable distance?

Yes No

Are you able to get medications easily (visit neighborhood pharmacy, local pharmacy that delivers, or mail order)?

Yes No Don't Know

Can it be problematic to get home healthcare providers to come to your home?

Yes No Don't Know

TECHNOLOGY:

Technology can help you maintain your independence. When you can't drive to the library, can you download the new bestseller? Online shopping can bring many necessary items right to your front door. Activity monitors could help doctors and family know if something is up.

Do you own a computer?

Yes No

Cell phone / smart phone?

Yes No

Tablet (iPad, Kindle, Galaxy, etc)?

Yes No

If so, can you afford to update these items on a regularly basis (approximately every 2-4 years)?

Yes No

For each question, circle your answer and/or add specifics in the spaces provided (\$ amount, name/initials of person helping, etc).

TECHNOLOGY (continued):	
Can you afford to pay for the internet, cable, and cell phone service to operate these items?	Yes No
Are you comfortable shopping online?	Yes No
Do you know how to use free online services, such as Skype, to chat with family/friends long distance?	Yes No
Can you download movies and/or books via paid services or the library?	Yes No
Are you comfortable banking online, including using bill pay services?	Yes No
Is a grocery delivery service, such as Peapod, available in your area?	Yes No
----- Would you ever use it (this generally requires online ordering)?	Yes No
Would you be willing to use automatic medication dispensers, electronic medical monitoring devices, and/or activity monitors?	Yes No
Would you be interested in learning how to use technology to help you remain in your home?	Yes No
SAFETY:	
Do you generally feel comfortable and safe in your home?	Yes No
Do you worry about being a victim of crime in your home?	Yes No
Do you worry about having an accident or fall in your home?	Yes No
What is your plan for an extended power outage?	<input type="checkbox"/> Generator <input type="checkbox"/> Public shelter <input type="checkbox"/> Family/Friend <input type="checkbox"/> Other _____ <input type="checkbox"/> None
HEALTH/SOCIAL:	
Are you able to walk safely in your neighborhood?	Yes No
Are you able to easily get to services/meetings of groups you belong to (church, VFW, social club, etc)?	Yes No
Do you have a hobby or activity that is critical to your well being that would be seriously impacted by your inability to drive?	Yes No

For each question, circle your answer and/or add specifics in the spaces provided (\$ amount, name/initials of person helping, etc).

HEALTH/SOCIAL (continued):

Physical fitness is one of the most critical items to maintain your independence. You will need to have good balance, and be able to lift things and bend down.

Do you exercise, including strength training and flexibility/balance exercises?	Yes	No
Are there nearby opportunities to exercise, such as a membership gym or senior center?	Yes	No Don't Know

SENIOR SERVICES:

Is there a senior center/group in your community?	Yes	No	Don't Know
Are home delivered meals available in your community?	Yes	No	Don't Know
Will you enjoy this type of food?	Yes	No	Don't Know

PERSONAL CONSIDERATIONS:

Make a list of the people you said would help you. Are they available, able, and willing to help? Don't make assumptions here – have an honest discussion with each person you are hoping will pitch in on a regular basis.

Name	Available/Able/Willing to Help?	
-----	Yes	No

Will these family/friends likely be around to help for the foreseeable future? Yes No Don't Know

PERSONAL FINANCES:

What is your monthly household income in retirement, after taxes (include social security, pension, retirement account, paycheck if working).

You = \$ _____ /month
 Spouse/Partner = \$ _____ /month
 Other Person = \$ _____ /month
Box D: TOTAL \$ /month

How much savings do you/spouse have? \$ _____

Do you have any debt other than a mortgage or car payment? Yes No

How much do you pay towards this debt each month? **Box E: \$** /month

For each question, circle your answer and/or add specifics in the spaces provided (\$ amount, name/initials of person helping, etc).

HOME FINANCES:

Do you have a mortgage?

Yes No

How much do you pay towards your mortgage each month?

Box F: \$ /month

When will your mortgage be paid off?

Payoff date: _____

How much do you spend on taxes, utilities, and homeowners/flood insurance (if taxes/insurance are included in your mortgage, just fill out amount for utilities)?

Taxes = \$ _____ /month

Homeowners/Flood Insurance = \$ _____ /month

Utilities = \$ _____ /month

Box G: Total \$ /month

BUDGET for Basic Necessities:

Let's start by totaling up your housing costs:

Mortgage (Box F, p7) = \$ _____ /month

(Box G, p7 if not part of mortgage, otherwise separate out)

Taxes = \$ _____ /month

Insurance = \$ _____ /month

Utilities = \$ _____ /month

Annual Maintenance (Box A, p2) = \$ _____ /month

Regular Chores (Box B, p3) = \$ _____ /month

Total Monthly Housing Expenses = Box H: \$ /month

Let's add up your monthly budget for essentials such as housing, other debt, transportation, health insurance, medications, and food.

Housing (Box H, p7) = \$ _____ /month

+ Other Debt (Box E, p6) = \$ _____ /month

+ Vehicle (Box C, p3) = \$ _____ /month

+ Health Insurance = \$ _____ /month

+ Medications = \$ _____ /month

+ Food = \$ _____ /month

Total Basic Necessities = \$ _____ /month

Now let's compare your income to your basic necessities costs. How much is left for non-essentials such as entertainment, technology, hair salon, eating out, buying gifts, travel, etc?

Income (Box D, p6) = \$ _____ /month

– Total Basic Necessities (above) = \$ _____ /month

Money Remaining for Non-Essentials = \$ _____ /month

If you have suggestions for questions that should be on this checklist, please email them to cdhousing@dutchessny.gov