

A LITTLE CLARITY. A MORE CONFIDENT NEXT STEP.

Senior Care Starter Kit

A thoughtful guide for families navigating care, housing and the decisions in between.



Start with what matters to your loved one.

Practical checklists / Fillable worksheets / Questions worth asking



01 / START HERE

One conversation at a time.

You do not need every answer today. Begin with your loved one's wishes, then turn the next decision into a manageable step.

1 Listen first

Ask what feels difficult and what they most want to keep.

2 Understand the support needed

Use the needs worksheet and discuss concerns with their clinician.

3 Compare care, fit and cost

Tour with the same questions and request written, itemized pricing.

What matters most to my loved one?

Our three non-negotiables: location, routines, language, pets or other needs

Next action / person responsible / target date

Use this kit your way. Type in the fields using a PDF reader, or print and write. Save a private copy. Completed pages may contain sensitive health and family information; share only what is needed.

02 / UNDERSTAND THE OPTIONS

Care can take different forms.

The right setting depends on daily needs, preferences, clinical assessment and available support. Names and services vary by state and provider. [1]

Support at home

Help with meals, personal care, household tasks or transportation. Ask about caregiver schedules, backup coverage and home safety.

Adult day services & respite

Daytime support or a temporary stay may give family caregivers a break. Confirm hours, transportation and the care available.

Independent living

Housing and community amenities for people who can generally manage daily life independently. Personal or nursing care may be separate.

Assisted living

Housing with help for daily activities. Ask exactly which needs the community can support, including overnight assistance.

Memory care

A dementia-focused program or setting. Ask about staff training, supervision, security and how changing needs are handled.

Skilled nursing & rehabilitation

Nursing or rehabilitation services for people with clinical needs. A clinician can help identify the appropriate setting and services.

Keep the person at the center. Moving is one option. Compare what staying at home would require, including reliable help, safety changes and caregiver capacity.

03 / NOTICE THE NEEDS

A practical needs snapshot.

Mark each row. Add recent examples and when help is needed. This is a conversation aid, not a clinical assessment or a score that determines placement.

Loved one / completed by / date

DAILY TASK OR CONCERN	On own	With help	Unsure
Bathing, dressing and grooming	☐	☐	☐
Toileting and personal hygiene	☐	☐	☐
Eating and drinking	☐	☐	☐
Walking, stairs and transfers	☐	☐	☐
Meals, groceries and housekeeping	☐	☐	☐
Taking medications as prescribed	☐	☐	☐
Transportation and appointments	☐	☐	☐
Memory, judgment or getting lost	☐	☐	☐
Mood, connection and engagement	☐	☐	☐
Overnight needs and caregiver strain	☐	☐	☐

What changed? Examples, timing and support already in place

Any serious safety concern matters, even if only one row is checked. Discuss new or worsening concerns with a healthcare professional. For an immediate emergency, call 911.

04 / TOUR WORKSHEET 1 OF 2

Look beyond the lobby.

Print these two tour pages for each community. Ask for specific examples and write down anything that needs follow-up.

Community / tour date / person answering questions

CARE & STAFFING

01. Which of our loved one's needs can you meet, and which can you not?
02. How many caregivers are actually on duty on each shift, including overnight?
03. What training do staff receive, including dementia care and safe transfers?
04. Who develops the care plan, and when are the resident and family included?
05. What happens if care needs increase or this setting is no longer appropriate?

SAFETY & ACCOUNTABILITY

06. How are emergencies handled, and how quickly is the family notified?
07. Who manages medications, and how are errors or missed doses addressed?
08. How are falls, wandering risks and call-button responses handled?
09. May we review current licensing, inspection findings and corrective actions?
10. How are complaints resolved, and who is the outside resident advocate?

DAILY LIFE & PERSONAL FIT

11. Can we see a regular day of activities and how participation is supported?
12. How are food preferences, allergies and prescribed diets accommodated?
13. What are the rules for visitors, pets, transportation and personal routines?

Most important answers / follow-up needed

04 / TOUR WORKSHEET 2 OF 2

Ask for the details in writing.

A friendly tour is a start. Clear answers, a care assessment and the written agreement help you evaluate the full offer.

14. May we speak with a current resident or family who has agreed to be contacted?
15. What is included in the quoted monthly price, and what costs extra?
16. Which care level is this quote based on, and how is that level determined?
17. What triggers reassessment or additional charges, and how are we notified?
18. What were your rate increases during each of the last two years?
19. What deposits and one-time fees apply, and which are refundable?
20. Are medication, supplies, escorts, transportation or second occupants extra?
21. If Medicaid may be needed later, does this exact setting participate, and what limits apply?
22. What are the absence, hospitalization and bed-hold charges?
23. What notice, fees and refunds apply if we leave or a resident dies?
24. Under what circumstances can the provider require a transfer or discharge?
25. May we review the complete agreement and fee schedule before paying?

Answers to confirm / documents requested

Pause if answers stay vague. Ask for clarification before signing or paying. A qualified professional can review contract terms, benefits eligibility or legal documents with you.

05 / MONEY WORKSHEET

Compare the true cost.

Use written quotes based on the same care needs. Enter \$0 only when confirmed; use a dash or note when a cost is unknown. Avoid counting included services twice.

MONTHLY COST	Option A	Option B	Option C
Community / provider			
Base housing or service charge			
Personal care / care-level fees			
Medication support			
Meals (if extra)			
Transport / escorts			
Utilities / internet / laundry			
Supplies / other recurring fees			
MONTHLY TOTAL			
UPFRONT COSTS / KEEP SEPARATE FROM MONTHLY TOTAL			
Nonrefundable entry / moving fees			
Refundable deposit			
FIRST-MONTH CASH NEEDED			

Calculate: First-month cash = monthly total + all upfront fees + deposits. First-year nonrefundable cost = 12 x monthly total + nonrefundable one-time costs. Adjust for partial months, increases and care changes. Fields do not calculate automatically.

Medicare generally does not pay for long-term custodial care. Verify benefits and eligibility directly; do not assume insurance covers a quoted service. [2]



06 / DECISION WORKSHEET

Choose for fit, not first impressions.

Use this page after tours. A beautiful building cannot replace the right care, a sustainable budget or your loved one's sense of belonging.

My loved one's preferred option and why

Care needs confirmed / unmet needs / backup plan

What felt welcoming? What caused concern?

Budget fit now and if care needs increase

Questions still open / who will answer / by when

Before a deposit: confirm availability, care acceptance, written pricing, refund terms and the agreement. Include your loved one in the decision as fully as possible.

**07 / HEALTH ORGANIZER**

One current medication list.

Include prescriptions, over-the-counter medicines, vitamins and supplements. Verify this list with a clinician or pharmacist; do not change treatment based on this worksheet.

Name / last reviewed / reviewed with

Medication / strength	Dose / route	When / purpose	Prescriber / notes

Allergies and reactions (write "none known" or "unknown" if appropriate)

Pharmacy / phone

Primary clinician / phone

08 / PEOPLE & PAPERWORK

Keep the essentials together.

Record where important documents are kept. Carry or share copies only when needed; keep original documents and account credentials secure.

Primary family contact / relationship / phone

Backup contact / relationship / phone

Care coordinator or community contact / phone

DOCUMENT CHECKLIST

- ☐ Photo ID and insurance cards
- ☐ Current medication list and relevant clinician instructions
- ☐ Healthcare proxy / advance directive, if completed
- ☐ Financial power of attorney, if completed
- ☐ Care agreement, fee schedule and insurance policy information

Document locations / person holding copies

Paperwork or professional advice we still need

09 / TRANSITION CHECKLIST

Make the first days feel familiar.

Confirm the provider's admission requirements and move-in rules. A thoughtful handoff can help the family and care team start with the same information.

Before moving day

- ☐ Confirm room, move-in date, access, furniture sizes and charges.
- ☐ Complete required assessments, forms and medication arrangements.
- ☐ Arrange transport, utilities, mail and any current-home responsibilities.

Pack for comfort and continuity

- ☐ Bring familiar bedding, photos, toiletries and favorite activities.
- ☐ Label belongings; confirm rules for furniture and electrical items.
- ☐ Bring glasses, hearing aids, mobility aids and needed chargers.

At arrival

- ☐ Share routines, food preferences, communication needs and comfort cues.
- ☐ Meet the care team and practice the call system together.
- ☐ Confirm medications and care instructions with the responsible staff.

After the move

- ☐ Agree on a family update contact and first care-plan review.
- ☐ Plan the next visit and check how your loved one is adjusting.
- ☐ Raise new concerns promptly; adjustment varies from person to person.

First follow-up / responsible person / date

10 / YOUR NEXT STEP

You do not have to do this alone.

Start with what you know. Bring your priorities, your questions and the parts that still feel uncertain.



Let's talk about your family's next step.

Explore senior living and support options with Sit With Us Parents. Use this kit to prepare for the conversation and keep your loved one's wishes at the center.

Start at sitwithusparents.com

Bring: preferred location, timeline, support needs, budget range and your top three priorities. Ask how any service is paid for, which providers are included and whether referral compensation applies.

Your choice stays yours. Compare providers independently. Request written care, pricing and agreement details directly from each provider before deciding.

REFERENCE / KEEP HANDY

Trusted starting points.

Use these public resources to explore options and ask better questions. Service availability, costs, coverage and eligibility vary.

1 / National Institute on Aging

Care settings and support at home

www.nia.nih.gov/health/long-term-care/what-long-term-care

2 / Medicare

What Medicare says about long-term care coverage

www.medicare.gov/coverage/long-term-care

3 / Eldercare Locator

Find local aging services and ask about your Area Agency on Aging or long-term care ombudsman. Call or text 1-800-677-1116.

eldercare.acl.gov/

About this guide

This is an educational planning resource, not a clinical assessment or medical, legal, tax or financial advice. Ask qualified professionals about individual needs. For an immediate emergency, call 911.

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