

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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### Living Arrangements

Indicate where you would like to live in the event that you must have daily assistance with activities such as dressing, bathing, cooking, eating, etc.

<b>1=first choice</b>	<b>2=will consider</b>	<b>0=will not consider</b>
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\_\_\_\_\_ Live at home

\_\_\_\_\_ Live with a family member at his/her home

\_\_\_\_\_ Live with a family member in my home

\_\_\_\_\_ Live in an assisted living complex

\_\_\_\_\_ Live in a nursing home

\_\_\_\_\_ Live with a companion in my home

\_\_\_\_\_ Live at home with hired help

\_\_\_\_\_ Live closer to a family member in my own home

***To stay in my home, I am willing to: (please write yes or no)***

\_\_\_\_\_ Rearrange rooms (for example, move my bedroom and laundry room to the first floor)

\_\_\_\_\_ Install bed safety devices such as bed rails and fall mats

\_\_\_\_\_ Install safety alarms

\_\_\_\_\_ Purchase walking devices, as needed, such as a cane, a scooter, a walker, a wheelchair

- \_\_\_\_\_ Install a chair lift for stairs
- \_\_\_\_\_ Install ramps for outside steps
- \_\_\_\_\_ Install bathroom safety devices, such as handrails, shower and bathing benches
- \_\_\_\_\_ Hire outside help that Medicare pays
- \_\_\_\_\_ Hire outside help that I will pay— for housekeeping, cooking, laundry, errands, etc.
- \_\_\_\_\_ Hire outside help that I will pay— for personal care, feeding, dressing, bathing, etc.
- \_\_\_\_\_ Hire a live-in companion/assistant
- \_\_\_\_\_ Move to a smaller, easier to maintain, home (not assisted living)
- \_\_\_\_\_ Hire a nurse or home health aid for medical needs
- \_\_\_\_\_ Arrange for a family member to assist in my home (not live-in)
- \_\_\_\_\_ Arrange for a friend to assist in my home (not live-in)