

Caring for an Aging Parent Checklist



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General information	Yes	No	N/A
1. Has relevant personal information been gathered? <ul style="list-style-type: none"> • Name, phone number, and address of parent • Parent's date of birth • Parent's Social Security number • Name, phone number, and address of attorney, physician, geriatric care manager, or other advisor • Parent's legal state of residence • Parent's health status • Parent's marital status • Family members available for support 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the parent's financial situation been assessed? <ul style="list-style-type: none"> • Income from pension, Social Security, employment, or other source • Expenses • Assets • Liabilities 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Insurance planning	Yes	No	N/A
1. Does the parent have life insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the parent have long-term care insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the parent have adequate health insurance? <ul style="list-style-type: none"> • Medicare • Medigap 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the parent have an adequate amount of other types of insurance? <ul style="list-style-type: none"> • Homeowners insurance • Auto insurance • Umbrella liability insurance 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Estate planning	Yes	No	N/A
1. Does the parent have an updated will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Has the parent prepared advanced directives? • Durable power of attorney • Living will • Health-care proxy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the parent prepared letters of instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If the parent's estate is likely to be subject to estate tax, have ways to minimize estate taxes been considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the parent made funeral arrangements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Housing issues	Yes	No	N/A
1. Is the parent's current housing situation satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If so, have contingency plans been made in case a housing change is necessary in the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have the parent's wishes regarding housing been considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have the child's wishes regarding housing been considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the parent currently need nursing home care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have alternative housing options been explored? • Remaining in home (possibly with in-home care) • Moving in with relative • Assisted living • Continuing care retirement communities • Senior apartments • Nursing home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have adult day-care options been discussed and evaluated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Financial issues	Yes	No	N/A
1. Does the parent have enough money from income and savings to sustain his or her lifestyle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is his or her asset allocation still suitable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the parent able to make appropriate financial decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Should the child's name be added to accounts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does Medicaid planning need to be considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the parent be dependent on the child for financial support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If so, have the child's financial needs been considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have distribution strategies been discussed and evaluated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Other	Yes	No	N/A
1. Has a list of important documents and records been prepared? <ul style="list-style-type: none"> • Bank account records (statements and passbooks) • Stock certificates, bonds, and other investment records • Credit card statements • Mortgage, insurance, utility bills • Retirement plan statements • Income tax returns for the last three years • Real estate deeds, mortgages, and other property ownership records • Vehicle titles • Business agreements • Insurance policies • Will, trust, advanced directives, letters of instruction, and other documents • Location of and key to safe-deposit box • Birth certificate and marriage or divorce certificates • Citizenship records • Passport • Military records 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If the parent has an interest in a business, have arrangements been made to continue or dispose of the interest in the event of incapacity or death?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			

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