



FINANCIAL WORKBOOK FOR FAMILY CAREGIVERS

**A PRACTICAL GUIDE FOCUSED ON HEALTH, HOUSING,
AND MONEY MANAGEMENT**

Dear Family Caregiver:

Being a family caregiver is a labor of love that comes with a lot of responsibilities. While it's hard to put a price on caring, it also comes with some real out-of-pocket costs for you. AARP research shows family caregivers spend close to \$8,000 per year of their own money caring for family members who are aging, ill, or living with disabilities. You may

be picking up groceries, helping with housework, or making trips to the doctor or pharmacy: all the little things add up. Having a clear picture of what's involved—whether it's your care recipient's health, housing, or finances—lets you plan ahead and make the juggling act a little easier.

AARP has created this guide to help you get organized. Each set of worksheets is designed for you to capture the essential information you need to manage the complex responsibilities of caregiving. We recommend you make a copy of the completed guide to give to a trusted relative, colleague or friend in the event you are unable to care for your care recipient.

Some places in this guide are designed to help you make your own plans, as well as a plan for your care recipient. We have created it this way for two reasons: 1) to help you plan for costs and responsibilities of caregiving; and 2) to make sure you have plans in place for yourself should something happen to you. As you answer the questions, we encourage you to use this as an opportunity to have critical conversations with the recipient of your care, if possible. While creating dialogue and developing a plan can be hard work, it can also give you great peace of mind when challenges arise.

AARP and other organizations supporting families have many resources to help you. We have listed a number of them in the back of this workbook. Importantly, if you or your loved one are thinking about harming yourself, the National Suicide Prevention Lifeline is available to you 24/7 for free:



Throughout this guide, you'll see places where we highlight potential “caregiving costs” to help you track what you spend on caring for your care recipient. Understanding your out-of-pocket costs allows you to plan and save, which can take pressure off your own household budget.

1-800-273-8255

NATIONAL SUICIDE PREVENTION LIFELINE

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In this section, we are going to make a plan for managing your care recipient's health. The following pages cover health, sickness, and even death. As a caregiver, it is vital to plan for end-of-life care for your care recipient. In addition to this workbook, AARP has a range of resources to help with this difficult topic, which you can find at the end of this guide. To complete this section, you'll want to take the time to gather medical contacts, medications, and all other items involved in your care recipient's health care plan.

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HEALTH CARE PLAN

Use the following pages to note important information about your care recipient's health care, including any ongoing issues or conditions. This is also a chance to make a list of current medications they use or accommodations they need to access care. Be sure to update this list regularly so you have it to refer to should the need arise.

HEALTH

Your Care Recipient's Health Care Plan

PRIMARY HEALTH INSURANCE PROVIDER:

List the name, contact information, and member number for your care recipient's primary health insurance.

MEMBER NUMBER:



COST OF PRIMARY CARE CO-PAYS: _____

COST OF SPECIALIST CARE CO-PAYS: _____

ANNUAL DEDUCTIBLE, IF APPLICABLE: _____

CATASTROPHIC CAP, IF APPLICABLE: _____

SECONDARY HEALTH INSURANCE PROVIDER:

If applicable, list the name, contact information, and member number for your care recipient's secondary health insurance.

MEMBER NUMBER:



HEALTH

Your Care Recipient's Health Care Plan

CURRENT HEALTH ISSUES

CURRENT MEDICATIONS

NEEDED ACCOMMODATIONS TO ACCESS CARE
(for example: wheelchair, medical transportation, large print, translation services)

EMERGENCY CONTACTS OTHER THAN YOU

OTHER IMPORTANT DETAILS

HEALTH

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HEALTH

Health Care Team

Use this page to list the contact information of all the important health care providers your care recipient uses. Even though you might not need all these every day, it is helpful to have them all in one place when you need them. Be sure to keep this list updated as providers change.

HOSPITAL

List your care recipient's preferred hospital, including address and phone number.

HOSPITAL NAME

ADDRESS

PHONE NUMBER

CURRENT HEALTH CARE PROVIDERS

List current health care providers, including name and contact information.

NAME

CONTACT INFO

NAME

CONTACT INFO

NAME

CONTACT INFO

NAME

CONTACT INFO



HEALTH

Health Care Team

DENTIST

NAME

CONTACT INFO

MENTAL HEALTH PROVIDER(S)

Does your care recipient see a mental health provider? List name and contact information.

NAME

CONTACT INFO

VISION/HEARING

Does your care recipient use glasses or hearing aids? List name and contact of optometrist/ophthalmologist and/or audiologist, if applicable.

NAME

CONTACT INFO

PHARMACY

List your care recipient's preferred retail and mail order pharmacies, with contact information.

NAME/CONTACT INFO

NAME/CONTACT INFO

NAME/CONTACT INFO

OTHER CARE NEEDS

List all other medical information someone might need to know about your care recipient. Allergies? Other medical issues? Calming activities?

HEALTH

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REFLECTION/FUTURE PLANNING



Back-Up Caregivers/ Other Sources of Support

Use this page to note other people who are involved in your care recipient's life and care. These are important phone numbers to keep handy in case you are ill or unavailable.

IN-HOME CARE

Does your care recipient get in-home health care from anyone other than you? List name and contact information for health aides, physical therapists, etc.

OTHER CAREGIVERS

Who can step in if you are ill or unavailable? List other sources of caregiving support for your care recipient.

FAITH COMMUNITY

Is your care recipient part of a faith community? List name and contact information.



POWERS OF ATTORNEY

Powers of attorney, commonly called POAs or simply a POA, allow someone to act on your behalf if you are not able to make decisions or sign for something on your own. Most people put POAs in place in case of medical reasons, but POAs can be used to make financial decisions as well.

Your care recipient may choose you or another person they trust for power of attorney. This is a good time for a conversation about who is best suited to handle financial and/or medical decisions, as sometimes different people will serve different roles.

As a caregiver, this is also a good time to create POAs for yourself, especially if you will serve as one for your care recipient. That’s why the following pages provide you with the templates to complete the forms necessary for you and your care recipient.

*** Remember POAs must be notarized for them to be official ***
The pages in this workbook will not serve as an official POA.

Your Power of Attorney

WHAT KIND DO YOU NEED?

Medical

Financial

Other

WHO DO YOU TRUST TO MAKE DECISIONS ON YOUR BEHALF?

Who do you trust to make the best decisions on your behalf?

Medical

Financial

Other

WHERE ARE YOUR POAs KEPT?

List the location(s) of where you will store your POAs.



Care Recipient Power of Attorney

WHAT KIND DOES YOUR CARE RECIPIENT NEED?

Medical

Financial

Other

WHO DOES YOUR CARE RECIPIENT TRUST TO MAKE THE DECISIONS ON THEIR BEHALF?

List who your care recipient trusts to make decisions on his or her behalf.

Medical

Financial

Other

WHERE ARE YOUR CARE RECIPIENT'S POAs KEPT?

List the location(s) of where your care recipient will store his or her POAs.



WILL AND ESTATE PLANNING

As a caregiver, death and end-of-life care are vital topics to discuss. Knowing your care recipient's wishes in advance allows you and your family to prepare. At the same time, it is important to have your own affairs in order because you are responsible for someone else's care.

When preparing a will, people need to choose the person who will carry out their final wishes. This person is called an executor, and can be a family member, a lawyer, or a trusted friend. You and your care recipient will both need to decide who will be your executors in case of death.

Your Will And Estate Plan

Use this page to make notes/a plan for your own will and estate, in case of your death. Because you are responsible for caring for someone else, it's important to have plans in place in case the need arises.

If you already have a will, where is it kept?

**Who serves—or will serve—as the executor of the will?
(Remember: an executor is the person who carries out your final wishes)**

Real estate: If you need to create a will, list any home(s) or property you own.

Savings and retirement: List bank/financial institution name, contact information, and type of account (checking, savings, pension, 401k).

List people who will be financially impacted by your death.

Pets: List your personal and service animals.

Misc: List valuable personal property you own, such as jewelry, cars, boats, etc.



Will and Estate Planning for Your Care Recipient

Use this page to make notes and a plan for your care recipient's estate.

If your care recipient already has a will, where is it kept?

**Who serves—or will serve—as the executor of the will?
(Remember: an executor is the person who carries out your care recipient's final wishes)**

Real estate: If your care recipient needs to create a will, list any home(s) or property they own.

Savings and retirement: List bank/financial institution name, contact information, and type of account (checking, savings, pension, 401k).

List people who will be financially impacted by your care recipient's death.

Pets: List your care recipient's personal and service animals.

Misc: List any valuable personal property your care recipient owns, such as jewelry, cars, boats, etc.



Burial Plans

Use this page to make a plan for your care recipient's burial.

BURIAL PLANS

LOCATION AND OTHER DETAILS

SERVICES

LOCATION AND OTHER DETAILS

PREFERRED READINGS, SONGS, SCRIPTURES:

COSTS: Does your care recipient have life, burial, or other insurance to cover costs?
If not, do they have savings set aside?

OTHER DETAILS





The following pages focus on housing and life at home for your care recipient. We cover various topics that help you get your care recipient's house in order.

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Care Recipient's Home

WHO LIVES WITH YOUR CARE RECIPIENT?

DOES YOUR CARE RECIPIENT OWN A HOME?

List name and contact information for mortgage holder:

How much is your care recipient's monthly mortgage payment?

Do they cover it on their own, or are you responsible for a share?

DOES YOUR CARE RECIPIENT RENT?

List name and contact information for landlord:

How much is your care recipient's rent and when is it due?

Do they cover it on their own, or are you responsible for a share?



Care Recipient's Home

WHO IS YOUR CARE RECIPIENT'S HOME INSURANCE THROUGH?

List insurance company's name, contact information, and account number:

How much is your care recipient's annual home insurance and how is it paid?

Do they cover it on their own, or are you responsible for a share?

WHO IS YOUR CARE RECIPIENT'S RENTAL INSURANCE THROUGH?

List insurance company's name, contact information, and account number:

How much is your care recipient's annual renter's insurance?

Do they cover it on their own, or are you responsible for a share?



HOUSING

Care Recipient's Home

DOES YOUR CARE RECIPIENT PAY PROPERTY TAXES?

How much are annual property taxes and how are they paid?

Does your care recipient cover payment on their own, or are you responsible for a share?

UTILITIES

List utility company names, contact information, and account numbers.

NAME

CONTACT INFO

ACCT. NO.

NAME:

CONTACT INFO

ACCT. NO.

NAME:

CONTACT INFO

ACCT. NO.

NAME:

CONTACT INFO

ACCT. NO.

HEALTH

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REFLECTION/FUTURE PLANNING



Your Care Recipient's Transportation

Use this page to make notes about how your care recipient gets around. Whether they own a vehicle or take the bus, it's helpful to know what options they prefer and to record important dates. Be sure to keep this updated regularly.

DOES YOUR CARE RECIPIENT HAVE A DRIVER'S LICENSE?

When it is due for renewal?

DOES YOUR CARE RECIPIENT OWN OR LEASE ANY VEHICLES?

Own

Lease

IF YOUR CARE RECIPIENT LEASES OR OWES A PAYMENT ON THEIR VEHICLE, WHO HOLDS THE BANK NOTE?

List name, contact information, and account number

NAME

CONTACT INFO

ACCT. NO.

What is the monthly payment amount?

Does your care recipient cover the payment on their own, or are you responsible for a share?



Your Care Recipient's Transportation

WHERE DOES YOUR CARE RECIPIENT HAVE THEIR VEHICLE INSURED?

List name, contact information, account number, and annual insurance cost.

NAME

CONTACT INFO

ACCT. NO.

ANNUAL COST

Does your care recipient pay for auto insurance on their own, or are you responsible for a share of it?

WHEN AND WHERE DOES YOUR CARE RECIPIENT RENEW THEIR CAR REGISTRATION?

If your care recipient requires a handicap permit, when is it due for renewal? _____

If your care recipient does not own or lease a vehicle, how do they get around? _____

TRANSPORTATION

Public transportation service Private transportation service Medical transport Other

What are the approximate monthly costs for your care recipient's transportation (e.g., gas money, bus pass, specialized transport)?

Do they cover these costs, or are you responsible for a share?

If you are responsible for transportation for your care recipient, who can you rely on to provide back up if you are ill or unavailable?



Special Diets and Allergies

Use this page to note any allergies or special dietary needs your care recipient has, as well as any equipment or support needed, including food for service animals.

MEATS AND/OR PROTEINS
VEGETABLES
FRUITS
BREADS
DRINKS
SIDES
OTHER
SPECIAL EQUIPMENT FOR EATING (EG: GI TUBE, LIQUID DIET)
SERVICE ANIMAL DIET



HOUSING

Safe Contents

As a caregiver, it is helpful to know where your important documents are, as well as where your care recipient stores their own. Use this checklist to note which items you have put into secure storage.

YOURS

- LIFE INSURANCE POLICY
- POWERS OF ATTORNEY
- WILL & ESTATE PLAN
- SOCIAL SECURITY CARDS
- COPY OF DRIVER'S LICENSE
- PASSPORTS
- MARRIAGE CERTIFICATE
- BIRTH CERTIFICATES
- ADOPTION RECORDS
- IMMUNIZATION RECORDS
- CAR TITLES
- PASSWORD LIST
- OTHER IMPORTANT DOCUMENTS THAT WOULD BE DIFFICULT TO REPLACE IF THEY WERE DESTROYED

CARE RECIPIENT

- LIFE INSURANCE POLICY
- POWERS OF ATTORNEY
- WILL & ESTATE PLAN
- SOCIAL SECURITY CARDS
- COPY OF DRIVER'S LICENSE
- PASSPORTS
- MARRIAGE CERTIFICATE
- BIRTH CERTIFICATES
- ADOPTION RECORDS
- IMMUNIZATION RECORDS
- CAR TITLES
- PASSWORD LIST
- OTHER IMPORTANT DOCUMENTS THAT WOULD BE DIFFICULT TO REPLACE IF THEY WERE DESTROYED

HEALTH

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REFLECTION/FUTURE PLANNING



Your Care Recipient's File Contents

As a caregiver, it is helpful to know where your important documents are, as well as where your care recipient stores their own. Use this checklist to note which items you have put into a filing system, so you, your care recipient, and another trusted caregiver can find them if necessary.

YOURS

- COPY OF LIFE INSURANCE POLICY
- COPY OF WILL & ESTATE PLAN
- COPY OF BIRTH CERTIFICATES & ADOPTION RECORDS
- COPY OF MARRIAGE CERTIFICATES
- COPY OF IMMUNIZATION RECORDS
- EOB (ESTIMATION OF BENEFITS) FROM YOUR MEDICAL AND DENTAL INSURANCE PROVIDERS
- OTHER IMPORTANT DOCUMENTS THAT WOULD BE DIFFICULT TO REPLACE IF DESTROYED

CARE RECIPIENT

- COPY OF LIFE INSURANCE POLICY
- COPY OF WILL & ESTATE PLAN
- COPY OF BIRTH CERTIFICATES & ADOPTION RECORDS
- COPY OF MARRIAGE CERTIFICATES
- COPY OF IMMUNIZATION RECORDS
- EOB (ESTIMATION OF BENEFITS) FROM YOUR MEDICAL AND DENTAL INSURANCE PROVIDERS
- OTHER IMPORTANT DOCUMENTS THAT WOULD BE DIFFICULT TO REPLACE IF DESTROYED

WHERE ARE FILES LOCATED?



One of the most important responsibilities as a caregiver is planning and managing money—both your own and your care recipient’s. The following pages are designed to help you organize your financial affairs now and into the future. We have created three budget worksheets for you: one to plan for your overall income and expenses, one to plan for your caregiving income and expenses, and one to track your care recipient’s income and expenses. Remember that these will be approximate, as some expenses change from month to month; however, we hope this tool will help you understand overall cash flow and spot any gaps that could make you dip into savings—or debt.

In addition to this guide, AARP has created and collected a wide range of easy-to-use money management tools for older adults and caregivers, which you can find on our Budgeting and Saving page (www.aarp.org/money/budgeting-saving). There you will also find our free Home Budget Calculator to get you started on tracking income and expenses.

Keep in mind that a budget is an active, living document that will change with your needs and responsibilities. And as you create a budget, we encourage you to remember these helpful tips:

1. List every expense, not just major bills
 2. Calculate all income from all sources
 3. Document exact expenses where possible.
-

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Your Monthly Budget



Use this page to make a monthly budget for yourself to track your approximate monthly income versus expenses. Creating a budget will help you plan for how to spend money left over after you've paid all your bills—or to spot places where you might be overspending.

INCOME

JOB/EMPLOYMENT

OTHER

EXPENSES

MORTGAGE/RENT

CAR PAYMENT

SCHOOL/COLLEGE/OTHER TUITION FEES

EDUCATION LOANS

COLLEGE SAVINGS/529

RETIREMENT SAVINGS/401K

HEALTH INSURANCE

GAS

GROCERIES

ENTERTAINMENT

DISCRETIONARY

BALANCE

INCOME - EXPENSES



Your Caregiving Budget



Use this page to track the money you spend on caregiving for your care recipient. While you may receive disability, long-term care insurance or other income that you use for caregiving, we also know it may not go far enough. Because some expenses are predictable and some vary, putting pen to paper can help you sketch out the associated costs and better plan for the future.

HEALTH

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REFLECTION/FUTURE PLANNING

ESTIMATE YOUR ANNUAL COST FOR EACH OF THE FOLLOWING EXPENSES:

HEALTH INSURANCE PAYMENT

DOCTORS' OFFICE CO-PAYS

PRESCRIPTION CO-PAYS

OTHER MEDICAL/FIRST AID SUPPLIES AND EQUIPMENT

GROCERIES

TRANSPORTATION/GAS

HOME REPAIRS

FINANCIAL SUPPORT PROVIDED FOR CAREGIVING
(E.G., INSURANCE PAYMENT, ETC.)

PERSONAL CONTRIBUTION

TOTAL



MONEY

Your Care Recipient's Monthly Budget

Use this page to make a monthly budget to track your care recipient's approximate monthly income versus expenses. Creating a budget will help you plan for the places you may need to step in to provide support.

INCOME

JOB/EMPLOYMENT

OTHER

EXPENSES

MORTGAGE/RENT

CAR PAYMENT

HEALTH INSURANCE

GAS

GROCERIES

ENTERTAINMENT

DISCRETIONARY

BALANCE

INCOME - EXPENSES



INVESTMENTS AND DEBTS

Like budgeting, investments and debts are another area where caregivers should understand both their own landscape and that of their care recipient. Each is a financial commitment that can affect your future, so it's important to understand how they affect income and expenses. Ideally, your savings should be at least 10 percent of your income, and debt should not exceed 28 percent of your income.

One way to get out of debt is to organize your debts by the balance due. If you organize the debts from smallest to largest you can focus on the smallest debt first in hopes of eliminating it. Once you pay off the smallest balance, you then can move on to the next smallest. You continue this cycle until you are debt free.

Your Investments and Debts

DO YOU HAVE INVESTMENT ACCOUNTS?
(e.g., 401k, Roth IRA, etc.)?

Yes

No

If yes, what is the approximate value? _____

What is your approximate contribution annually? _____

LIST DEBTS YOU OWE FOR EDUCATION, CREDIT CARDS, VEHICLES, OR OTHER MAJOR EXPENSES.

ITEM	AMOUNT OWED	MONTHLY PAYMENT	INTEREST RATE





You planned for the current day, now plan for the future. Would you like to return to school or switch jobs? What do you need to plan for in order to reach those goals? How might your caregiving responsibilities affect your plans? Use information from the financial section to evaluate your options.

This is also an opportunity to discuss future planning with your care recipient. What are their goals for the years ahead? Are there specific things they want to work toward or accomplish? Use the following pages as a prompt to have this important conversation.

Future Planning	35
Future Reflection Sheet	37

Your Future Plan

Use this page to take notes and, if you wish, to share your thoughts with your care recipient or other loved ones.

DO YOU NEED OR WANT MORE EDUCATION?

HOW MUCH DO YOU HAVE SAVED OR INVESTED FOR RETIREMENT?

WHAT OTHER GOALS DO YOU HAVE FOR YOUR FUTURE?

IF THE PERSON YOU ARE CARING FOR PASSES, HOW WILL IT AFFECT YOU?

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Your Care Recipient's Future Plan

Use this page to take notes from your conversation with your care recipient.

DOES YOUR CARE RECIPIENT WISH TO RETURN TO SCHOOL OR WORK OF ANY KIND?

HOW MUCH DOES YOUR CARE RECIPIENT HAVE SAVED OR INVESTED FOR RETIREMENT?

WHAT GOALS DOES YOUR CARE RECIPIENT HAVE FOR THEIR FUTURE?

IF YOU AS THE CAREGIVER WERE TO PASS OR STEP AWAY FROM YOUR ROLE, WHO ELSE WILL STEP IN? WHAT PLANS CAN YOU HELP PUT IN PLACE?





RESOURCES

Here's a list of non-profit organizations and groups who might be of assistance to you and/or your family.

AARP CAREGIVING RESOURCE CENTER

www.aarp.org/caregiving or **877-333-5885**

Your one-stop shop for tips, tools, and resources while caring for a loved one. For Spanish resources visit www.aarp.org/cuidar or call **888-971-2013**.

ALZHEIMER'S ASSOCIATION

www.alz.org or **800-272-3900**

Resources, tools, and a 24-hour helpline for people with Alzheimer's disease and their families.

AMERICAN CANCER SOCIETY

www.cancer.org or **800-227-2345**

From basic information about cancer and its causes to in-depth information on specific cancer types – including risk factors, early detection, diagnosis, and treatment options.

AMERICAN DIABETES ASSOCIATION

www.diabetes.org or **800-342-2383**

Resources and research to prevent, cure, and manage diabetes.

AMERICAN HEART ASSOCIATION

www.heart.org or **800-242-8721**

Resources will help you better care for someone who has heart disease or who has had a heart attack, heart surgery, or a stroke.

CONSUMER FINANCIAL PROTECTION BUREAU

www.consumerfinance.gov/msem

Easy-to-understand guides entitled Managing Someone Else's Money explain your responsibilities as a fiduciary, how to spot financial exploitation, and avoid scams.

ELDERCARE LOCATOR

www.eldercare.gov or **800-677-1116**

A public service of the U.S. Administration on Aging that connects caregivers to local services and resources for older adults.

MEDICARE

www.medicare.gov or **800-633-4227**

Provides information about the Medicare program and how to find Medicare plans and providers. Caregivers will also find a tool on the website to compare home health care agencies and nursing homes.

SOCIAL SECURITY ADMINISTRATION

www.ssa.gov or **800-772-1213**

Help and information on eligibility and benefits are available online from 5 a.m. to 1 a.m. ET Monday through Friday; 5 a.m. to 11 p.m. ET Saturday; and 8 a.m. to 11:30 p.m. ET Sunday. Phone help is available 7 a.m. to 7 p.m. ET Monday through Friday.

STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP)

www.shiptacenter.org or **877-839-2675**

Your local SHIP offers one-on-one counseling assistance for people with Medicare and their families.

2-1-1

www.211.org

A free and confidential service that helps people across North America find the local resources they need.

KEY TERMS

ACTIVITIES OF DAILY LIVING (ADLS)

Basic tasks of everyday life that include, but are not limited to, dressing, bathing, eating, and toileting.

DNR: DO NOT RESUSCITATE ORDER

An order written by a doctor to fulfill an individual's expressed medical care wishes during a medical emergency.

DURABLE POWER OF ATTORNEY FOR FINANCES

The durable power of attorney for finances is a legal document that allows you to give authority to another trusted person to make financial decisions on your behalf. The designation durable means that it will stay in effect if you become unable to manage your own financial affairs.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

An employee benefit program offered by many employers. EAPs are intended to help employees deal with personal issues that affect their job performance, health, and well-being. EAPs generally include short-term counseling and referral services for employees and their household members.

FAMILY CAREGIVER

Anyone who provides unpaid assistance to another person who is ill, disabled, or needs help with daily activities.

GERIATRIC CARE MANAGER

A professional who performs an assessment of a person's mental, physical, environmental, and financial conditions to create a care plan to assist in arranging housing, medical, social, and other services.

GUARDIAN

A person appointed by the court who is responsible for the care and management of another person who has been determined to be no longer capable of making decisions for him/herself.

HEALTH CARE POWER OF ATTORNEY (HEALTH CARE PROXY)

A special kind of durable power of attorney called a Health Care Power of Attorney (HCPA) in which you appoint another person to make health care decisions should you become unable to do so.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

A federal law that gives you rights over your health information and sets rules and limits on who can look at and receive your health information. It also permits the release of personal health information needed for patient care.

HOME HEALTH AGENCY

An agency often certified by Medicare to provide health-related services in the home such as nursing, occupational, speech, or physical therapy, social work, and/or personal care.

KEY TERMS

HOME HEALTH AIDE

An individual who helps with bathing, dressing, grooming, assistance with meals, and light housekeeping.

LIVING WILL (PART OF A HEALTH CARE DIRECTIVE)

A legal document that communicates a person's wishes about lifesaving medical treatments should he or she have a terminal condition and not able to communicate their health care wishes.

LONG-TERM CARE INSURANCE

Insurance that can pay part of the cost of care received in the home, assisted living residences, nursing home, and other designated services depending on the policy purchased.

MEDICARE

A federal health insurance program for people age 65 and over, and for some younger persons with disabilities. Medicare covers hospital stays, doctor visits, prescription drugs, and other health care related needs. Medicare does not cover long-term care.

MEDICAID

The federal/state funded health and long-term care program for people with limited income and assets. It is administered by the states within federal guidelines so eligibility and coverage may differ from state to state. For long-term care services, states have additional eligibility rules.

RESPIRE CARE

A temporary break from providing care for a loved one. Respite care can be provided by either family and/or friends through services such as attending an adult day services center. You can also have a paid home-care worker come to the home.

SOCIAL SECURITY

A benefit earned by eligible workers that provides guaranteed inflation-adjusted monthly income for life. A person with the required number of quarters in Social Security is eligible at age 62 or if disabled. Certain family members may be eligible for benefits as well.

SUPPLEMENTAL SECURITY INCOME (SSI)

SSI provides a monthly benefit to people who are 65 years of age and older, disabled or blind, and who have limited income and assets.

Visit the AARP Family Caregiving website for information,
tools and resources for caring for a loved one at

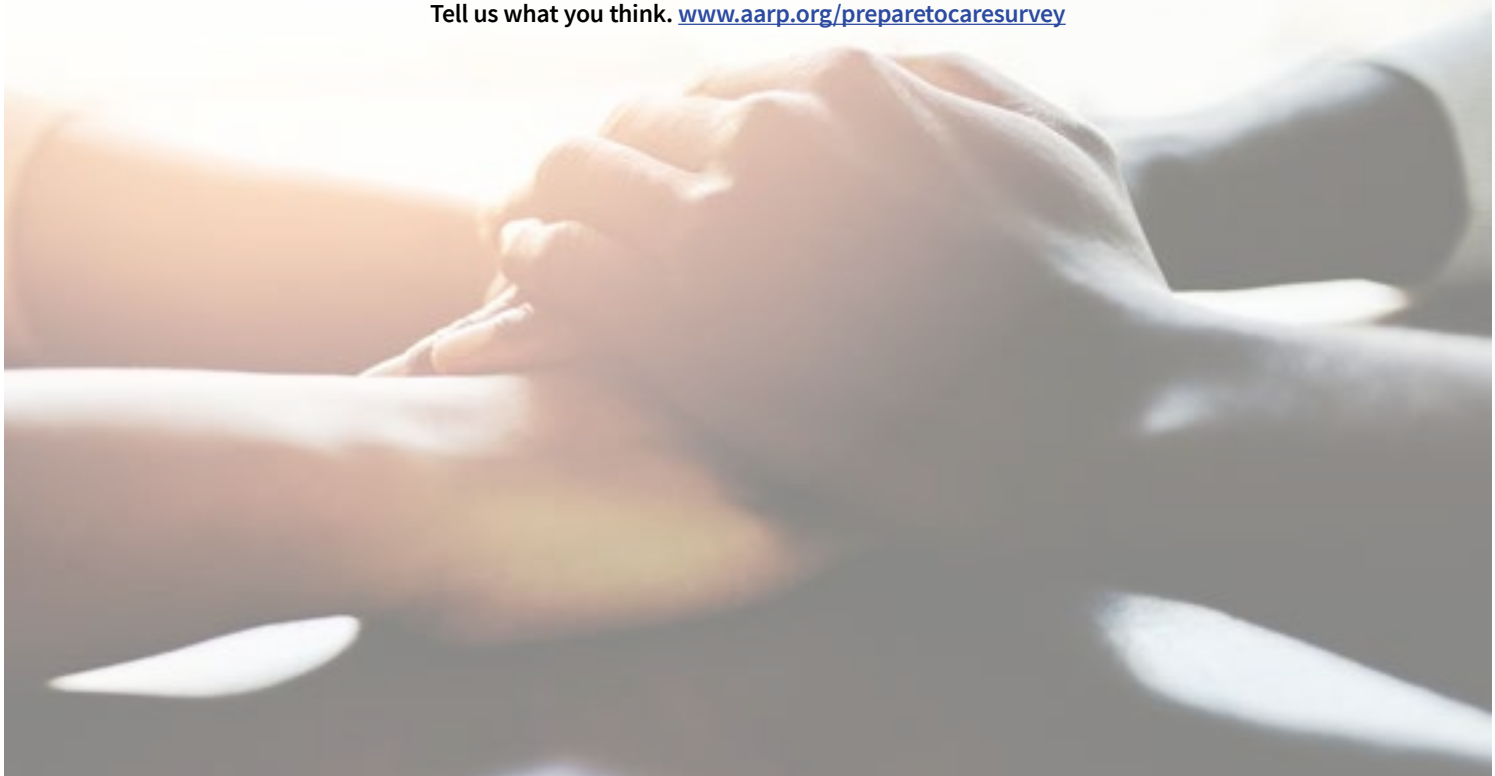
www.aarp.org/caregiving

or call **877-333-5885**

For Spanish resources visit

www.aarp.org/cuidar or call **888-971-2013**

Tell us what you think. www.aarp.org/preparetocaresurvey



FINANCIAL WORKBOOK FOR FAMILY CAREGIVERS

A PRACTICAL GUIDE FOCUSED ON HEALTH, HOUSING,
AND MONEY MANAGEMENT

AARP worked with Jessica Allen, an accredited financial counselor, on this workbook.

