Discovery Worksheet

Page One: Basics

**My Information**

Name:

Relationship: (daughter, son, neighbor, POA, etc)

Email address:

Phone Number:

**My Loved One's Basic Information**

Name:

Age

Birthdate:

Marital Status:

Email address:

Phone Number:

Current Living Situation (at home alone, at home with services, condo, 55+ community, etc):

Veteran/ Widow of a Veteran? Y / N

Long Term Care Insurance? Y / N
if yes, name of carrier:

Describe current care needs:

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Page Two: Finances

**Budget Planning Information**

Veteran/ Widow of a Veteran? Y / N

If yes, did the veteran serve during a time of war?

If yes, are you/they already receiving the Aid & Attendance Benefit? Y/ N / Not Sure

Long Term Care Insurance? Y / N

If yes, name of carrier:

If yes, do you know terms of the policy (elimination period, daily reimbursement, length of policy):

Monthly income (Social Sercurity, pensions, etc):

Other available assets/ funds (home to sell, savings, etc):

Is family willing to contribute to cost of care? Y / N

If yes, how much?

Estimated Monthly Budget:

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Page Three: Care

**Current & Expected Care Planning**

Any current medical conditions or diagnosis?

If yes, please list.

Do you/ your loved one have a PCP (Primary Care Physician)?

If yes, name of PCP:

If yes, date of last visit:

List any specialists you/ your loved one sees regularly (podiatrist, psychiatrist, audiologist, etc):

How many medications (including over the counter supplements) do you/ your loved one take? Please list:

Describe the care or assistance you/ your loved one currently needs (dressing, bathing, driving, meal preparation, etc):

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Page Four: Interests

**Sharing Interests & Personality**

Describe a normal day for you/ your loved one:

What hobbies or interests do you/ your loved one have and/or used to have?

What career or work did you/ your loved one do?

What family do you/ your loved one have? Do they live close by?

What social groups, networks, or organizations are you/ your loved one a part of?

Would you describe yourself/ your loved one as outgoing? Private? Social? Quiet?

What role do you think you/ your loved one might play should they move into a senior living community?

What is important to you/ your loved one?

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Page Five: Preferences

**Designing the Care You Want**

Based on you/ your loved one's budget, needs, and preferences, are you interested in considering...

* Home Care Services
* Home modifications for aging in place
* Adult Day Programs
* Senior Living Communities (please specify which you will consider).
* 55+ / 62+Communities
	+ Specify if you are interested in communities where you own your home or communities where you will rent.
* CCRC (Continuing Care Retirement)/ Life Plan Communities
* Independent Living Rental Communities
* Rental Senior Living Communities with Independent Living, Personal Care/ Assisted Living, and Memory Care (or some combination of these)
* Stand- alone Memory Care Communities
* I'm not sure yet.

If you are considering Home Care or Adult Day Programs, what hours are you hoping to get support?

If you are considering a Senior Living Community, what size apartment, cottage, or condo are you hoping for? (Studio, 1BR, 2BR, Cottage, other, etc):

Discovery Worksheet

Page Six: Narrative

This is the page where you can add in anything else that might be important. Below are a list of examples, but use this space to customize this worksheet for you, so that when you send it to the organizations or communities you're interested in, they have a great snapshot of your needs and preferences.

**Possible other notes to include:**

* Native languages
* Religious preferences
* Caregiver Preference (M/F)
* Special diet accommodations
* Favorites (foods, music, movies, books, etc)
* ADA Accessibility needs
* Deaf/ Hearing Impaired accommodations
* Pets
* Allergies
* Driving concerns
* Hometown and Education
* Goals
* Needs Assessment Notes