Blueprint for Aging by Choice

This is your opportunity to design a life plan honoring your desires. As you complete each section, be creative while also being realistic. This will enable you to address and solve challenges successfully and safely. We wish this blueprint to help you identify your wishes and maintain your independence through education and awareness of resources needed to ensure a positive life experience.

www.jfswm.org
413-737-2601

Adapted from Jewish Family and Children’s Service of Minneapolis
1. HOME AND COMMUNITY

Personal Inventory
I live in a: (describe home – e.g. two-story, ranch, apartment)
___________________________________________________________________
___________________________________________________________________

The positive attributes of my home are: (e.g. yard, main floor bedroom, walk-in shower)
___________________________________________________________________
___________________________________________________________________

The following would prevent me from remaining in my home: (e.g. no first floor bath, stairs, outdoor maintenance) ________________________________________
___________________________________________________________________
___________________________________________________________________

What modifications could be done to my home to be able to age in place? (e.g. walk-in shower, raised toilet seat, stair lift) ________________________________________
___________________________________________________________________
___________________________________________________________________

Positive attributes of my neighborhood are: (e.g. neighbors, safety)
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
Negative aspects of my neighborhood are: (e.g. crime, lack of neighborliness)

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Positive attributes of my community are: (e.g. access to services – health care, shopping, faith community)

___________________________________________________________________
___________________________________________________________________

Negative aspects of my community are: (e.g. lack of support services, poor access to transportation, crime)

___________________________________________________________________
___________________________________________________________________

GOALS

- Stay in my home as long as I can
- Stay in my community, but move to a senior apartment, assisted living, etc.
- Relocate to be near ____________________
- Get my name on a list for housing option of choice: ____________________
- Other: ________________________________

NOTES
2. FINANCIAL

Personal Inventory
Assets: (e.g. home and property value, pensions, social security, investments, IRA’s, etc.)
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

I currently have:
  o Life insurance
  o Medicare
  o Medicare D
  o Reverse mortgage
  o Financial management services (conservator, automatic bill pay)
  o Estate planning
  o Long-term care insurance
  o Veteran’s benefits
  o Other income (rental property, investments)
  o Pension
  o Social Security

GOALS
  o To be financially secure
  o To increase my knowledge about resources
  o To share my financial planning and goals with the necessary people

Factors to consider in planning my financial situation:
  o I am living on a fixed income.
  o My family expects me to be financially independent.
  o I want to leave my family an inheritance.
  o My family expects me to leave an inheritance.
  o I have philanthropic goals.
  o My financial obligations include:
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
What prevents me from moving forward with options?

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

I am concerned about the following:
  o My growing financial need
  o Finding someone I trust to assist me
  o I need help locating resources such as medical assistance and long-term care assessments.
  o If necessary, will my adult children be willing and able to help me financially?
  o I have no concerns.

My plan for financial preparedness includes: (you may wish to state those individuals trusted to assist you with your plan) __________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

NOTES
3. LEGAL

Personal Inventory
I have the following documents and services in place:
  - Power of Attorney
  - Health Care Proxy
  - Health Care Directive/Advanced Directives/Living Will
  - Will
  - Estate Planning
  - Elder Law Attorney

What are my concerns regarding my legal situation? (e.g. I don’t want to lose control to someone else; I don’t understand how a Power of Attorney works)

___________________________________________________________________
___________________________________________________________________

What is preventing me from moving forward on making plans?

___________________________________________________________________
___________________________________________________________________

GOALS
  - To have the above documents in place.
  - To know that my designated Power of Attorney/Health Care Proxy/executor are aware of their responsibilities and have the appropriate documents to ensure my wishes are followed.

My plan for my legal documents includes: (you may wish to state those individuals trusted to assist you with your plan)
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

NOTES
4. WELLNESS

Personal Inventory
Current description of my physical health (diagnoses)
______________________________________________________________________________

Dental _____________________________________________________________

Vision _____________________________________________________________

Hearing _____________________________________________________________

Mobility _____________________________________________________________

My primary health concerns are:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Those closest to me have voiced the following concerns about my health:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Currently
  o I have health insurance, Medicare and Medicare D
  o I have an established relationship with my medical team (PCP, dentist, etc.)
  o I have annual physical exams
  o I have completed my health care directive and appointed my Health Care Proxy
    and those documents are in my physician’s records
  o I have good nutrition
  o I continue to be physically active

GOALS
  o Remain strong and independent
  o Maintain or improve health
  o Maintain or improve activity level
  o Stay engaged
  o Develop a realistic health plan for managing my diagnoses
  o Complete health care directives
  o Appoint a Health Care Proxy
  o Attain or maintain a positive attitude about the aging process
  o Attain or maintain a positive attitude about life
CONCERNS

- Loss of eye sight, hearing, etc.
- Being isolated
- Managing high blood pressure, diabetes, etc.
- Having a stroke, heart attack, etc.
- Loss of dignity
- Becoming a burden
- Having memory issues
- Having my identity determined by a diagnosis
- Falling/lack of mobility
- Losing my driver’s license

My plan for staying healthy includes: (you may wish to state those individuals trusted to assist you with your plan)

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

NOTES
5. STAYING ENGAGED: EMOTIONAL & SPIRITUAL WELL-BEING

Personal Inventory
I am currently involved in/with:

Employment _______________________________________________________

Volunteering _______________________________________________________

Faith Community _____________________________________________________

Clubs (e.g. book club) ________________________________________________

Organizations/Associations ____________________________________________

Community Initiatives ________________________________________________

Ways I communicate are:

- One-on-one
- Telephone
- Social media (Facebook, Twitter)
- U.S. Mail
- E-mail

I would define my attitude about aging as: (e.g. age is only a number; life-long learning is important; glass half full; glass half empty) ____________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

I am most fulfilled when I: (e.g. connect with others, explore hobbies, learn something new, involve myself in leadership opportunities) ____________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

What brings me joy?
___________________________________________________________________

___________________________________________________________________

___________________________________________________________________
The most important traditions for me include: (e.g. special events, family reunions, holidays) ____________________________________________________________

______________________________________________________________________

______________________________________________________________________

What part of each tradition makes it most important? (e.g. food, location, people involved) ____________________________________________________________

______________________________________________________________________

______________________________________________________________________

I can preserve the meaningful parts of each particular tradition by:

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

What are my challenges?

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

As part of my legacy, I can teach the next generations. Who takes the baton?

______________________________________________________________________

GOALS
- Living a life with purpose and passion
- Staying engaged in family and community
- Remaining interested and curious about life, community, and family
- Passing down family traditions/leaving a legacy
- Exploring talents, hobbies, interests
- Continuing to learn
My plan for staying connected includes: (you may wish to state those individuals trusted to assist you with your plan) ____________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

NOTES
6. WHAT IF...?

Take each of the following scenarios and apply it to the individual sections of this life plan in order to see how different situations may alter your plans and significantly impact your desires. With awareness of potential life-changing events, you can be proactive in learning about community resources and discussing your vision for your future with your circle of support.

The goal is to allow you to maximize choices and maintain independence.

WHAT IF...
- I lose my significant other? (e.g. spouse, adult child, roommate)
- My significant other or I experience physical limitations? (e.g. arthritis, stroke, vision loss)
- My significant other or I experience cognitive loss?
- I or we experience financial crisis? (e.g. loss of health insurance, no retirement funds)
- I or we experience a disaster, natural or otherwise? (e.g. tornado, fire, flood)

Example
What if my significant other or I experience physical limitations? If I experience vision loss, how will that affect my identified goals/plans under the HOME AND COMMUNITY section? FINANCIAL section? LEGAL section? WELLNESS section? STAYING ENGAGED section?

Repeat with each of the WHAT IF... situations. How would it affect your life plan? Share these changes with those supportive individuals listed throughout your plan.

TO ENSURE YOUR BLUE PRINT FOR LIFE HELPS YOU REMAIN PROACTIVE, IT IS RECOMMENDED THAT YOU REVIEW IT ANNUALLY.
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RESOURCES

- Alzheimer’s Association
  264 Cottage Street
  Springfield, MA 01104
  413-787-1113 / 1-800-272-3900
  www.alz.org/MANH

- Greater Springfield Senior Services
  66 Industry Avenue, Suite 9
  Springfield, MA 01104
  413-781-8800 / 1-800-649-3641
  www.gsssi.org

- Highland Valley Elder Services
  320 Riverside Drive, Suite B
  Florence, MA 01062
  1-800-322-0551 / 413-586-2000
  www.highlandvalley.org

- Springfield Jewish Community Center
  1160 Dickinson Street
  Springfield, MA 01108
  413-739-4715
  www.springfieldjcc.org

- Western Mass Elder Care
  4 Valley Mill Road
  Holyoke, MA 01040
  413-538-9020 / 1-800-462-2301
  www.wmeldercare.org