GUIDE TO ELDER CARE RESOURCES
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Elder Care Resources

Caregiving Information and Support

Caring for the people that once looked out for you is one tough job. At various times, you’ll have to act as an elder advocate, financial expert, nurse, doctor, housekeeper, cook and personal assistant. In addition to all this, you’re still the child to your parents.

Just remember to take care of yourself first and maintain your sense of humor, and remember you’re not alone. Nearly one in four American households includes someone who provides care for an aging parent, older relative or friend.

Many have discovered that having a plan in place before its needed makes everything easier. If you wait for a crisis to force a quick decision, your options may be limited.

You might want to seek assistance from a case manager, referral service or similar professionals. It’s best if your care recipient participated in development of a plan, maintaining as much control as feasible. The goal is for your care recipient to remain as independent as possible for as long as possible.
It’s also a good idea to include other members of your family in the planning process. Doing so will help to avoid communication problems and conflicts later. Family conferences are the place to emphasize the need for flexibility, cooperation and shared responsibility.

**Needs Assessment**

The first step in developing an effective eldercare plan is determining the scope of the needs of the care recipient. Keep in mind that needs assessment is not a one-time deal; the situation is bound to change.

Professional help is available from case or care managers, who visit with you and the care recipient, help assess the need for outside services, and then recommend appropriate services. The best professionals can answer questions ranging from the effects of disease to insurance payments. Some case managers also make the initial contact with providers, coordinate services, monitor them periodically, and provide counseling. Fees vary.

Others with skill and experience in eldercare management include hospital discharge planners, social workers, physicians, nurses and clergy.

Be sure to research programs that might be available through hospitals, skilled-nursing facilities, churches and government-related agencies, such as the County of Orange Office on Aging.

**Planning for Care**

Once the care recipient’s needs are assessed, it’s time to look at options available to meet those needs. Talk with family members and close friends about what they
might be able to contribute toward the caregiving effort: time, skills, space, equipment, money and moral support.

You can’t do it alone; no one can. It’s important to define the tasks and agree upon them in advance to avoid difficulties later. Perhaps one person can prepare meals, one can do the yardwork, one can provide beauty treatments and manicures, and another can provide transportation. Other tasks you might want to divvy up: making home repairs, cleaning the house, paying bills, balancing the checkbook, coordinating healthcare, and filling out tax forms.

Someone needs to gather basic information on the care recipient, as healthcare professionals will need this information. Include the Social Security number, Medicare ID number, insurance policies and numbers, doctors’ names and numbers, medications, allergies, family medical history, and lifestyle information (smoking, caffeine, alcohol, and sleep patterns).

Keep the information handy in a wallet or on the refrigerator door. You can request a free “Vial of Life” magnetic container from Project Care (800-510-2020) for storing this information.

Once family and friends choose their responsibilities, you can tap into community resources to fill the eldercare gaps.

**Support Groups**

Besides the practical help, you will need all the emotional support you can muster.

Caregiver support groups are an ideal place to share your concerns and feelings with others who understand and can offer solution options and moral support.
How do you get Mom to go for a thorough examination when she refuses, because she doesn’t see a problem? How do you convince your parent to give up driving? What if Dad insists he doesn’t need a wheelchair when he falls at least once a day? What if parents won’t share their personal financial matters?

Getting parents to realize their increasing physical and mental limitations is a particularly thorny problem for families.

Care giving is stressful and probably one of the most difficult jobs you’ve ever had. The common desire to do everything you can for your loved one often leads to physical and emotional exhaustion. Financial and social stresses also take their toll.

It’s imperative that you take good care of yourself or you’ll become ill and unable to provide help.

Most support groups are free or low cost and are led by a healthcare professional. For disease-specific support groups, contact the Southern Caregiver Resource Center (800) 827-1008 for referral to a group in your area. Caregivers also can call information and assistance hotlines sponsored by local hospitals and nonprofits.

Remember, though it might not always feel like it, providing care for an aging parent can be extremely rewarding. It can bring you closer then you’ve ever been before.

So, cherish the moments of joy. And don’t forget to laugh with your loved one, for without laughter, aging is no laughing matter.
State and Local Services

California Department of Aging - As a part of the California Health and Human Services Agency, the Department of Aging administers Older Americans Act programs for supportive services, in-home services, congregate and home-delivered meals, community service employment, health insurance counseling, and Alzheimer's and Adult Day care services.

California Caregiver Resource Centers - A listing of Caregiver Resource Centers throughout the state providing free or low cost services to caregiving families including:

- Specialized Information
- Support Groups
- Family Consultations & Care Planning
- Legal & Financial Consultation
- Respite Care
- Education
- Counseling
- Professional Training
Orange Caregiver Resource Center - The Orange Caregiver Resource Center (OCRC) is a trusted partner for Orange County families who are coping with the physical, emotional, and financial responsibilities of caregiving. By providing families with individualized supportive services, OCRC stands apart as the only Orange County agency focusing specifically on the needs of caregivers who are coping with a loved one's chronic illness.

Orange County Office on Aging - The Orange County Office on Aging serves as the lead advocate, planner and facilitator relative to all aging issues on behalf of all older persons in Orange County. Together with our partners, the Office on Aging provides a full range of older adult services which are listed throughout the website, including information and assistance on programs and services available for older adults and their caregivers.
Other Resources (courtesy of Orange County Office on Aging)

B-C-D-E-F-G-H-J-L-M-N-O-P-R-S-T-U-V

A

AARP – American Association Of Retired Persons
Administration on Aging
Adult Day Health Care/Adult Day Centers
Adult Protective Services
Adult Services and Assistance Programs
Agency on Aging - National Aging Information Center
Aging Network Resource Information
Aging With Dignity
Alliance for Aging Research
ALS - World Federation of Neurology Amyotrophic Lateral Sclerosis
Alzheimer’s Association
American Academy of Neurology
American Association of Homes and Services for the Aging
American Bar Association -
Commission on Legal Problems of the Elderly
American Brain Tumor Association
American Society on Aging
Asian American Senior Citizens Service Center
Association for Gerontology in Higher Education

B
Benefits Checkup -
A Service of the National Council on Aging
Braille and Talking Books
Brain Injury Association
Brain Injury Network
Brown Bag Program -
Second Harvest Food Bank of Orange County

C
California Assembly Committee on Aging and Long-Term Care
California Assisted Living Association
California Department of Aging
California Department of Alcohol and Drug Programs
California Department of Health Services (DHS)
California Department of Finance
California Department of Managed Health Care
California Department of Rehabilitation
California Department of Social Services (DSS)
California Health Advocates
(California HICAP Association)
California Health and Human Services Agency
(CHHS)
California HealthCare Foundation
California Medicare HMOs (a guide)
California Healthline
(email subscription required)
California HICAP Association
California Legislative Counsel site -
Daily updates of Assembly and Senate Bills
California Managed Risk Medical Insurance Board
CalOptima
California Strategic Planning on Aging white papers (SB 910)
CANHR - California Advocates for Nursing Home Reform
Caring Connections - Orange County
Center for an Accessible Society
Center for Demographic Research – California State University Fullerton
Center for Healthy Aging
Center for Neurologic Study
Centers for Disease Control and Prevention
Centers for Medicare & Medicaid Services (CMS)
California Health Advocates
Chemo Care
Children of Aging Parents
Clinical Trials.gov
Council on Aging – Orange County

D
Diabetes Education
Disability Info
Disabled Transportation OCTA-ACCESS

E
Elder Care Online
Eldercare Locator - Connecting You to Community Services
Elderweb
Epilepsy Foundation of America

F
Families USA
Family Caregiver Alliance
FAST - Orange County Financial Abuse Specialist Team-Orange County
Federal Administration on Aging
Federal Consumer Information - Multilingual
Federal Interagency Forum on Aging Related Statistics
Feedback Foundation - Orange County Senior Citizens
FirstGov for Seniors
Food and Nutrition Information Center

G
Gerontological Society of America
Gray Panthers

H
Health & Age – Novartis Foundation For Gerontology
Health Care Council of Orange
Health Insurance and Advocacy Program Contact Listing
Health Insurance Counseling and Advocacy Program-HICAP
HMO/Medicare Problems
Housing Assistance
Housing: Non-profit housing and services for seniors
HUD Senior Citizens
Huntington Disease Society of America (ASA)

L
LAFCO Orange County
Linkages
Living To 100 Life Expectancy Calculator
Long-Term Care Ombudsman

M
Medical Board of California
Medicare - Official US Government Site
Medicare Prescription Drug Coverage Benefit
Medicare Rights Center
Medications Via The Web
Modern Maturity
Monarch HealthCare Medical Group

National Academy of Elder Law Attorneys
National Adult Day Services Association
National Asian Pacific Center on Aging
National Alliance for Caregiving
National Association of Area Agencies on Aging (N4A)
National Association of Older Worker Employment Services - Maturity Works Program
National Association of State Units on Aging
National Brain Tumor Foundation
National Cancer Institute - National Institutes of Health
National Caregiver Resource Center Network - Administration on Aging
National Center for the Dissemination of Disability Research
National Center on Elder Abuse
National Center for Health Statistics: Aging
National Chronic Care Consortium
National Citizens' Coalition for Nursing Home Reform
National Coalition of Consumer Organizations
National Council on Aging
National Family Caregivers Association
National Fraud Information Center
National Governor's Association
National Hispanic Council on Aging
National Indian Council on Aging
National Institute on Disability & Rehabilitation Research
National Institutes of Health (US Department of Health and Human Services)
National Institute of Neurological Disorders and Stroke
National Institute of Senior Centers
National Institute on Senior Housing

Guide to Elder Care Resources
UC Irvine Health Care Facilitator
National Institute on Aging
National Institute on Community-Based Long-Term Care
National Institute on Deafness and Other Communication Disorders
National Multiple Sclerosis Society
National Neurofibromatosis Foundation
National Organization for Rare Disorders
National Osteoporosis Foundation
National Parkinson Foundation
National Resource Center On Native American Aging
National Senior Citizen's Law Center
National Spinal Cord Injury Association
National Stroke Association
NCCNHR - National Coalition of Concerned Citizens
NOBLE - Network Outreach Better Living for the Elderly

Older Women's League
Office of Statewide Health Planning and Development
Office on Aging (formerly Area Agency on Aging)
Orange Caregiver Resource Center
Orange County Californi Government Website
Orange County Health Needs Assessment
Orange County Transportation Authority

Parkinson's Information
Prescription Drug Assistance Program
Public Policy Institute of California (Demographic and Economic Trends of Older Californians)

RAND
Senate Subcommittee on Aging and Long-Term Care
Senior Reference Desk
Senior Counselors Against Medicare Swindlers - SCAMS
Senior Job Bank
Senior Legal Advocacy Program
Senior Meals and Services
Senior Medi-Benefits
Ship Resource Center -
State Health Insurance Assistance Program
Social Security Administration
Society for Disability Studies
Society for Neuroscience
South County Senior Services
Southern California Association of Governments

TRICARE: Department of Defense Wraparound coverage

United Cerebral Palsy Associated
United Nations: Policies and Programmes on Ageing
US Census Bureau
US Senate Special Committee on Aging

Vestibular Disorders Association
Vietnamese Community of Orange County
Volunteer Center of Orange County
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EVERYTHING MY LOVED ONES NEED TO KNOW ABOUT ME

This document is provided as a public service for older adults, persons with disabilities, and their caregivers by:

County of Orange
Office on Aging
1300 S. Grand Avenue, Building B
Santa Ana, CA 92705
1-800-510-2020
www.officeonaging.ocgov.com

Completed/Updated on this date: ____________________________

(Most recent date applies)

By: __________________________________________________________________________

(Print complete name clearly)

My Legal Residence: ________________________________ Apt. # ______
City ____________________________ State ________________ Zip ______
Phone (____)___________________ Alternate/Cell (____)__________________

The person (nearby) who knows where to find and has access to my important papers is:

__________________________________________________________________________

My important papers are located here:

Safe Deposit Box: # ______
__________________________
__________

Bank/Branch: ________________________________

He/She can be located here: ________________ Key is located here: ________________

__________________________
__________________________

Authorized signer(s): ________________________________ Other location: ________________

Phone numbers: ________________________________

Guide to Elder Care Resources
UC Irvine Health Care Facilitator 17
PERSONAL DATA
(These are required for insurance purposes, social security, pensions, and in other cases where legal proof of age, relationships, or birthplace is required.)

Date of Birth: ____________________________

City: ________________________________

County: ________________________________

State: ________________________________

My birth certificate is located here:

____________________________________

If a citizen of another country:
Country: ________________________________

Date entered the USA: ________________

Citizenship papers are located here:

____________________________________

CHILDREN List name (Maiden name), and birthdates)

____________________________________

MARRIAGE
(If married more than once, use additional page)

I am currently married: Yes ☐ No ☐

Married to: ________________________________

Date: From __________ To __________

Place: ________________________________

Marriage records located at:

____________________________________

If widowed:

The deceased’s name: ________________________________

Date of death: ________ Cause: __________

PARENTS

Father: ________________________________

Date of Birth: ________ Date of Death: ________

Burial site: ________________________________

Mother: ________________________________

Date of Birth: ________ Date of Death: ________

Burial site: ________________________________
**WHAT I OWN**

**CHECKING AND SAVINGS ACCOUNTS**

Names on checking account: 

________________________

Bank: _____________________

Person who has account number: 

________________________

Names on savings account: 

________________________

Bank: _____________________

Person who has account number: 

________________________

Names of anyone else who has power to sign checks: 

________________________

Names on additional accounts: 

________________________

Bank: _____________________

ATM card or passbook location: 

________________________

Person who knows password/ID: 

________________________

**REAL ESTATE**

(If more than one, attach information)

I do ☐ do not ☐ own real estate

Co-owner (if applicable): 

________________________

Address (if not the same as your residence): 

________________________

Mortgage is held by: 

________________________

Taxes are paid on this property until: 

________________________

The deed, tax, and mortgage documents are located: 

________________________

**STOCKS and BONDS and ANNUITIES**

I do ☐ do not ☐ own stocks and/or bonds

An updated list of all my stocks/bonds and their numbers and beneficiaries can be found here: 

________________________

Certificates are located here: 

________________________

I do ☐ do not ☐ have a brokerage account

If so, my broker can be contacted here:

Name: 

________________________

Firm: 

________________________

Phone: (_____) ___________________

I have these securities pledged for loans:

________________________

Information on these can be found here: 

________________________
WHAT I OWN, continued...
CAR(S) make, model, year

Location of pink slip(s):

JOINT OWNERSHIP
I do □ do not □ own any property jointly.
If so, partner information can be found here:

LIFE INSURANCE
I do □ do not □ have life insurance on:

Complete itemized list and policies can be found:

My principal insurance broker is:
Name (company)

Phone (_____) ________________________

I do □ do not □ have annuities
Location of my annuity contracts:

MEDICAL and LONG TERM INSURANCE
I am covered □ not covered □ by Medicare
Part A □ Part B □ Medi-Medi □

I am in this HMO: _______________________
HMO contact phone: (_____) _______________________
My primary physician is: _______________________
Phone: (_____) _______________________

Additional medical, long-term care, supplemental or corporate insurance policy issuers:

Location of insurance policies:

TRUST FUNDS
I have created a trust fund to care for:

Lawyer who drew up trust:

Trust agreement is located:
<table>
<thead>
<tr>
<th>MILITARY SERVICE (Complete if applicable)</th>
<th>FINANCIAL MATTERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Branch of service:</strong></td>
<td><strong>EMPLOYMENT</strong></td>
</tr>
<tr>
<td><strong>Discharge Date:</strong></td>
<td>My present employer is:</td>
</tr>
<tr>
<td><strong>Discharge Type:</strong></td>
<td>Address:</td>
</tr>
<tr>
<td><strong>Highest Rank/Grade:</strong></td>
<td>Phone: (___) ___________________________</td>
</tr>
<tr>
<td><strong>Military Serial Number:</strong></td>
<td>Fax: (___) ___________________________</td>
</tr>
<tr>
<td><strong>Veterans claim number:</strong></td>
<td>Date started: _______________________________</td>
</tr>
<tr>
<td><strong>Service connected disabilities and %:</strong></td>
<td>Supervisor: _______________________________</td>
</tr>
<tr>
<td><strong>Describe where or how injuries occurred:</strong></td>
<td>Social Security card is located: ________________</td>
</tr>
<tr>
<td></td>
<td>I am eligible for the following pension, profit</td>
</tr>
<tr>
<td></td>
<td>sharing, or benefit plans:</td>
</tr>
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<td>(include necessary information)</td>
</tr>
</tbody>
</table>

Military discharge papers are located:

I am □ was □ never was □ part of a Union

Union name and how to contact:
PERSONAL PROPERTY

All of my personal property, including real estate, furnishing, vehicles, and heirlooms are itemized and assigned in my will.

MISCELLANEOUS ASSETS

I have □ have not □ these additional assets:

□ Fraternal and benevolent memberships
□ Royalty rights or patents
□ Debts due me
□ Others ____________________________

_________________________________

You can find documents pertaining to these here:

_________________________________
_________________________________
_________________________________

TAX RECORDS and RETURNS

Copies of this year’s and previous years’ tax returns are located here: __________________________

_________________________________

BURIAL (You need to complete if not in your will)

I wish □ do not wish □ to be buried.
I do □ do not □ own a burial plot.

Cemetery name: __________________________

Location of deed: __________________________

There is □ is not □ provision for perpetual care
I prefer to be buried here: (No contract signed)

_________________________________

I wish for cremation or other disposition of my body: Specify:

_________________________________

_________________________________

RELIGIOUS AFFILIATION

Church or temple: __________________________

Address: ________________________________

_________________________________

Clergy member: __________________________

Phone: (____) ____________________________
## MY WILL

My will is the document that assures that, when I die, my property is distributed as I wish – otherwise the state will do so according to state laws. Please be sure that my last will (and any revisions) are honored.

<table>
<thead>
<tr>
<th>Original executed copy of my will (and any codicil (revision) is located:</th>
<th>I have a &quot;Living Will:&quot;</th>
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<tbody>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
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<tr>
<td>The attorney who drew it up is:</td>
<td>If so, it is located here:</td>
</tr>
<tr>
<td>Name: ___________________________</td>
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</tr>
<tr>
<td>City: ___________________________</td>
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<tr>
<td>Phone: (__) _____________________</td>
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| I have a Durable Power of Attorney (Financial) | |
| Yes ☐ No ☐ | If so, it is located here: |
| Name of Executor: ___________________________ |  |
| Where to reach executor: | The Attorney who drew this document up: |
| ___________________________ |  |
| Phone: (__) _____________________ | Phone: (__) _____________________ |

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<tr>
<th>Witnesses to Will:</th>
<th>I have an Advance Health Care Directive (Durable Power of Attorney for Health Care)</th>
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<tr>
<td>1. ___________________________</td>
<td>Yes ☐ No ☐</td>
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<td>Reachable at: ___________________________</td>
<td>If so copies are located here:</td>
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<td>2. ___________________________</td>
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<tr>
<td>Reachable at: ___________________________</td>
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<tr>
<td>Names and phone numbers of people not mentioned before to contact if I should become seriously ill:</td>
<td>Personal Notes:</td>
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Please do **not** contact:

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