

TYPES OF SENIOR HOUSING

INDEPENDENT:

Patio Homes and Apartments – Senior independent living rental units in a maintenance-free environment. Services include one meal (with option to purchase more), housekeeping, activities and security.

ASSISTED LIVING:

Enriched Housing – NYS Licensed apartments with services that include medication administration, 24 hour nursing assistance, personal care, housekeeping, laundry, meals, transportation and socialization.

Adult Homes – Same level of care as enriched housing, but in a room-type setting.

Assisted Living Program – NYS Licensed Medicaid approved program which offers more “hands-on” personal care and assistance than enriched housing.

Skilled Nursing Facility – 24 hour nursing care.

Confused about residential care options?

Let one of ElderWood Senior Care's Residential Admissions Counselors help you determine the appropriate placement for your loved one.

Assisted Living Facilities

ElderWood Village at Glenwood

5271 Main Street, Williamsville - 716.565.9663

ElderWood Village at Rosewood

76 Buffalo Street, Hamburg - 716.649.7676

ElderWood Village at Westwood

580 Orchard Park Road, West Seneca - 716.677.4242

ElderWood Village at Maplewood

229 Bennett Road, Cheektowaga - 716.681.8631

Independent Living Facilities

Maplewood Commons

151 Bennett Road, Cheektowaga - 716.961.9663

Ask us about the newest Independent Living facility opening soon:

Crestwood Commons Patio Homes and Apartments

6910 Witmer Road, Wheatfield - 716.961.9663



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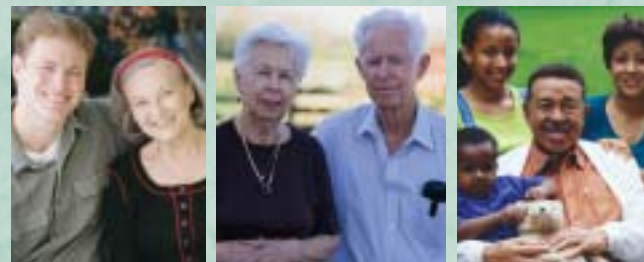
SENIOR CARE

Care without compromise®

7 Limestone Drive, Williamsville, NY 14221

1.888.826.9663 www.elderwood.com

EQUAL HOUSING OPPORTUNITY



CARING FOR AN Aging Parent

A HELPFUL
GUIDE
OUTLINING
THE QUESTIONS
YOU NEED
TO ASK
NOW

Compliments of



ELDERWOOD

SENIOR CARE

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As our aging population increases, many of us will face caring for an elderly parent or family member. There are many issues to be discussed and decisions to be made. This guide will help you ask the necessary questions so you may confidently develop a plan.

You may also want to answer these questions for yourself so your children will have this information in the future.

HOUSING

- Is your parent's home safe?
- Is meal preparation a concern?
- Can he/she complete household chores, i.e. laundry, cleaning, yard work, shopping, etc.?
- Is walking up and down stairs a concern?
- Is your parent safe from strangers who may disrupt their personal or financial status?
- Is driving safety/transportation a concern?
- Does someone have an extra set of house or car keys?
- Are you familiar with different housing options?
- Does your parent have someone to consistently socialize with?

FAMILY

- Have you decided who will be the principle caregiver to your aging parent?
- Will other family members help? What will each member be responsible for?

MEDICAL

- Who is the primary physician, including address and phone numbers? Other medical professionals?
- What are the medical concerns?
- Are there any special dietary requirements/restrictions? Any allergies?
- What is the primary health insurance company?
- Is there a prescription plan?
- What medications are being taken? Dosage? Frequency? Do they carry a list for emergencies?
- Are medications being taken properly?
- Are expired or discontinued medications discarded appropriately? How are medications reordered?

- Is a medic alert bracelet worn for any condition?
- Is there a health care proxy in place?
- Have there been any incidences of wandering or other inappropriate behavior?
- Is there a DNR (Do Not Resuscitate) order in place?

FINANCIAL/LEGAL

- Do you know your parent's financial status? What banks are used? Is Social Security check direct deposited? Other sources of income?
- Has a power of attorney been established?
- Is there a list of assets including the value and location?
- Is there a list of debts, loans, credit cards, mortgages?
- Where are credit cards and checkbook kept?
- Is there life insurance?
- Is there a will? Where is it located?
- Who is the attorney?
- Where are important documents kept?
- Are there any safe deposit boxes?

END OF LIFE DISCUSSION

Discussing your family member's wishes in death may be more difficult for you than for your family member. Most elderly do not fear death and discuss their wishes openly.

- Have preparations and plans been discussed?
- Has a funeral home been selected? Are expenses prepaid?
- Are there any preferences for the obituary? The services?

TYPES OF SENIOR HOUSING

There are so many choices in senior residences today – **several are described on the back of this brochure.** The best time to talk to your parent or loved one about future residential options is when they are still able to be involved in the decision making process. This provides them with a sense of independence, purpose and self-respect, and they are much more likely to adapt positively to the change if they have been a part of it.

FAMILY INFORMATION GUIDE

VITAL STATISTICS AND HISTORICAL DATA

Full Name _____ Phone () _____
Address _____ City _____ County _____
State _____ Zip _____ Birthdate _____ Birthplace _____
In City Since _____ In County Since _____ In State Since _____
Single _____ Married _____ Widowed _____ Divorced _____
Social Security Number _____ Union Local _____ No. _____
Employed By (or retired from) _____ Job Title _____
Father's Name _____ Living: Yes No Birthplace _____
Mother's Name _____ Living: Yes No Birthplace _____

VETERANS INFORMATION

Branch of Service _____ Name of War _____ Rank and Rate at Discharge _____
Service Number _____ V.A. Claim Number _____
Place of Enlistment _____ Place of Discharge _____
Enlistment Dates: _____ to _____ Location of Discharge Papers: In Home _____ Other _____

SPOUSE VITAL STATISTICS AND HISTORICAL DATA

Full Name _____ Living: Yes No Date of Death _____
Birthdate _____ Birthplace _____ Social Security Number _____

PERSONS TO BE NOTIFIED

In the event of an emergency, please notify the following people to assist in any further arrangements. (Relatives, Friends, Neighbors)

Name _____ Relationship _____ Phone () _____
Address _____ City _____ State _____ Zip _____
Name _____ Relationship _____ Phone () _____
Address _____ City _____ State _____ Zip _____

Person to be in charge of final arrangements:

Name _____ Relationship _____ Phone () _____
Address _____ City _____ State _____ Zip _____

LAST WILL AND TESTAMENT

I Have Prepared My Will: Yes No Husband _____ Wife _____
My Attorney Is _____ City _____ Phone () _____
Executor/Executrix _____ Relationship _____ Phone () _____
Papers Are On File: Where _____
I Have A Living Will: Yes No Location _____

ESTATE INFORMATION

Insurance	Company	Policy Number	Amount
Life Insurance	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
Group Coverage	_____	_____	\$ _____
Hospital & Medical	_____	_____	\$ _____

FINANCIAL INSTITUTION INFORMATION

Name of Institution _____ Phone () _____
Address _____ City _____ State _____ Zip _____
Account Number _____ Checking/Shared Draft Savings
Name of Institution _____ Phone () _____
Address _____ City _____ State _____ Zip _____
Account Number _____ Checking/Shared Draft Savings

SAFE DEPOSIT BOX

Name of Institution _____ Phone () _____
Address _____ City _____ State _____ Zip _____

FUNERAL SERVICE REQUESTS

Funeral Home/Chapel _____ City _____ State _____ Zip _____
Church Denomination _____ Minister _____ Phone () _____
Mass: Yes No Rosary: Yes No Place of Service: Funeral Church Graveside
I Prefer: Earth Burial Mausoleum Cremation I Have Purchased Lots: Yes No
My Choice of Cemetery _____ City _____ State _____ Zip _____
If Interment Is To Be Elsewhere: Ship To _____ Phone () _____
Address _____ City _____ State _____ Zip _____
Glasses: Yes No Jewelry: Yes No Clothing: My Own New
Special Instructions: _____
Counselor: _____

Signature _____ Date _____