



# Direct Communication Project

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Resource No. 4

## Caring for Elderly Parents

How to care for elderly parents is a major concern of many Foreign Service families. Our concerns mirror those of other American families, but how to ensure good health care, find the right living situation, and handle legal questions is often complicated for Foreign Service families by being posted abroad. The distance involved makes it harder to get information and help so contingency planning is essential.

Often Foreign Service families only have short visits during R & R or on Home Leave and hate to spend the precious time with their parents talking about serious business or unpleasant possibilities. Or we may be caught up in hectic preparations for an overseas assignment and not want to take the time to do contingency planning with parents. While it is difficult to discuss the issues of aging, the family who has discussed the options and agreed on plans will be better able to handle whatever happens. It will be worth the time taken, if there is an emergency.

The ideal situation is when the parents take control of their own situations and make decisions in advance of an emergency. They should investigate the types of retirement options and decide which is most appropriate, make informed decisions about life-sustaining medical care, and make sure that documents, instructions, and powers of attorney are available to those who must take responsibility

in an emergency. The American Association of Retired Persons recommends that elderly people use a document locator list to make sure their papers are in order (see page 15). This list can then be given to the person(s) who will be responsible for them should an emergency arise. Going through the list with your parents should ensure that their wishes are understood.

## Communicating with Elderly Parents

Talking with our elderly parents about their living situations and the possible need for change is not always easy. A successful conversation depends to an extent upon the relationship we have with the parent, as well, of course, as on the parent's mental, emotional and physical condition. While many people put off serious conversations to avoid conflict or awkwardness, both parent and adult child may lose an opportunity for closeness, understanding, access to information that may affect the decision, and optimum peace of mind.

To the extent possible, talk with your elderly parents gently and honestly about their wishes, their abilities and their options. Far more often than not, these conversations are helpful and put the adult child in a better

position to make decisions later when the parent may not be able to do so. The following are suggestions for conversations with your elderly parent:

- Share your own feelings, and reassure the parent that you will support them and can be depended upon to help them solve their problems.
- Help the parent to retain whatever control is possible in making his or her own decisions. Respect and try to honor their wishes wherever feasible.
- Encourage the smallest change possible at each step, so that the parent is more able to adjust to the change.
- Educate yourself on legal, financial and medical matters that pertain to your parent as background for your conversations, including current knowledge on the aging process.
- Respect your own needs – be honest with your parents about your time and energy limits.

If this kind of conversation seems impossible or the situation and relationship with the elderly parent become overwhelming, professional counseling may be very helpful.

## When a Lifestyle Change May Be Necessary

Physicians and geriatric social workers warn that there are a number of danger signs that indicate an elderly person needs extra help or a change in living arrangement. Any marked change in personality or behavior should be heeded. However, no change in lifestyle should be made without discussions with the elderly person, other family members, and doctors or other health professionals.

### Danger Signals

**Sudden weight loss** could be an indication that the elderly person is simply not eating or not preparing foods.

**Failure to take medication or over-dosing** may indicate confusion, forgetfulness, or a misunderstanding of the doctor's instructions.

**Burns or injury marks** may indicate physical problems involving general weakness, forgetfulness, or a possible misuse of alcohol.

**Deterioration of personal habits** such as infrequent bathing and shampooing, not shaving, or not wearing dentures could be the result of either mental or physical problems.

**Increased car accidents** can indicate slowed reflexes, poor vision, physical weakness, or general inability to handle a vehicle.

**General forgetfulness** such as not paying bills, missing appointments, or consistently forgetting name, address, phone number, and meal times could be a signal.

**Extreme suspiciousness** could indicate some thought disorder. Your parents thinking that their neighbors, friends, family, doctor, and lawyer are all conspiring against them would be an example. Intense ungrounded fears about dire consequences may be a danger signal.

**A series of small fires** could be caused by dozing off, forgetting to turn off the stove or appliances, or carelessness with matches. They may indicate blackouts or dizzy spells.

**Bizarre behavior of any kind** could be a warning sign. This behavior could be dressing in heavy gloves and overcoat in 90 degree

weather or going outside without shoes when it's snowing. Watch for uncharacteristic actions or speech.

**Disorientation of a consistent nature** may indicate a need for help. Examples include not knowing who one is, where one is, who the family is, or talking to people who are not there.

**Home care services** are available in many communities, providing appropriate,

## **Eldercare Options**

If you see danger signals in your parent's behavior, it is important to discuss the changes and do some research. There are many housing options available to the elderly. Choosing the best one will depend on the elderly person's preference, age, health, and financial condition.

### **Aging in Place**

Under this option, the elderly person continues to live in his/her own apartment. Many elderly people live in Naturally Occurring Retirement Communities (NORCs), apartment buildings, condominiums, or cooperatives not designed as retirement communities but where at least 50 percent of the residents are 62 years old or older. These buildings often have amenities such as grocery stores, pharmacies, limousine service, or shopping services.

Recent technological advances often make aging in place easier: Velcro fasteners, lightweight wheelchairs, devices to control appliances and dial telephone numbers. There is even a "walk-in bathtub" for people who have difficulty climbing into an ordinary bathtub. Many services are available to help the elderly person stay in his/her home. Information about them can be obtained from the local Area Agency on Aging (see page 5).

supervised personnel to help older persons with either health care (giving medications, changing dressings, catheter care, etc.) or personal care (bathing, dressing, and grooming).

**Meals and transportation** are available to older people to help them retain some independence. Group or home-delivered meal programs help ensure an adequate diet. Meals-On-Wheels programs are available in most parts of the United States. A number of communities offer door-to-door transportation services to help older people get to and from medical facilities, community facilities, and other services.

**Adult day care** is similar to child day care. The elderly person goes to a community facility daily or 2 or 3 days per week. Activities include exercise programs, singing, guest lectures, and current events discussions. Cost varies and there are often long waiting lists at such centers.

**Respite care** brings a trained person into the home to give the full-time caregiver time off to get a haircut, visit the dentist, or take a vacation. Service is generally offered through area Departments of Social Services and is based on a sliding fee scale.

## Other Housing Options

There are several types of retirement communities that provide living arrangements and services to meet the needs of both independent seniors and those who need assistance. Large hotel corporations are in this field and other facilities are set up for members of a certain organization (retired military, Elks, etc.). It is important when investigating these housing options to understand completely the services provided and the cost.

**Adult congregate communities** are designed for the fully able-bodied, 55 and older. Residents buy co-ops or condominiums and pay a monthly fee for grass mowing, leaf raking, and snow shoveling. A pay-as-you-go medical center is on site and a nurse is on duty 24 hours a day to make home visits in emergencies. Leisure World is the most famous example of an adult congregate community.

**Assisted living communities** are rental retirement communities for independent seniors who need some assistance. A homelike atmosphere, three meals a day, maid, linen, and laundry service, availability of a registered nurse, and many personal care services are provided in the all-inclusive rent.

**Rental retirement communities** with fee-for-service nursing units charge residents an entrance fee plus a substantial monthly rent. When the need for nursing care arises, residents pay an extra daily fee and stay in a nursing unit, usually located on site or nearby.

**Life care or continuing care communities** provide a continuum of care from independent living to nursing home care on the premises. The individual must be independent when s/he enters the community. These communities require a substantial entrance fee and monthly service fee. Residents get one meal a day in a dining room, maid service, linen service, maintenance, transportation to shopping and cultural events, travel planning, and a pull cord to an emergency nurse. If nursing care is needed, it is provided at no extra cost.

**Personal care homes (board and care)** are licensed in many communities to provide shelter, supervision, meals, and personal care to a small number of residents.

**Subsidized housing for the elderly** is an option for the elderly poor in reasonably good health. Subsidized by Department of Housing and Urban Development, income limits apply. No round-the-clock care is provided but nurses come in to check blood pressure and assess a resident's functioning. Residents take meals in a dining room and may have use of a library, recreation area, or beauty shop.

## Nursing Facilities

If the elderly person is not capable of independent living, a nursing home may be the appropriate option. Nursing homes offer two levels of care - skilled nursing and intermediate care - depending on the patient's needs. Most nursing homes offer both levels of care on a single site.

**Skilled nursing facilities** provide 24-hour nursing services for people who have serious health care needs but do not require the intense level of care provided in a hospital. Rehabilitation services may also be provided.

**Intermediate care facilities** provide less extensive health care than skilled nursing facilities. Nursing and rehabilitation services are provided but not on a 24-hour basis. These facilities are for people who cannot live alone but need a minimum of medical assistance and help with personal and/or social care.

## Paying for Long-Term Care

It is important to understand the different types of insurance that are available to older people.

### Medicare

Medicare is a Federal health insurance program which helps defray many of the

medical expenses of most Americans over the age of 65. Medicare has two parts:

**(Part A) Hospital Insurance** helps pay the cost of inpatient hospital care. The number of days in the hospital paid for by Medicare is governed by a system based upon patient diagnosis and medical necessity for hospital care. Once it is no longer medically necessary for the person to remain in the hospital, the physician will begin the discharge process. If the person or the family disagrees with this decision, they may appeal to the state's Peer Review Organization.

Medicare **does not** pay for custodial care or nursing home care. It will, however, cover up to 60 days in a nursing home as part of convalescence after hospitalization.

**(Part B) Medical Insurance** pays for many medically necessary doctors' services, outpatient services, and some other medical services. Enrollees pay a monthly premium.

### Medicaid

**Medicaid** is a joint federal-state health care program for people with a low income. The program is administered by each state and the type of services covered differs. There are strict income requirements so it is necessary for the person to "spend down" all income and assets to poverty levels before becoming eligible. Medicaid is the major payer of nursing home care.

The Medicaid requirement to "spend down" all income and assets created a great hardship for the spouse of a person needing nursing home care. Changes in the Medicaid rules now allow the spouse to keep a monthly income and some assets, including the primary

residence. The amounts allowed change, so you must check for current levels.

As with Medigap health insurance, it is important to read the policy carefully and understand its restrictions before purchasing.

## Other Insurance

**Medigap** is the name given to privately purchased supplemental health insurance. It is designed to help cover some of the gaps in Medicare coverage but does not cover long-term care. Study Medigap policies carefully to be sure they provide the protection needed and do not duplicate other health insurance.

**Long-Term Care Insurance** is a private insurance that is usually either an indemnity policy or part of an individual life insurance policy. An indemnity policy pays a set amount per day for nursing home or home health care. Under the life insurance policy, a certain percentage of the death benefit is paid for each month the policyholder requires long-term care. Policies are priced differently depending on the age of the policyholder, the deductible periods chosen, and indemnity value or duration of benefits. Long-term insurance policies are available from:

American Foreign Service Association  
Retiree Liaison  
2101 E Street NW  
Washington, DC 20037  
Telephone: 202-338-4045, ext. 528  
Fax: 202-338-6820  
E-mail: [afsa@afsa.org](mailto:afsa@afsa.org)  
Website: [www.afsa.org](http://www.afsa.org)

and

American Foreign Service Protective Association  
1716 N Street NW  
Washington, DC 20036  
Telephone: 202-833-4910  
Fax: 202-883-4918  
Website: [www.afspa.org](http://www.afspa.org)

## Who Can Help?

The DCC LifeCare® is a 24-hour counseling, education and referral service that can help Department of State employees find the programs, providers, information, and resources they need to manage personal and professional responsibilities. LifeCare® makes referrals, not recommendations. LifeCare® counselors will help determine what services are needed and available in any U.S. locality and refer to appropriate providers. In addition to other services, LifeCare® covers adult care services, including case management, emergency and respite care, home health care, long-distance caregiving and legal and financial issues.

During the pilot program period (May 2000 through September 2001) permanent employees (full-time and part-time) are eligible to use LifeCare®. This includes both Civil Service and Foreign Service employees serving at any Department assignment location nationwide and worldwide. Other employees working for the Department are not covered at this time (contractors, Foreign Service Nationals, PITs, PSC, FMAs). Spouses, children or others who are members of the employee's immediate household may use LifeCare®. They verify eligibility by providing the name and date of birth (month and day) of the eligible employee.

DCC LifeCare®

Telephone: (800) 873-4636 or (800) 873-1322 (TDD)

Email: [lifecarespecialist@dcclifecare.com](mailto:lifecarespecialist@dcclifecare.com)

Web site: <http://www.life-care> (Note: when the pop-up window appears enter the word **state** for Username and the word **department** for Password.)

**The Employee Consultation Service (ECS)** at the Department of State should be the first stop for Foreign Service people with

elder care concerns. The clinical social workers offer brief counseling and help in coordinating an evaluation and assessment anywhere in the United States. ECS social workers act as a liaison in providing appropriate and necessary services for the elderly. All services are free and confidential. In Washington, make an appointment for a personal consultation; from overseas write or cable for advice.

ECS also conducts support groups for employees and their families who are responsible for an aging relative. The groups meet at the State Department to share issues, resources, and approaches to the problems that arise as an elderly person declines, including the issue of emotional stress that occurs for family members watching such decline.

Employee Consultation Service (M/MED/ECS)  
Room L127, Columbia Plaza or  
Room 5914, Main State  
Washington, DC 20520  
Telephone: 202-663-1815

**The Administration on Aging (AoA)** is part of the U.S. Department of Health and Human Services. It was set up to "remove barriers to the economic and personal independence of older persons and to assure the availability of a range of appropriate community and family based services for older persons in social or economic need." AoA supports a network of the state and area Agencies on Aging that reinforce and supplement the daily support that the elderly receive from family, friends, and neighbors.

Administration on Aging  
Department of Health and Human Services  
330 Independence Avenue SW  
Washington, DC 20201  
Telephone: 202-619-0724  
Website: [www.aoa.gov](http://www.aoa.gov)

To get information on eldercare services in a particular community, contact the

Area Agency on Aging. The best way to locate a specific agency is to contact the State Agency on Aging (see page 13) or:

Eldercare Locator  
Telephone: 1-800-677-1116

or

National Association of  
Area Agencies on Aging  
927 15th Street NW  
Washington, DC 20005  
Telephone: 202-296-8130  
Website: [www.n4a.org](http://www.n4a.org)

Services provided by Area Agencies on Aging, include information and referral, homemaker/home health aides, transportation, congregate and home delivered meals, chore and other supportive services. Types of services available vary in each community based upon needs and resources.

#### *Washington Area Agencies on Aging*

DC Office on Aging  
Special Assignment of the Mayor's Office  
441 4th Street NW, Suite 900 South  
Washington, DC 20001  
Telephone: 202-724-5622

State of Maryland Office on Aging  
Room 1007, State Office Building  
301 West Preston Street  
Baltimore, MD 21201  
Telephone: 410-767-1100

Virginia Department for the Aging  
1600 Forest Avenue, Suite 102  
Richmond, VA 23229  
Telephone: 804-662-9333

**Private geriatric care managers** are professional social workers and nurses who assist the elderly and their families by assessing need, coordinating services, and monitoring care for a fee. They are particularly helpful when long-distance caregiving is necessary. Fees vary and

are sometimes covered by Medicare or private insurance. The State Department's Employee Consultation Service, the local Area Agency on Aging, and community agencies can provide referrals nationwide. If the older person has been hospitalized, hospital discharge planners can also provide information and referrals for after-care.

### **Services Offered by the Private Sector**

Some private companies have set up programs to help their employees with elder care. Foreign Service spouses who work in the private sector should investigate any elder care options offered by their employers. These programs can include seed money for elder care services, flexible work schedules for caregivers, subsidies for elder care expenses, unpaid leave for up to a year, referral services, inter-generational day care centers (for both the elderly and children), and group rates for long-term care insurance.

Unfortunately, many of the services provided by companies require that the elderly person meet the tax-law definition of a dependent. This increases the burden for families whose elderly relatives are not financially dependent or who are not living with the employee.

### **Elder Care in the Foreign Service**

Foreign Service employees may have elderly relatives classified as dependents and put on their orders for an overseas assignment if the relative is at least 51 percent dependent for support (subject to review and approval per 6 FAM 117; AID employees also see Supplement 1B to HB 32, Chapter 1). If the relative meets the tax-law definition of a dependent, the easiest way to document dependent status is with a copy of the employee's most recent tax return. Otherwise, the em-

ployee should submit an affidavit or notarized statement testifying to more than 51 percent support. Other documentary evidence may be required by the employee's agency. Attach the documents to the completed OF-126 form and send it to your agency as specified on the forms. Requests will be reviewed for approval by a Personnel OF-126 committee.

If your relatives are not financially dependent on you, they may come to post as tourists, but will receive no official support from the U.S. Government.

If you think you may need to care for an elderly relative, be sure to check the provisions of the 1993 Family Leave Act on taking leave for this purpose.

### **Taking an Elderly Relative to Post**

If elderly relatives are classified as dependents, they travel on diplomatic passports and have the same diplomatic immunity as a spouse or child. Non-dependents use tourist passports and do not have diplomatic status.

Housing assignments are based on the number of official dependents the employee brings to post. Travel to and from post (with the exception of medical travel) is also available to all official dependents.

Relatives other than spouse and eligible children are not covered by the Foreign Service medical insurance program, regardless of their dependent/non-dependent status. While the use of post's health facilities is not promised as a benefit, these limited facilities are sometimes available depending on the location and an authorization by the Ambassador. The medical officer has the authority to refuse to provide services should a patient have a complicated problem that the physician is unable to treat.

### **Medical Insurance**

It is essential that a parent going overseas, either officially or unofficially, have adequate medical insurance. Medicare only pays medical expenses in the United States and in Canada and Mexico under certain very limited circumstances.

The insurance companies listed below provide a variety of coverage and can be contacted for more information.

Blue Cross/Blue Shield provides coverage to Americans living abroad only through the local offices where the clients have residence. Insurance may be purchased while the client is overseas.

CareFirst BlueCrossBlueShield  
550 12th Street NW  
Washington, DC 20065  
Telephone: 202-479-8000  
Fax: 202-479-3520  
Website:  
[www.carefirstbluecrossblueshield.com](http://www.carefirstbluecrossblueshield.com)

International SOS provides only supplemental coverage including a hospital deposit repay, medical referral, evacuation to facilities for treatment, legal assistance, and a toll-free hotline. Medical centers are located throughout the world.

International SOS Assistance  
P.O. Box 11568  
Philadelphia, PA 19116  
Telephone: 1-800-523-8930 or  
215-244-1500  
Website: [www.intsos.com](http://www.intsos.com)

Access America is available to U.S. residents only. A policy may be purchased only while client is in the United States but coverage is good worldwide.

Access America  
 6600 W Broad Street  
 Richmond, VA 23230  
 Telephone: 1-800-284-8300 or  
 202-822-3948  
 Website: [www.worldaccess.com](http://www.worldaccess.com)

Under its Global Plus program, Clements and Company provides overseas major medical insurance, including full worldwide evacuation services. Coverage is offered for individuals as well as families. Substantial coverage is available at a reasonable cost.

Clements and Company  
 1660 L Street NW, 9th Floor  
 Washington, DC 20036  
 Telephone: 1-800-872-0067 or  
 202-872-0600  
 Website: [www.clements.com](http://www.clements.com)

### **If Your Elderly Relative was a Foreign Service Employee or Spouse**

The Senior Living Foundation of the American Foreign Service, sponsored by the American Foreign Service Protective Association (AFSPA), provides information and assistance to retired Foreign Service personnel and their surviving or divorced spouses and, on the basis of need, helps to defray the costs of home health care, senior housing facilities, long-term care insurance, or other services that contribute to their health and security. The Foundation is especially concerned with the 14 percent of the 11,000 retired members whose small pensions keep their income at or below the poverty line.

The Foundation's Resource Center provides information about and assistance in obtaining community, State, and Federal resources. A licensed clinical social worker with Foreign Service experience reviews each case to determine the best resources available for the individual. Help ranges from volunteer

visits to long-term care planning to advice on the legal maze of Medicaid. For more information contact them at:

1716 N Street NW  
 Washington, DC 20036-2902  
 Telephone: 202-887-8170  
 Fax: 202-833-4918  
 Website: [www.afspa.org](http://www.afspa.org)

### **Legal Issues**

If an elderly relative becomes mentally incapacitated, it is necessary that someone step in to take care of affairs. Advance planning on the part of both the elderly person and those who care about him/her will facilitate this process. You should consult an attorney before taking any of the following steps.

The Document Locator on page 15 is a useful tool for the elderly person and his/her relatives to make contingency plans for future care. Other factors to consider include setting up joint bank or property accounts and signing a durable power of attorney.

**Joint property or bank accounts** are the simplest way to ensure that someone will be able to handle the elderly person's affairs if s/he becomes incompetent. There are, however, serious financial and tax consequences to such an arrangement. For example, when applying for Medicaid assistance, the assets of both owners are taken into account to determine eligibility. No one should enter into such an arrangement without checking all the legal implications.

**A durable power of attorney** is important because an ordinary power of attorney is not valid if the principal becomes incapacitated. This can create serious problems for the person handling the affairs and arranging care. A durable power of attorney is designed to survive disability or incompetence

and is an important alternative to guardianship, conservatorship, or trusteeship. Laws vary from state to state so it is important that a durable power of attorney be drawn up by an attorney licensed to practice in the state in which the client resides.

attorney may be general or limited, for a definite or indefinite period of time. As long as the principal remains competent s/he may

**Guardianship or conservatorship** is the legal mechanism by which a court declares a person incompetent and appoints a guardian. The court transfers the responsibility for managing financial affairs, living arrangements, and medical decisions to the guardian. This procedure can take some time, usually when time is of the essence.

## Making Life and Death Decisions

Because of the amazing advances in health technology, people are living longer. Newspapers are filled with stories of families asking the courts to allow terminally ill family members to be removed from life support systems, or a husband fighting the decision by a hospital to remove his wife from a respirator. Adult children are often asked to make these kinds of decisions for their terminally ill parents. Courts are increasingly asking what preferences about medical care the patient may have expressed. Ideally, everyone should make his/her own wishes known by preparing and signing a medical directive, a health care power of attorney, a durable power of attorney, and/or a living will.

Some definitions are in order:

**Power of Attorney** - Ordinary powers of attorney allow an individual (“the principal”) to give legal authority to another (“the agent”) to handle business or property transactions for the principal. The power of

change or end the power of attorney at any time. These powers of attorney are effective only as long as the principal is competent.

**Durable Power of Attorney** - See page 8.

**Living Will** - This is a written statement of wishes regarding the use of specified medical treatments. It is provided to the doctor, hospital, or medical provider and becomes part of the official medical record. Each state requires the use of its own form for a living will and many states have other limitations. In some states, living wills apply only to those with Alzheimer's Disease, strokes, degenerative disorders, or those in a coma or persistent vegetative state.

**Health Care Power of Attorney** (also called a medical power of attorney) - This durable power of attorney is for health care (as opposed to financial) issues. It authorizes the agent to make health care decisions for the principal in the event s/he is unable to make such decisions. Without such a document, many health care providers and institutions will make critical decisions for the patient, not necessarily based on what s/he would want. The health care power of attorney can also include a statement of wishes and preferences in specific situations (for example, a person may want to forego respirators but continue nourishment). A statement of wishes concerning organ donation should also be included. Health care powers of attorney can be used by individuals who want life-sustaining treatments continued as well as those who want to forego such treatments. An increasing number of states are enacting statutes that recognize health care powers of attorney and many states provide forms and procedures for creating the document.

## Questions to Consider

The most important considerations when preparing a durable health care power of attorney are whether or not to permit life-sustaining procedures and whether or not life-sustaining procedures include nutrition and hydration (food and fluid provided by a nasogastric tube or tube into the stomach, intestines, or veins).

The health care power of attorney should state clearly one of the following:

1. life-sustaining procedures should be used;
2. life-sustaining procedures should not be used after diagnosis of a fatal, incurable, or irreversible condition; or
3. the decision should be left to the agent.

Another important decision is the agent who will make the health care decisions. Remember that this person is the one to make health care decisions, not manage the money. Choose a trustworthy person who is good under stress and good at talking to doctors.

## Other Points to Consider

\* If you want both a health care power of attorney and a living will, they must use the same terms to describe medical treatments and list the same person as the agent or proxy.

\* Your doctor and other health care providers should know about your health care power of attorney and should have no objection to following it. If they have objections, you must either work them out or change providers.

\* Also consider appointing a backup agent or proxy in the event that the first person is unable or unwilling to act. Make sure that the backup has all the necessary documents.

## Getting a Lawyer's Help

It is recommended that a lawyer draw up any durable power of attorney and/or health care power of attorney so that the document meets your special needs and will be acceptable in your state. This is especially important in any state which does not have a statutory form. The Society for the Right to Die provides free information on your state's current laws on both living wills and powers of attorney for health care. The National Academy of Elder Law Attorneys can provide information on how to choose an attorney specializing in elder law. Other referral sources include the local Office on Aging or the local Alzheimer's Association. See Elder Care Resources below for the addresses and telephone numbers of these organizations.

## Books on Elder Care

Jehle, Faustin F. *The Complete and Easy Guide to Social Security and Medicare*. Peterborough, New Hampshire: Fraser-Vance Publishing, 1994. Describes retirement and survivors' benefits and how to process a claim for Social Security benefits including the Disability Program and Supplemental Security Income. Contains actual forms.

Johnson, Eugenia and Kathleen McFadden. *Senior Net: Official Guide to the Web for People Over 55*. Emeryville, CA: Lycos Press, 1997. Comes with a CD ROM. This book guides you through buying a computer and going online. It explores what the net has to offer from the perspective of an older person.

Levin, Nora Jean. *How to Care for Your Parents - A Practical Guide to Eldercare*. New York, Norton, 1997. Offers an organized approach to gathering information and identifies health and long-term options. One chapter explores options on the Internet. There is also information on legislation changes and the use of existing community resources.

Matthews, Joseph. *Elder Care: Choosing and Financing Long-Term Care*. Berkeley, CA: Nolo Press, 1990. Covers the gamut of elder care, including elder residences, medical benefits for long-term care, estate planning, and protection of assets.

Sabatino, Charles P. *Health Care Powers of Attorney: An Introduction and Sample Form*.

*AARP Fulfillment* (Stock No. D13895), 601 E Street NW, Washington, DC 20049.

Schomp, Virginia. *The Aging Parent Handbook*. New York, NY: Harper Paperbacks, 1997. Covers all the topics, gives many sample forms, and contains a directory of useful organizations.

## Useful Websites

### *AARP Webplace*

This advertisement-free site provides information and encourages elder advocacy. [www.aarp.org](http://www.aarp.org)

### *Aging Parents: The Family Survival Guide*

Consisting of a booklet and two videotapes, this guide is designed to help family members respond to elder care crises and to plan ahead for long-term caregiving. Order from: 888-777-5585; [www.agingparents.com](http://www.agingparents.com)

### *Eldercare: The Best Resources to Help You Help Your Aging Relatives*

[www.sourcepath.com](http://www.sourcepath.com)

### *ElderWeb: An Online Elder Care Sourcebook*

Designed to assist older Americans, professionals and family members, this website covers elder care and related issues with an extensive array of links. [www.elderweb.com](http://www.elderweb.com)

### *Travel Tips for Older Americans*

[www.travel.state.gov/olderamericans](http://www.travel.state.gov/olderamericans)

## *Elder Care Resources*

### **Academy of Elder Law Attorneys**

1604 North Country Club Road  
Tucson, AZ 85716  
Telephone: 520-881-4005  
Fax: 520-325-7925  
Website: [www.naela.org](http://www.naela.org)

### **Alzheimer's Association, Inc.**

919 North Michigan Avenue, Suite 1000  
Chicago IL 60611  
Telephone: 1-800-272-3900  
Website: [www.alz.org](http://www.alz.org)

Publishes *Selecting a Nursing Home with a Dedicated Dementia Care Unit*.

### **American Association of Homes for the Aging**

901 E Street NW  
Washington, DC 20004  
Telephone: 202-783-2242  
Fax: 202-783-2255  
Website: [www.aahsa.org](http://www.aahsa.org)

### **American Association of Retired Persons**

601 E Street NW  
Washington, DC 20049  
Telephone: 202-434-2277  
Website: [www.aarp.org](http://www.aarp.org)

Provides the following free pamphlets:  
*Miles Away and Still Caring* (D-12748)  
*A Handbook About Care in the Home* (D-955)  
*A Path For Caregivers* (D-12957)

### **Choice in Dying/Partnership for Caring**

1035 30<sup>th</sup> Street NW  
Washington, DC 20007  
Telephone: 202-338-9790 or 800-989-9455  
Fax: 202-338-0242  
Websites: [www.partnershipforcaring.org](http://www.partnershipforcaring.org)  
[www.choices.org](http://www.choices.org)

Free medical directives and living will samples.

### ***Guide to Retirement Living***

Douglas Publishing Company, Inc.  
9302 Lee Hwy Suite 750

Fairfax, VA 22031

Telephone: 703-536-5150 or 1-800-394-9990

E-mail: [proaging@retirement-living.com](mailto:proaging@retirement-living.com)

Website: [www.retirement-living.com](http://www.retirement-living.com)

Call for a free single copy of this magazine.

### **Health Insurance Association of America**

555 13th Street NW, Suite 600 East  
Washington, DC 20004  
Telephone: 202-824-1600  
Fax: 202-824-1722  
Website: [www.hiaa.org](http://www.hiaa.org)

Publishes *A Consumer's Guide to Long-Term Care*.

### **National Association of Private Geriatric Care Managers**

1604 North Country Club Road  
Tucson, AZ 85715  
Telephone: 520-881-8008  
Fax: 520-325-7925  
Website: [www.caremanager.org](http://www.caremanager.org)

Provides free referrals nationwide and sells a directory of members and managers. (\$25.00)

### **National Council on the Aging, Inc.**

409 3rd Street SW  
Washington, DC 20061-5087  
Telephone: 202-479-1200  
Website: [www.ncoa.org](http://www.ncoa.org)

Publishes *Perspective on Aging*, a bimonthly magazine, and *Family Home Caring Guides*.

### **National Institute on Aging**

9000 Rockville Pike  
Bethesda, MD 20892  
Telephone: 301-496-1752  
Website: [www.aoa.dhhs.gov](http://www.aoa.dhhs.gov)

### **National Guardianship Association**

1604 N. Country Club Rd  
Tucson, AZ 85716  
Telephone: 520-881-6561

Website: [www.guardianship.org](http://www.guardianship.org)

## State Agencies on Aging

### ALABAMA

Commission on Aging  
RSA Plaza, Suite 470  
1770 Washington Avenue  
Montgomery, AL 36130-1851  
Telephone: 334-242-5743  
Fax: 334-242-5594  
Website: [www.coa.state.al.us/](http://www.coa.state.al.us/)

### ALASKA

Commission on Aging  
Division of Senior Services  
Department of Administration  
Juneau, AK 99811-0209  
Telephone: 907-465-3250  
Fax: 907-465-4716  
Website: [www.alaskaaging.org](http://www.alaskaaging.org)

### ARIZONA

Aging and Adult Administration  
1789 West Jefferson St #905  
Phoenix, AZ 85007  
Telephone: 602-542-4446  
Fax: 602-542-6575  
Website:  
[www.de.state.az/links/aaa/](http://www.de.state.az/links/aaa/)

### ARKANSAS

Aging & Adult Services  
1417 Donaghey Plaza South  
Little Rock, AR 72203-1437  
Telephone: 501-682-2441  
Fax: 501-682-8155  
Website:  
[www.state.ar.us/dhs/aging](http://www.state.ar.us/dhs/aging)

### CALIFORNIA

Department of Aging  
1600 K Street  
Sacramento, CA 95814  
Telephone: 916-322-5290  
Fax: 916-324-1903  
Website: [www.aging.state.ca.us](http://www.aging.state.ca.us)

### COLORADO

Aging and Adult Services  
110 16th Street, Suite 200  
Denver, CO 80202-4147  
Telephone: 303-620-4147  
Fax: 303-620-4191  
Website:  
[www.cdhs.state.co.us/oss/aas/index.html](http://www.cdhs.state.co.us/oss/aas/index.html)

### CONNECTICUT

Division of Elderly Services  
25 Sigourney St, 10<sup>th</sup> Floor  
Hartford, CT 06106-5033  
Telephone: 860-424-5277  
Fax: 860-424-4966  
Website: [www.dss.state.ct.us](http://www.dss.state.ct.us)

### DELAWARE

Division on Services for Aging  
1901 North DuPont Highway  
New Castle, DE 19720  
Telephone: 800-223-9074 or  
302-577-4791  
Fax: 302-577-4793  
Website:  
[www.kidshealth.org/nhc/divage/index](http://www.kidshealth.org/nhc/divage/index)

### DISTRICT OF COLUMBIA

Office on Aging  
441 4th Street NW, Suite 900  
Washington, DC 20001  
Telephone: 202-724-5622  
Fax: 202-724-4979  
Website:  
[www.ci.washington.dc.us/agency/aghome](http://www.ci.washington.dc.us/agency/aghome)

### FLORIDA

Department of Elder Affairs  
4040 Esplanade Way  
Tallahassee, FL 32399-7000  
Telephone: 904-414-2000  
Fax: 904-414-2004  
Website:  
[www.fcn.state.fl.us/doea/Home/home.html](http://www.fcn.state.fl.us/doea/Home/home.html)

### GEORGIA

Division on Aging  
2 Peachtree Street NE 36<sup>th</sup> Floor  
Atlanta, GA 30303-3176  
Telephone: 404-657-5258  
Fax: 404-657-5285  
Website:  
[www2.state.ga.us/departments/dhr/aging](http://www2.state.ga.us/departments/dhr/aging)

### HAWAII

Executive Office on Aging  
250 South Hotel Street, Suite 109  
Honolulu, HI 96813-2831  
Telephone: 808-586-0100  
Fax: 808-586-0185  
Website:  
[www.hawaii.gov/health/eoa.html](http://www.hawaii.gov/health/eoa.html)

### IDAHO

Commission on Aging  
P.O. Box 83720  
Boise, ID 83720-0007  
Telephone: 208-334-3833  
Fax: 208-334-3033  
Website: [www.state.id.us/icoa](http://www.state.id.us/icoa)

### ILLINOIS

Department on Aging  
421 East Capitol Ave, Suite 100  
Springfield, IL 62701-1789  
Telephone: 217-785-2870  
Fax: 217-785-4477  
Website: [www.state.il.us/aging](http://www.state.il.us/aging)

**INDIANA**

Bureau on Aging  
402 West Washington, W454  
P.O. Box 7803  
Indianapolis, IN 46207-7803  
Telephone: 317-232-7020  
Fax: 317-232-7867  
Website:  
[www.ai.org/fssa/HTML/PROGRAMS/2b](http://www.ai.org/fssa/HTML/PROGRAMS/2b)

**IOWA**

Department of Elder Affairs  
200 10th Street, 3rd Floor  
Des Moines, IA 50309-3609  
Telephone: 515-281-4646  
Fax: 515-281-4036  
Website:  
[www.state.ia.us/elderaffairs](http://www.state.ia.us/elderaffairs)

**KANSAS**

Department on Aging  
503 S. Kansas Ave  
Topeka, KS 66603-3404  
Telephone: 785-296-4986  
Fax: 785-296-0256  
Website: [www.k4s.org/rdoa](http://www.k4s.org/rdoa)

**KENTUCKY**

Office of Aging Services  
CHR Building - 6th Floor  
275 East Main Street  
Frankfurt, KY 40621  
Telephone: 502-564-6930  
Fax: 502-564-4595

**LOUISIANA**

Office of Elderly Affairs  
P.O. Box 80374  
Baton Rouge, LA 70898-0374  
Telephone: 504-342-7100  
Fax: 504-342-7133

**MAINE**

Bureau of Elder & Adult Services  
35 Anthony Avenue  
State House - Station #11  
Augusta, ME 04333  
Telephone: 207-624-5335  
Fax: 207-624-5361  
Website:  
[www.state.me.us/dhs/beas](http://www.state.me.us/dhs/beas)

**MARYLAND**

Department of Aging  
301 West Preston St. Room 1007  
Baltimore, MD 21201-2374  
Telephone: 410-767-1100  
Fax: 410-333-7943  
Website: [www.ooa.state.md.us](http://www.ooa.state.md.us)

**MASSACHUSETTS**

Executive Office of Elder Affairs  
#1 Ashburton Place 5<sup>th</sup> Floor  
Boston, MA 02108  
Telephone: 617-727-7750  
Fax: 617-727-9368  
Website: [www.state.ma.us/elder](http://www.state.ma.us/elder)

**MICHIGAN**

Office of Services to the Aging  
611 W. Ottawa  
N. Ottawa Tower, 3<sup>rd</sup> floor  
P.O. Box 30676  
Lansing, MI 48909  
Telephone: 517-373-8230  
Fax: 517-373-4092  
Website:  
[www.mdch.state.mi.us/mass/masshome.html](http://www.mdch.state.mi.us/mass/masshome.html)

**MINNESOTA**

Board on Aging  
444 Lafayette Street  
St. Paul, MN 55155-3843  
Telephone: 651-296-2544  
Fax: 651-297-7855  
Website:  
[www.dhs.state.mn.us/aging](http://www.dhs.state.mn.us/aging)

**MISSISSIPPI**

Division of Aging and Adult Services  
750 N. State Street  
Jackson, MS 39202  
Telephone: 601-359-4925  
Fax: 601-359-4370  
Website:  
[www.mdhs.state.ms.us/aas](http://www.mdhs.state.ms.us/aas)

**MISSOURI**

Division on Aging  
615 Howerton Court  
Jefferson City, MO 65102-1337  
Telephone: 573-751-3082  
Fax: 573-751-8687  
Website:  
[www.dss.state.mo.us/da/da](http://www.dss.state.mo.us/da/da)

**MONTANA**

Senior and Long Term Care Division  
P.O. Box 4210  
111 Sanders, Room 211  
Helena, MT 59620  
Telephone: 406-444-7788  
Fax: 406-444-7743  
Website: [dphhs.state.mt.us/sltc](http://dphhs.state.mt.us/sltc)

**NEBRASKA**

Division on Aging  
P.O. Box 95044  
1343 M Street  
Lincoln, NE 68509-5044  
Telephone: 402-471-2307  
Fax: 402-471-4619  
Website:  
[www.hhs.state.ne.us/ags/agsindex](http://www.hhs.state.ne.us/ags/agsindex)

**NEVADA**

Division for Aging Services  
3416 Goni Road, Building D  
Carson City, NV 89706  
Telephone: 775-687-4210  
Fax: 775-687-4264  
Website:  
[www.state.nv.us/hr/aging](http://www.state.nv.us/hr/aging)

**NEW HAMPSHIRE**

Division of Elderly and Adult Services  
129 Pleasant St. Brown Bldg. #1  
Concord, NH 03301  
Telephone: 603-271-4680  
Fax: 603-271-4643  
Website:  
[www.state.nh.us/dhhs/ofs/ofscstlc.html](http://www.state.nh.us/dhhs/ofs/ofscstlc.html)

**NEW JERSEY**

Division of Senior Affairs  
P.O. Box 807,  
Trenton, NJ 08625-0807  
Telephone: 609-588-3141  
Fax: 609-588-3601  
[www.state.nj.us/health/senior/sraffair](http://www.state.nj.us/health/senior/sraffair).

**NEW MEXICO**

State Agency on Aging  
228 East Palace Avenue,  
Ground Floor  
Sante Fe, NM 87501  
Telephone: 505-827-7640  
Fax: 505-827-7649  
Website:  
[www.nmaging.state.nm.us/](http://www.nmaging.state.nm.us/)

**NEW YORK**

Office for the Aging  
2 Empire State Plaza,  
Albany, NY 12223-1251  
Telephone: 800-342-9871 or  
518-474-5731  
Fax: 518-474-0608  
Website:  
[www.aging.state.ny.us/nysofa](http://www.aging.state.ny.us/nysofa)

**NORTH CAROLINA**

Division of Aging  
2101 Mail Service Center  
Raleigh, NC 27699-2101  
Telephone: 919-733-3983  
Fax: 919-733-0443  
Website:  
[www.dhhs.state.nc.us/aging/home](http://www.dhhs.state.nc.us/aging/home)

**NORTH DAKOTA**

Aging Services Division  
600 South 2nd Street, Suite 1-C  
Bismarck, ND 58504  
Telephone: 701-328-8910  
Fax: 701-328-8989  
Website:  
[www.lnotes.state.nd.us/dhs/dhswb.nsf](http://www.lnotes.state.nd.us/dhs/dhswb.nsf)

**OHIO**

Department on Aging  
50 West Broad Street, 9<sup>th</sup> Floor  
Columbus, OH 43215-5928  
Telephone: 614-466-5500  
Fax: 614-466-5741  
Website: [www.state.oh.us/age](http://www.state.oh.us/age)

**OKLAHOMA**

Aging Services Division  
P.O. Box 25352  
312 N.E. 28<sup>th</sup> Street  
Oklahoma City, OK 73125  
Telephone: 405-521-2281  
Fax: 405-521-2086  
Website:  
[www.okdhs.org/officedivision/aging/services/html](http://www.okdhs.org/officedivision/aging/services/html)

**OREGON**

Senior Services Division  
500 Summer Street NE 2<sup>nd</sup> Floor  
Salem, OR 97310-1015  
Telephone: 503-945-5811  
Fax: 503-373-7823  
Website: [www.sdsd.hr.state.or.us](http://www.sdsd.hr.state.or.us)

**PENNSYLVANIA**

Department of Aging  
555 Walnut Street 5<sup>th</sup> Floor  
Harrisburg, PA 17101-1919  
Telephone: 717-783-1550  
Fax: 717-772-3382  
Website:  
[www.state.pa.us/pa\\_exec/aging/index](http://www.state.pa.us/pa_exec/aging/index)

**PUERTO RICO**

Office of Elderly Affairs  
Call Box 50063  
Old San Juan Station, PR 00902  
Telephone: 787-721-5710  
Fax: 787-721-6510

**RHODE ISLAND**

Department of Elderly Affairs  
160 Pine Street  
Providence, RI 02903-3708  
Telephone: 401-277-2858  
Fax: 401-277-2130  
Website:  
[www.state.ri.us/manual/dat/queries/stdept](http://www.state.ri.us/manual/dat/queries/stdept)

**SOUTH CAROLINA**

Office of Senior and Long Term Care Services  
P.O. Box 8206  
Columbia, SC 29202-8206  
Telephone: 803-898-2501  
Fax: 803-898-4515  
Website: [www.state.sc.us/dhhs](http://www.state.sc.us/dhhs)

**SOUTH DAKOTA**

Office of Adult Services & Aging  
700 Governors Drive  
Pierre, SD 57501-2291  
Telephone: 605-773-3656  
Fax: 605-773-6834  
Website: [www.state.sd.us/](http://www.state.sd.us/)

**TENNESSEE**

Commission on Aging  
500 Deadrick Street  
Nashville, TN 37243-0860  
Telephone: 615-741-2056  
Fax: 615-743-3309

**TEXAS**

Department on Aging  
4900 North Lamar 4<sup>th</sup> Floor  
Austin, TX 78751-2316  
Telephone: 512-424-6840  
Fax: 512-424-6890  
Website:  
[www.texas.gov/agency/340.html](http://www.texas.gov/agency/340.html)

**UTAH**

Division of Aging and Adult  
Services  
Box 45500  
120 North 200 West  
Salt Lake City, UT 84145-0500  
Telephone: 801-538-3910  
Fax: 801-538-4395  
Website:  
[www.hsdaas.state.ut.gov/SrvAge.html](http://www.hsdaas.state.ut.gov/SrvAge.html)

**VERMONT**

Department of Aging  
103 South Main Street  
Waterbury, VT 05671-2301  
Telephone: 802-241-2400  
Fax: 802-241-2325  
Website: [www.dad.state.vt.us](http://www.dad.state.vt.us)

**VIRGINIA**

Department for the Aging  
1600 Forest Avenue, Suite 102  
Richmond, VA 23229  
Telephone: 804-662-9333  
Fax: 804-662-9354  
Website: [www.aging.state.va.us/](http://www.aging.state.va.us/)

**WASHINGTON**

Aging and Adult Services Admin.  
P.O. Box 45050  
Olympia WA 98504-5050  
Telephone: 360-493-2500  
Fax: 360-438-8633  
Website: [www.aasa.dshs.wa.gov/](http://www.aasa.dshs.wa.gov/)

**WEST VIRGINIA**

Bureau of Senior Services  
Holly Grove – Building 10  
1900 Kanawha Boulevard East  
Charleston, WV 25305  
Telephone: 304-558-3317  
Fax: 304-558-0004  
Website:  
[www.state.wv.us/semiorservices](http://www.state.wv.us/semiorservices)

**WISCONSIN**

Bureau of Aging and Long Term  
Care Resources  
P.O. Box 7851  
Madison, WI 53707  
Telephone: 608-266-2536  
Fax: 608-267-3203  
Website:  
[www.dhfs.state.wi.us/aging](http://www.dhfs.state.wi.us/aging)

**WYOMING**

Office on Aging  
117 Hathaway Building, Room  
139  
Cheyenne, WY 82002-0710  
Telephone: 307-777-7986  
Fax: 307-777-5340  
Website:  
[www.wdhfs.state.wy.us/wdh/default](http://www.wdhfs.state.wy.us/wdh/default)

## *Document Locator List*

- Name, address, and telephone number of parent's attorney(s).
- Location of parents' will and any trust instruments; complete list of beneficiaries with current addresses and telephone numbers.
- Location of copies of the parent's living will, medical directive, or durable power of attorney with the name, address, and telephone number of the agent.
- Details of desired funeral arrangements; location of burial plot, if any, and deed to it. Name and address of clergy, if appropriate.
- Location of any letter of instruction listing personal property not disposed of by will and the parent's wishes for its distribution.
- Location of important papers: birth certificate, social security card, marriage and divorce certificates, education and military records, other legal documents.
- List of bank accounts, including name, address, and telephone number of each financial institution, account numbers, location of passbooks, checkbooks, certificates of deposits.
- List of stocks, bonds, real estate, and other investments. Name, addresses, and telephone numbers of financial planner, tax advisor, broker, and/or anyone else with knowledge of or control over finances.
- All insurance data (health, life, auto, homeowner/renter policies; any employee benefit or pension plans), including name, address, and telephone number of each insurance company and agent, policy numbers, and locations. Location of safe-deposit box and key(s) with a list of the contents and names of anyone with access to it.
- Location of receipts and appraisals for valuables.
- List of active credit accounts (mortgage companies, banks, oil companies, department stores, etc.), including name and address of each company, account number, and type.
- Complete information, including substantiating documentation, about any personal loans the parents owe or are owed.
- Location of copies of tax returns for the past 3 years, copies of any gift or estate tax returns filed during the period.

