



Michael P. Bertrand, Founder

Senior Lifestyle Planning Guide

Helping You Make the Right Choice with Confidence

Save Time. Reduce Stress. Simplify Decisions.

Choosing the right senior housing or care option for your loved one can be overwhelming. This planning guide is designed to:

- Save you time by streamlining your evaluation process.
- Reduce your stress by giving you clarity and confidence.
- Simplify a complex decision into actionable steps.

We understand the challenges family caregivers face and we're here to help you navigate this journey.

Take the Next Step Today

This planning guide is designed to help start your search for the best solution for your loved one. If you feel as if you need additional guidance, **book a free 30-minute consultation call here.**

You're not alone - we're here to help.



NewDirections

SENIOR LIFESTYLE PLANNING GUIDE

PERSONAL INFORMATION

Name:

Street Address:

City/State/Zip Code:

Telephone (Landline):

Telephone (Mobile):

Email Address:

Relationship to Person Seeking Housing and/or Care:

☐ Self

☐ Mother

☐ Father

☐ Grandmother

☐ Grandfather

☐ Friend

☐ Other

What Is the Age of the Person Who Is Searching?

☐ Under 55

☐ 76-85

☐ 55-65

☐ 86-95

☐ 66-75

☐ Over 95

Type of Housing and/or Care You're Searching For (check all that apply)

☐ Active Adult/Age-Restricted Apartments

☐ Adult Day Care

☐ Independent Living

☐ Respite Care

☐ Assisted Living

☐ Home Care

☐ Memory Care

☐ Home Health Care

☐ Skilled Nursing/Long-Term Care Facility

☐ Hospice Care

☐ Continuing Care Retirement Community (CCRC)

☐ Not Sure

When Are You Considering Moving?

☐ Immediately

☐ 1-3 Months

☐ 4-6 Months

☐ > 6 Months

☐ Not Sure

Where Do You Want to Search?

City, State, Zip Code, or Radius/Drive Time of an Address:



PERSONAL CARE NEEDS

Tell Us More About the Person Who Is Searching

Do they drive?	☐ Yes	☐ No
Has a recent mental and/or physical change occurred in their life?	☐ Yes	☐ No
Do they need help with home maintenance and/or yard work?	☐ Yes	☐ No
Do they require assistance with any of the following Activities of Daily Living (ADLs)?	☐ Yes	☐ No
Getting dressed	☐ Yes	☐ No
Using the bathroom	☐ Yes	☐ No
Grooming and personal care	☐ Yes	☐ No
Taking a shower or bath	☐ Yes	☐ No
Do they have any trouble walking?	☐ Yes	☐ No
Have there been any changes in their memory?	☐ Yes	☐ No
Are they considering downsizing?	☐ Yes	☐ No
Is loneliness or isolation an issue?	☐ Yes	☐ No
Do they require assistance with any of the following Instrumental Activities of Daily Living (IADLs)?	☐ Yes	☐ No
Cooking and preparing meals	☐ Yes	☐ No
Cleaning/housekeeping	☐ Yes	☐ No
Doing laundry	☐ Yes	☐ No
Shopping and errands	☐ Yes	☐ No
Do they have any issues with managing and taking medications?	☐ Yes	☐ No
Are there any injuries, illnesses, or chronic conditions we should be aware of?	☐ Yes	☐ No
Are they incontinent?	☐ Yes	☐ No

Provide additional relevant information regarding any of the above questions:



LIFESTYLE

Please Indicate Your Preferred Language

- ☐ English
- ☐ Spanish
- ☐ French
- ☐ Cantonese
- ☐ Other

What Activities Do You Enjoy? (check all that apply)

- ☐ Socializing
- ☐ Arts & Crafts
- ☐ Reading
- ☐ Gardening
- ☐ Music/Theatre
- ☐ Fitness
- ☐ Travel
- ☐ Cooking
- ☐ Pets
- ☐ Other

Tell Us About Your Personal Priorities (check all that apply)

- ☐ Personal Care
- ☐ Relocation Assistance
- ☐ Social Interactions
- ☐ Close to Friends/Family
- ☐ Asset Protection
- ☐ Safety
- ☐ Personal Independence
- ☐ Other



FINANCES

Do You Have Any of the Following? (check all that apply)

- ☐ Veterans Benefits
- ☐ Life Insurance
- ☐ Medicaid
- ☐ Medicare
- ☐ Health Insurance
- ☐ Long-Term Care Insurance
- ☐ Retirement Fund/Pension
- ☐ No Benefits
- ☐ Other

What Is Your Budgeted Monthly Rent?

- ☐ Under \$2,500
- ☐ \$2,501-\$5,000
- ☐ \$5,001-\$7,500
- ☐ \$7,501+
- ☐ Don't Know
- ☐ Other

Do You Own Your Personal Residence?

- ☐ Yes
- ☐ No

Are You a Veteran?

- ☐ Yes
- ☐ No



NewDirections

NOTES