Care Kit

Caring for an aging parent or a spouse: the benefits, the paperwork, where they will live, and the hardest conversations.

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If you only read one page

Caring for an aging parent gets harder the longer the paperwork waits. If you do nothing else, do these seven things.

1. **Get permission on file while they can sign.** A HIPAA authorization, powers of attorney, and Medicare's own authorization form. After a decline in capacity, the only route is a court guardianship.

2. **Ask one question in every hospital stay.** Is my parent admitted or under observation? Under Original Medicare, rehab in a nursing facility is covered only after a three-day admitted stay.

3. **Know what Medicare does not pay for.** Long-term help with daily care and assisted living rent. Decide early who pays: savings, long-term care insurance, VA or Medicaid.

4. **See an elder law attorney before moving money or the house.** Medicaid looks back five years at gifts and transfers. A well-meant gift can delay coverage for months.

5. **Put one person in charge and give everyone else a job.** Write down who does what. Families strain most when everyone helps a little and nobody owns it.

6. **Use the free help.** Your Area Agency on Aging, free Medicare counselors (SHIP), the long-term care ombudsman and county veterans service officers.

7. **Plan breaks for the main caregiver.** Respite care and a backup person. A plan that depends on one tired person breaks when that person does.

Then start here: **Aging parents**, page 5.

What is in here

16 worksheets in six sections. Start with the first section, then whichever page someone is about to ask you for. A page filled in roughly is worth more than a blank one.

01

Getting organized

What exists, who is allowed to help, and who does what.

Aging parents

Which of your parent's documents exist, where they are kept, and who to call.
Fill it in with your parent, before anything is urgent.
The full guide: hubstone.com/guides/managing-aging-parents

Documents to find

Document	Where it is
Power of attorney (financial)	
Power of attorney (healthcare)	
Living will or advance directive	
Current will or estate plan	
List of bank accounts and institutions	
Insurance policies (health, life, home, auto)	
Social Security statement and Medicare information	
Property deeds and titles	
List of advisors (attorney, accountant, doctor)	
List of medications and medical conditions	

Where things are kept

Attorney's office _____

Safe deposit box _____

Home safe or filing cabinet _____

Online storage _____

Other location _____

Conversation starters

Write down your parent's answers in their own words.

If you were seriously ill and could not communicate, who would you want making decisions about your care?

_____

_____

We want to be prepared if something happens. Do you have a financial advisor we should know about? What is your rough sense of how retirement is set up?

If you needed daily help in the future, what would you prefer, staying at home with assistance, moving in with family, or a care facility?

Key contacts

Role	Name	Phone	Email
Primary care doctor			
Specialist			
Attorney			
Financial advisor			
Accountant			
Insurance agent			
Pharmacist			
Dentist			

In an emergency

Primary emergency contact

Backup emergency contact

Preferred hospital or medical facility

Notes and next steps

Permission to help

Before you can speak for your parent, each office needs its own permission on file. A power of attorney covers a lot, but not everything. Where the documents themselves are kept goes on the Aging parents page.

The full guide: hubstone.com/guides/power-of-attorney

Who needs it	What to file	Done	Date
Doctors and hospitals	A HIPAA authorization naming you		
Medicare	Authorization to disclose health information (form CMS-10106), or your parent adds you by phone		
Social Security	Representative payee if your parent cannot manage the checks. A power of attorney does not count here.		
Banks	The bank's own power of attorney review, or a joint or convenience signer		
Pharmacy	Your name added to the profile for pickups and questions		
Insurance and utilities	An authorized contact on each account		

Get it signed while they can sign. Once a parent can no longer understand what they are signing, the only route left is a court guardianship, which is slow and costly.

Who does what

The care week on one page: who covers each job, who backs them up, and what happened at each appointment.

The full guide: hubstone.com/guides/sibling-in-charge

Person receiving care _____ Date of birth _____

Lives at _____ Primary doctor _____

Jobs and who covers them

Job	Who	Backup	How often
Appointments and driving			
Medications and refills			
Bills and mail			
Groceries and meals			
House and yard			
Daily check-in call			
Paperwork and insurance			
Updates to the family			

Appointment log

Date	Doctor	What was said	Next step

One place for notes. When several people help, keep appointment notes in one shared place. It is often the only record that connects several doctors.

Sibling in charge

Who does what for a parent when there are several of you, and who pays for what. Fill it in together, then have everyone sign off.

The full guide: hubstone.com/guides/sibling-in-charge

Who you are caring for

Name _____ Relationship to you _____

Current care situation _____

Main health concerns _____

Who does what

Give specific tasks to specific people, and be clear about it.

Responsibility	Who	Contact
Medical appointments (scheduling, going along)		
Money (bills, insurance, tracking)		
Daily care (meals, medications, household)		
Housing and facility decisions (research, visits, planning)		
Communication hub (keeping everyone informed)		
Emergency response (first call in a crisis)		
Legal documents (power of attorney, will, healthcare directives)		

Family contacts

Name	Relationship	Phone	Email

Monthly costs

Track every expense so it is clear who pays for what.

Expense	Monthly amount	Who pays	Notes
Housing or facility			
Medical care			
Medications			
Food and groceries			
Transportation			
Utilities and home care			
Equipment and supplies			
Other			
Total per month			

To do this month

- [ ] Schedule a family meeting or call about care coordination
- [ ] Decide who does what (the table above)
- [ ] Have the money conversation and agree on how costs are shared
- [ ] Set up a shared document for tracking appointments and decisions
- [ ] Set up a file system for receipts and paperwork
- [ ] Gather the legal documents (will, power of attorney, healthcare directives)
- [ ] List every doctor, facility, and insurance policy
- [ ] Schedule monthly check-in calls
- [ ] Decide whether a professional mediator or care coordinator is needed
- [ ] Have everyone sign off on the role assignments

Decision log

Major decisions and conversations, with dates

02

Benefits and money

Social Security, Medicare, and paying for long-term care.

Your parent's Social Security

The check, where it goes, and what to tell Social Security when your parent's life changes.

The full guide: hubstone.com/guides/managing-aging-parents

Monthly benefit _____

Paid into (bank) _____

Medicare premium taken out? _____

Online account set up _____

Representative payee (if any) _____

Local office and phone _____

Report these changes

- [ ] A move to a new address, including a care facility
- [ ] Admission to a nursing home paid by Medicaid
- [ ] A change in marital status
- [ ] A new representative payee, or the end of one
- [ ] A death, reported by the funeral home or family right away

A payee has rules. A representative payee must spend the money on the parent's needs, keep it separate from their own, and account for it to Social Security when asked.

If your parent was married

Is your parent collecting on their own record or a spouse's?

If widowed, was the survivor benefit checked against their own benefit?

Rules change. Confirm details with the Social Security Administration.

Medicare and what it pays for

What your parent has, what it covers, and the gaps that surprise families most.

The full guide: hubstone.com/guides/health-insurance

Medicare number kept at _____

Original Medicare or Advantage _____

Supplement (Medigap) plan _____

Drug plan _____

Plan phone number _____

Open enrollment review done for this year _____

Kind of care	What Medicare does
Hospital stay	Covered under Part A after the deductible, when your parent is formally admitted.
Observation stay	Billed as outpatient under Part B, even overnight. It does not count toward a nursing home stay.
Skilled nursing or rehab	Up to 100 days per benefit period after a 3-day admitted hospital stay. Days 21 to 100 carry a daily coinsurance.
Home health	Part-time skilled care at home when a doctor orders it and your parent is homebound.
Assisted living rent	Not covered.
Long-term help with daily care	Not covered. This is the gap Medicaid or savings usually fills.
Hospice	Covered when a doctor certifies a life expectancy of six months or less.

Ask every time: admitted or observation? A parent can spend three nights in a hospital bed on observation and then find rehab is not covered. Ask the nurse or case manager in writing.

When Medicare says no

1. **Read the notice.** The Medicare Summary Notice or the plan's denial letter says why and gives the appeal deadline.
2. **Appeal a discharge fast.** If a hospital or rehab says your parent must leave and you disagree, call the number on the discharge notice the same day for a fast review. Your parent can usually stay while it is decided.
3. **Get free help.** Every state has a State Health Insurance Assistance Program (SHIP) with free Medicare counselors.

Paying for elder care

What care costs, what Medicare, Medicaid, and the VA actually pay for, and what to do before you apply for anything.

The full guide: hubstone.com/guides/paying-for-elder-care

Do these first

1. **Contact an elder law attorney.** Find local counsel who specializes in Medicaid planning and elder care. A full plan runs about $1,000 to $5,000 and usually pays for itself in protected assets.
2. **Gather the financial documents.** Bank statements, retirement accounts, real estate deeds, investment statements, insurance policies, and income records.
3. **List who needs care and what kind.** Who needs care now, what the current arrangement is, and how you expect it to change.
4. **Find your state's Medicaid limits.** Call your state Medicaid office or check its website for the asset limit, the income limit, and the home equity cap.
5. **Check VA eligibility if your parent served.** Find the discharge papers, years of service, and type of discharge. Verify wartime service.
6. **Work out the timeline and the cost.** The person's current age, the monthly cost of the care they need, and the funds available from savings and insurance.

Your numbers

Elder law attorney, name and contact _____

Documents collected

_____

_____

Who needs care _____

Current care situation _____

Anticipated care timeline _____

Your state _____ Medicaid asset limit _____

Medicaid income limit _____ Home equity cap _____

Veteran's name _____ Discharge status _____

Current age of the person needing care _____

Monthly care cost needed _____

Funds available (savings plus insurance) _____

Eligibility checks

- [ ] Medicare: was the person hospitalized for 3 or more consecutive days?
- [ ] Medicare skilled nursing: is this recovery from a medical event, not long-term care?
- [ ] Medicaid: do total assets fall below your state's limit (about $2,000 to $3,000)?
- [ ] Medicaid: have no assets been transferred in the past 5 years?
- [ ] VA: did the veteran serve 90 or more days of active duty?
- [ ] VA Aid and Attendance: does the veteran need help with daily living?
- [ ] Long-term care insurance: is the policy still in force with premiums paid?

What care costs

Type of care	Typical cost
Nursing home	$9,500 to $11,000 a month, $115,000 to $130,000 a year
Assisted living	$5,500 to $7,500 a month, $66,000 to $90,000 a year
Home aide	$30 to $40 an hour, about $6,100 a month at 40 hours a week
Adult day care	$1,500 to $3,000 a month, $18,000 to $36,000 a year

Around the 2025 national medians from the CareScout Cost of Care Survey. Your area will differ.

What each program covers

Program	What it covers	The limit
Medicare Part A	Skilled nursing care, medical only	Up to 100 days per benefit period
Medicare home health	Medical home visits	Ends when the person is no longer homebound
Medicaid	Long-term custodial care	Asset limit of about $2,000 to $3,000
VA benefits	Aid and Attendance for eligible veterans	Up to $3,000 a month or more

The five-year lookback. Any assets given away or transferred in the five years before applying for Medicaid trigger a penalty period. Planning early is what protects them; planning late can cost hundreds of thousands.

> Limits and rules differ by state and change over time. Confirm current figures with your state Medicaid office or an elder law attorney before acting on them.

Applications in progress

Program	Office and caseworker	Applied on	Decision
Medicaid long-term care			
VA Aid and Attendance			
Medicaid waiver for home care			

Help with VA claims is free. A county veterans service officer will prepare and file a VA pension claim at no cost. Be wary of anyone who charges to file.

Ask about estate recovery. After a Medicaid recipient dies, the state may seek repayment from what they leave, including the house. An elder law attorney can explain your state's rules.

03

Speaking up

At appointments, in the hospital, and in a facility.

Speaking up for your parent

How to get good care from doctors, hospitals and facilities without being the difficult family. Bring this page to appointments.

The full guide: hubstone.com/guides/managing-aging-parents

At appointments

- [ ] Bring a current medication list, including supplements
- [ ] Write your three questions down before you go
- [ ] Ask what changed, what to watch for, and when to call
- [ ] Ask for the visit summary before you leave
- [ ] Repeat back the plan so everyone agrees on it

In the hospital

- [ ] Ask on day one whether your parent is admitted or under observation
- [ ] Meet the case manager or discharge planner early
- [ ] Ask where your parent will go next and who will pay
- [ ] Do not agree to a discharge home that is not safe
- [ ] Get the discharge instructions and new prescriptions in writing

In a facility

- [ ] Go to every care plan meeting, or ask for one
- [ ] Learn the names of the charge nurse and the director of nursing
- [ ] Visit at different times of day
- [ ] Write down concerns with the date, and raise them in writing
- [ ] Know the long-term care ombudsman for the facility

The ombudsman is free and on your parent's side. Every state has a long-term care ombudsman program that helps residents of nursing homes and assisted living resolve complaints. Adult protective services handles abuse and neglect.

Long-term care ombudsman _____ Ombudsman phone _____

Adult protective services _____ Area Agency on Aging _____

Date	Who we spoke to	What was said or agreed

04

Care and housing

The right level of care, help at home, moving, and memory care.

Choosing the right level of care

What each kind of place does, so you tour the right ones. Record the tours on the Moving a parent page.

The full guide: hubstone.com/guides/moving-a-parent

Setting	Good fit when	Usually paid by
Help at home	Your parent is safe alone most of the day and needs help with some tasks.	Savings, long-term care insurance, some Medicaid waivers
Independent living	Your parent wants less upkeep and more company, and needs little care.	Savings
Assisted living	Your parent needs daily help with bathing, dressing or medications.	Savings, long-term care insurance, VA, some Medicaid waivers
Memory care	Dementia makes wandering or safety a daily concern.	Savings, long-term care insurance, some Medicaid waivers
Skilled nursing	Your parent needs nursing care around the clock, or rehab after a hospital stay.	Medicare for short rehab stays, then savings or Medicaid

What your parent needs help with

Daily task	Independent	Some help	Full help
Bathing			
Dressing			
Toileting			
Moving from bed or chair			
Eating			
Taking medications			
Managing money			
Cooking and housekeeping			

What happens if care needs grow, and does the price change?

Under what conditions can the facility ask your parent to leave?

Hiring a home caregiver

How to find and vet an in-home caregiver, with room to compare three candidates side by side.

The full guide: hubstone.com/guides/hiring-home-care

Before you hire

- [ ] Decide between an agency and an independent caregiver. List the pros and cons for your situation below.
- [ ] Set your budget. Independent caregivers run about $30 to $40 an hour in most areas, and agencies charge more.
- [ ] Write a detailed job description covering daily tasks, schedule, and expectations.
- [ ] Run background checks on criminal history, driving record, and references.
- [ ] Interview at least three candidates, using the questions below.
- [ ] Call references yourself. Ask about reliability and how the person handles problems.
- [ ] Do a trial shift of 2 to 4 hours with you present.
- [ ] Put the agreement in writing, with schedule, pay, benefits, and terms.
- [ ] Set up your home. Label keys, organize supplies, and agree on how you will communicate.
- [ ] Plan the first week together and be present to build trust.

Agency or independent

For your situation	Agency	Independent
Pros		
Cons		

Decision ☐ Agency ☐ Independent

Questions to ask every candidate

Question
Walk me through a time when the person you were caring for became upset. How did you handle it?
What is the hardest part of caregiving for you?
What would make you leave this job?
How do you handle a typical morning or evening routine? Walk me through the actual tasks.
What would you need from me to stay in this role for two years?

Red flags

- [ ] Regularly arrives 15 or more minutes late
- [ ] Vague about previous roles
- [ ] Defensive about providing references
- [ ] Does not make eye contact or ask about the person they would be caring for
- [ ] Talks about previous clients' private information
- [ ] Reluctant to discuss pay, taxes, or expectations

Candidates

Candidate	Candidate 1	Candidate 2	Candidate 3
Name			
Phone			
Experience			
References checked (yes or no)			
Red flags (yes or no)			
Overall impression, 1 to 10			

Interview notes, candidate 1

Interview notes, candidate 2

Interview notes, candidate 3

Moving a parent

From the first conversation to moving day, in the order things usually happen. Start it the week you first raise the subject; the timeline at the end runs about three months.

The full guide: hubstone.com/guides/moving-a-parent

Date started _____ Your name _____

The conversation

Before any logistics, find out what your parent wants and what worries them.

- [ ] Pick a time and place where the conversation can go slowly
- [ ] Ask open questions about what concerns them
- [ ] Listen without trying to convince or solve
- [ ] Write down their preferences and keep the page somewhere safe
- [ ] Decide which other family members should be involved

What your parent said matters to them

Paying for it

- [ ] Check Medicaid eligibility and what it covers for senior care
- [ ] Check VA benefits if your parent is a veteran (Aid and Attendance)
- [ ] Call the local aging services office about community resources
- [ ] Get home care quotes (hourly rates run about $30 to $40)
- [ ] Look up assisted living costs in your area (about $5,500 to $7,500 a month)
- [ ] Get memory care quotes if dementia is a concern (about $6,500 to $9,000 a month)
- [ ] Work out what a home sale and investment income would bring in
- [ ] Talk to an elder law attorney about protecting assets, if needed

Option	Monthly cost	What it covers
Home care, part time		
Home care, full time		
Assisted living		
Memory care		
Nursing home		

Medicaid coverage ☐ Yes ☐ No

VA benefits ☐ Yes ☐ No

Medicaid eligibility notes _____ VA benefit amount _____

Downsizing and belongings

Go room by room, and give the most time to the things that carry meaning rather than the things that are easiest to move.

- ☐ Photograph sentimental items before letting them go
- ☐ Scan important documents and photo albums
- ☐ Get quotes from an estate sale company for valuable antiques
- ☐ Arrange a donation pickup for furniture and large items
- ☐ List the items to give to family members
- ☐ Set a timeline in weeks, not days. Letting go takes time.

Room	Keep (1 to 3 items)	Donate	Sell	Store
Living room				
Bedroom				
Kitchen				
Garage or storage				
Office or desk				
Sentimental items				

Choosing a facility

- [ ] Visit during meals and activities, not only on the tour
- [ ] Visit unannounced and ask to speak with current residents
- [ ] Check state inspection reports online
- [ ] Ask about staff-to-resident ratios and staff turnover
- [ ] Understand the care levels and what happens if needs increase
- [ ] Get a detailed cost breakdown in writing
- [ ] Tour at least three facilities before deciding

Facility and location	Type	Cost a month	Rating out of 5	Notes

Type: independent living, assisted living, memory care, nursing home, or board and care.

Legal and medical documents

- [ ] Find the financial power of attorney
- [ ] Find the healthcare power of attorney or medical directive
- [ ] Get copies of insurance policies
- [ ] Gather Social Security and Medicare information
- [ ] Review the will or estate plan with an attorney if needed
- [ ] Get an updated list of medications and doctors
- [ ] Make an emergency contact sheet

Your own support

- [ ] Decide which family members will share which responsibilities
- [ ] Schedule regular check-in calls with siblings and family
- [ ] Find a therapist or counselor for yourself
- [ ] Join a support group for adult children of aging parents
- [ ] Hire a professional organizer if the budget allows
- [ ] Decide how much you can take on, and say so

People I am relying on

Timeline

Phase	When	Tasks	Done
Initial conversation	Weeks 1 to 2	Talk, listen, understand their wishes	
Research and planning	Weeks 3 to 4	Financial options, facility tours	
Downsizing begins	Weeks 5 to 8	Sort, donate, sell	
Decisions made	Weeks 9 to 10	Choose the care option, sign contracts	
Move preparation	Weeks 11 to 12	Pack, arrange transportation	
Moving day	Week 13	Move to the new place	
Adjustment	Months 2 to 6	Visit often, keep supporting, expect grief	

Memory care

What to do in the first week after a dementia diagnosis, and what to line up in the month after.

The full guide: hubstone.com/guides/memory-care

This week

- [ ] Book a neurology or geriatric appointment to confirm the type of dementia
- [ ] Find the important documents (birth certificate, Social Security card, insurance, deed)
- [ ] Write down passwords, PINs, and account information
- [ ] Talk with your parent about healthcare wishes (CPR, feeding tubes, hospital care)
- [ ] Tell your siblings and family, so the work is shared from the start

Healthcare wishes

Write down their answers while they can still say clearly what they want.

What matters most to your quality of life?

Are there things you would never want?

Who should make medical decisions if you cannot?

How do you feel about moving somewhere with more help if you need it?

The next two to four weeks

- [ ] Interview geriatric care managers and get references
- [ ] Meet an elder law attorney (power of attorney, living will, HIPAA release)
- [ ] Get three in-home care estimates and find out what is covered
- [ ] Research memory care facilities nearby, including costs and wait lists
- [ ] Connect with a support group (the Alzheimer's Association or a local one)

Touring a facility

- [ ] One staff member for every 3 to 4 residents by day and every 6 to 8 at night
- [ ] Staff trained in dementia care, with ongoing training
- [ ] A doctor on site or on call
- [ ] Three or more references from families of current residents
- [ ] Secure unit with wandering prevention
- [ ] Activities program and social engagement
- [ ] Clear medication management and dispensing process
- [ ] Transparent pricing with no hidden fees

Facility name _____

Notes from the visit

_____

_____

_____

_____

Legal documents

Document	Date completed
Durable power of attorney	
Healthcare power of attorney	
Living will or advance directive	
HIPAA release form	

Accounts and where the records are

Bank accounts: account numbers on file at _____

Medical insurance: policy number _____

Long-term care insurance: policy number _____

Medicare or Medicaid: account information stored at _____

Property deed or mortgage: stored at _____

Taking care of yourself

- [ ] Book your own doctor's appointment for a baseline check
- [ ] Find a therapist or counselor
- [ ] Join a caregiver support group
- [ ] Block out time each week when you are not thinking about dementia
- [ ] Tell your employer, friends, and family what you need

Numbers to keep

Resource	Contact
Alzheimer's Association helpline	1-800-272-3900, 24 hours a day
988 Suicide and Crisis Lifeline	Call or text 988
Caregiver Action Network	caregiveraction.org

Your local Adult Protective Services _____

Your geriatric care manager _____

Caring for an ill spouse

When your husband or wife is seriously ill. The documents, the money rules that protect the spouse who stays home, and the people to call.

The full guide: hubstone.com/guides/caring-for-ill-spouse

Date completed _____ Spouse's name _____

Legal documents

- ☐ Durable power of attorney
- ☐ Healthcare power of attorney
- ☐ Living will or advance directive
- ☐ HIPAA release form

Elder law attorney, name and phone _____

Financial protections and assets

The community spouse resource allowance. When one spouse applies for Medicaid, the spouse who stays home is allowed to keep a share of the couple's assets. Your state sets the amount, and an elder law attorney can tell you where you stand before anything is spent down.

Asset	Whose name it is in	Approximate value

CSRA planning notes

Support for both of you

Medical support and respite care

Your own health and support

Resource	Contact
211	Dial 2-1-1 for local aging, health, and human services
Family Caregiver Alliance	1-855-227-3640, caregiver.org
National Hospice and Palliative Care Organization	nhpco.org
988 Suicide and Crisis Lifeline	Call or text 988, 24 hours a day

Area Agency on Aging (your state's number) _____

Care preferences and end-of-life wishes

- ☐ Advance directive signed and a copy given to the doctor
- ☐ Healthcare decision-maker named and told
- ☐ Wishes about CPR, feeding tubes, and hospital care discussed
- ☐ Comfort-focused care and hospice discussed

Notes and personal preferences

05

The house and the car

Keep, rent or sell, and when to stop driving.

The house: keep, rent or sell

What to weigh before deciding what happens to your parent's home. Taxes, Medicaid and insurance each change the answer.

The full guide: hubstone.com/guides/inheriting-property

Leaning toward ☐ Keep it empty for now ☐ Rent it ☐ Sell it
☐ A family member moves in ☐ Undecided

Estimated value _____ Mortgage or loan balance _____

Reverse mortgage? _____ Year your parent bought it _____

What they paid _____ Yearly taxes and insurance _____

Question	Why it matters
Sell during their life	Your parent may exclude up to $250,000 of gain ($500,000 for a couple) if they lived there 2 of the last 5 years. Time in a care facility can count if they lived at home at least 1 of those years.
Keep until death	Heirs usually inherit at the value on the date of death, which can erase the taxable gain.
Give it to a child now	The child takes on the parent's original cost, and a gift can trigger the Medicaid look-back.
Medicaid	The home is often exempt while a spouse lives there, or while your parent intends to return. The state may seek repayment from the estate later.
Reverse mortgage	The loan usually comes due once the borrower has lived elsewhere for 12 months in a row.

If the house sits empty or is rented

- ☐ Call the insurer. Standard policies can limit coverage once a home is vacant for 30 to 60 days.
- ☐ Switch to a landlord or vacant home policy if needed
- ☐ Set the heat to prevent frozen pipes, and have someone check weekly
- ☐ Forward the mail
- ☐ Decide who handles tenants and repairs, or hire a property manager
- ☐ Ask how rental income affects Medicaid eligibility

Talk to a tax professional and an elder law attorney before selling, gifting or renting.

Driving

One of the hardest conversations, and one that is easier to have before an accident than after one.

The full guide: hubstone.com/guides/managing-aging-parents

Signs to watch for

- ☐ New dents or scrapes
- ☐ Getting lost on familiar routes
- ☐ Close calls or near misses
- ☐ Tickets or warnings
- ☐ Drifting between lanes
- ☐ Confusing the gas and brake
- ☐ Slow reactions at intersections
- ☐ Friends who will not ride along

Steps that keep it fair

1. **Ride along.** Take a few trips with your parent driving and write down what you see.
2. **Bring in the doctor.** Ask about vision, medications and conditions that affect driving. Many parents accept the news more easily from a doctor.
3. **Get a driving evaluation.** A certified driver rehabilitation specialist, often an occupational therapist, can test driving skills on the road and recommend limits or adaptations.
4. **Agree on limits.** No night driving, no highways, or a smaller area can be a first step before stopping.
5. **If safety is at risk.** Most state motor vehicle departments accept a request from family or a doctor to re-test a driver.

Getting around without the car

Option	Contact	Cost or notes
Family and friends schedule		
Senior ride program (Area Agency on Aging)		
Paratransit		
Rideshare or taxi account		

When they stop driving

- ☐ Decide who keeps, sells or takes over the car
- ☐ Update or cancel the auto insurance
- ☐ Get a state ID card to replace the license
- ☐ Apply for a disabled parking placard if they ride with others

06

The end of life

When and how to talk about hospice.

Hospice readiness

Whether it is time to talk about hospice, and how to have that conversation with the hospice team and with your family.

The full guide: hubstone.com/guides/hospice

Is it time

- [ ] Their condition is no longer improving despite treatment
- [ ] They spend more time in hospitals than living the life they want
- [ ] They have said they are tired, done, or ready to focus on comfort
- [ ] Aggressive treatment is causing more suffering than benefit
- [ ] You are overwhelmed managing their medical care
- [ ] They have said what matters most to them in the time they have left
- [ ] You have talked with their doctor about goals of care

Three or more checked? A hospice conversation with the medical team is probably overdue.

Questions for the hospice team

What services are included in your hospice program?

How often will nurses visit?

What is available around the clock?

Do you offer both home and inpatient care?

How will you manage pain and discomfort?

What if symptoms change or get worse?

Can medications be adjusted as needed?

What support do you offer family members?

Do you provide respite care?

How long does bereavement support continue after death?

What is covered by insurance, and what costs might we have?

How do we reach emergency support?

What happens if we want to stop hospice care?

Before you talk with your family

- [ ] Learn about hospice before talking to others
- [ ] Be clear on what the person actually wants, if you know
- [ ] Agree on who should be in the room, not too many voices at once
- [ ] Choose a calm, private moment
- [ ] Have the talk when everyone is reasonably rested
- [ ] Consider having a social worker or counselor present

During the conversation

Do this	How it can sound
Start with curiosity	"What do you think is most important to Mom right now, fighting the disease or making sure she is comfortable?"
Acknowledge fears	"I know this feels scary."
Choose the words carefully	Say "comfort-focused care" rather than "giving up."
Focus on quality of life	"We want to make sure every day counts for her."
Ask open questions	"What does a good day look like? What is important to you?"
Let people react	It is fine if people cry, get angry, or need time.
Leave room to change minds	"We do not have to decide everything today."

Lines to avoid
"It's time to give up."
"The doctors said there's nothing left they can do."
"You're dying anyway."
"This is what I think you should do." It is their choice.
"Everyone else in the family agrees." Do not use the family as pressure.

It may take more than one conversation. The point is to hear what they want, and then honor it. Convincing anyone is not the job.

This does not have to stay paper

You have just written down the things your family would otherwise have to work out under pressure. Keep this binder somewhere two people know about, and tell them it exists.

Paper goes stale. A phone number changes, a policy renews, a parent moves, and the page you filled in last spring is quietly wrong.

Hubstone holds the same record and keeps it current. Enter something once, and share each page only with the people who should see it. When a detail changes, the record changes with it, and the reminder comes before the deadline. The Care Kit is free, on paper and in the app.

Fill it in once

Scan to start at hubstone.com/start. No card needed.