## My plan for the possibility of Long-Term Care in the future

Name:	Date:
adult children,	hese questions, you will have a document to share with your spouse or partner, friends, and other family members who need to know your opinions about your se add a page for additional comments.
	also called Long-term Care, is defined as needing care from other adults to conduct daily mysical or mental disability due to an accident or illness which could happen at any age.
Yes, because	will be living many years into my 80s, 90s, or even to age 100?
l currently ha	eve planned for my retirement income to come from: (401k, 403b, annuities, cash value life ension, real estate, stock/bond dividends, etc.)
Yes	I many need care from my family or others at some point in my life, If not, Why?
What impact	do I believe my family will experience should they provide my care at home?
	t or illness happens to me in the next year, who of my family or friends, will be able to take Estimate their care will be for about 18 hours per day).
	taken care of at home, am I willing to move to an assisted living community, nursing home community for a safer environment?
Yes	No, then how will I remain at home?
	ed care at home costing, on average nationally, \$53,772 per year/ \$4, 481 per month dian average 2020*) for about 5 hours per day to supplement the care given by family or
	to pay for my care at home from my income?, for how long?



## My plan for the possibility of Extended care in the future- Page 2

	th assisted living costing, \$51, 600 per year/ \$8,821 per month (national median average 2020*) for a e-bedroom apartment with basic care in a facility;
Wil	I I be able to pay for my care in assisted living as well as the monthly apartment rent from my income?
	, for how long?
	th nursing homes costing, \$105,852 per year/\$8,821 per month (National median average 2020*) for a vate room and round the clock services;
Wil	I I be able to pay for my care in a nursing home, should it be necessary, from my income?
Yes No	, for how long?
(Care	costs may be found at <a href="https://www.Genworth.com">www.Genworth.com</a> Genworth Cost of Care Survey 2020)
• Do	I have a plan to fund my extended care?
Yes	, (describe)
No	, (how will I pay for my care?)
	complete, sign this document, and distribute it to your family or friends. Keep a copy for yourself in nancial notebook.
If you	need help contact Ronnie Meldrum, CLTC® at Planning 4 LTC 360-943-9698.
	Date
––– Prir	nt name
*Genv	vorth 2020 Cost of Care Survey, conducted by CareScout, June 2020

