



**PLANNING
TOOLKIT**

**B'Lev
Shalem**
בלב שלם

PLANNING TOOLKIT

B'lev Shalem's Planning Toolkit is designed to help maximize independence and quality of life as you age. It is a framework for you to think about issues such as housing, care, and end-of-life decisions, communicate with your family about your preferences (and theirs), and put together a plan.

We understand that making decisions about aging, and discussing your choices with your loved ones, can be difficult. The Planning Toolkit makes it easier, by providing an outline of topics you should be thinking about, and tips on how to discuss them with loved ones. It also helps you organize your important information and documents so that they are readily available when you need them.

Whether you are planning for yourself, or for someone close to you, we hope that our Planning Toolkit will help you be better prepared for the road ahead.

The Planning Toolkit covers:

- ♥ Personal Information and Important Documents
- ♥ Medical and Insurance Information
- ♥ Financial / Legal Information
- ♥ Household Information
- ♥ Goals for Retirement & Beyond
- ♥ Housing
- ♥ Geographic Location
- ♥ Social Supports
- ♥ Staying Active
- ♥ Financing Your Lifestyle
- ♥ Caregiving Preferences
- ♥ End-of-Life Planning

SECTION I

IMPORTANT INFORMATION & DOCUMENTS

PERSONAL INFORMATION

Name:

Address:

Home Phone:

Work Phone:

Mobile Phone:

Email:

Teudat Zehut:

Social Security #

Marital Status: Married Single Divorced Widowed

Name of Partner:

Names and Birthdays of Children:

Religious Affiliation/Name of Synagogue:

IMPORTANT DOCUMENTS

DOCUMENT	WHERE IS IT LOCATED (ATTACH COPY)
Birth Certificate	
Documents of Marital Status (Marriage Certificate, Divorce Papers)	
Death Certificate (Deceased Spouse)	
Teudat Oleh	
Military Records	
Driver's License	
Organ Donor Card	
Passport/Citizenship Papers	
Military Records	
Information on Cemetary Plot/ Funeral/Burial Instruction	

MEDICAL INFORMATION

HEALTH CARE PROVIDER

NAME

PHONE/EMAIL

Family Physican

IMPORTANT INFORMATION

Significant Medical History (Surgeries, Stroke, Heart Attacks, etc.)

Current Diagnosis

Significant Family Medical History

Allergies to Medication/Food

MEDICATION

NAME

DOSAGE

PRESCRIBING MD REASON TAKEN

MEDICATION NAME	DOSAGE	PRESCRIBING MD	REASON TAKEN

INSURANCE INFORMATION

INSURANCE

Kupat Holim (Name):

Kupat Holim Supplemental Coverage

Insurer:

Policy Number:

Private Health Insurance

Insurer:

Policy Number:

Private Long Term Care Insurance

Insurer:

Policy Number:

Private Life Insurance

Insurer:

Policy Number:

Private Disability Insurance

Insurer:

Policy Number:

FINANCIAL/ LEGAL

ADVISORS

NAME

PHONE/EMAIL

Banker

Accountant

Financial Advisor

Attorney

Insurance Agent

DOCUMENT

WHERE IS IT LOCATED (ATTACH COPY)

Bank Records
(Checking/Savings Accounts)

Retirement Funds

Mortgage/Lease

Car Title

DOCUMENT

WHERE IS IT LOCATED (ATTACH COPY)

List of Assets/Debts

Will

Powers of Attorney (General, Property)

Advance Directives
(Living Will + Health Care Proxy)

Do Not Resuscitate (DNR)

Do Not Intubate (DNI)

HOUSEHOLD INFORMATION ACCOUNT NUMBERS

Electric

Gas

Telephone

Internet

Television

Cellular Phone

Alarm

Car Insurance

Homeowner/Renter Insurance

Plan for Family Pets

SECTION II

PLANNING FOR YOUR FUTURE NEEDS

The vast majority of older adults desire to “age in place”, i.e. to age in the home and community of their choice as long as they are able. This Section includes questions and conversation tips designed to prepare for, and facilitate, successful aging in place, and is meant to be a starting point for ongoing conversation. Don't rush to do it all at once, or to answer every question and fill in every blank. The important thing is to start—and continue—the conversation in a way that works for you and your loved ones.

WHAT ARE YOUR GOALS, RETIREMENT AND BEYOND?

- To remain in my own home for as long as possible
- To remain as independent as possible for as long as possible
- To remain healthy and active
- To work for as long as possible
- To pursue special interests or hobbies
- To start a new career/business
- To become involved in the community
- To remain as financially independent as possible
- To buy a second home
- To downsize to a smaller home
- To move closer to family
- To retire in a different place
- To travel
- To have a network of people who can support me in case of emergency or crisis
- To be able to help my children and grandchildren

GEOGRAPHIC LOCATION

1. What city do you want to live in as you grow older?

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2. Have you considered moving to be closer to family or friends?

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3. Have you thought about if you would like to age at home or in a facility?

4. If you would like to age at home, would you consider having help in the home?

a. Live in

b. Live out

5. Is your home ready for an older adult?

a. Does it have an accessible entry?

b. Are there multiple levels and stairs?

c. Is there a bathroom on every floor?

d. Is there a spare room for a caregiver?

e. Are the bathrooms and hallways wide enough for a wheelchair or walker?

f. Is the electrical system properly wired and updated?

SOCIAL SUPPORTS

1. What is your social network (friends, family, acquaintances)?

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2. Where will your social network be as they age?

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3. Who are the people you would like to grow older with?

a. Are they near where you live now?

b. Are they accessible by public transportation/private car?

4. Do you plan to move in with your children?

a. Have you discussed this with them?

b. Do they have space for you in their house?

c. Would you have your own bathroom? Kitchen?

STAYING ACTIVE

1. What are your interests/hobbies? What activities do you enjoy in your spare time?

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2. What role does religion play in your life? Are you connected to a religious community?

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3. Are there any (new or old) social opportunities you would like to explore (people to meet with, clubs to join, sports to play, activities to try)?

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4. Do you have special skills that would be useful to organizations seeking volunteers?

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FINANCING YOUR LIFESTYLE

1. What is your current financial situation?

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2. How will you finance your plan for aging?

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3. Do you know your different sources of income?

.....

4. Do you know what your income will be when you retire?

.....

5. Is your money invested in stable or risk funds?

.....

6. Do you have a financial advisor?

.....

CAREGIVING

1. If needed, would you accept help from a family member or from a professional caregiver?

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2. At what point would you need to be before you accept help?

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a. Need help with food shopping?

b. Need help with cooking?

c. Need help with housekeeping?

d. Need help with bathing/toileting?

3. What type of personality would you seek in a caregiver?

.....

4. Is there a special ethnicity you think you would work well with/not work well with?

.....

5. Have you discussed your wishes with your children or other loved ones? When do you think is the right time for such a discussion?

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END-OF-LIFE PLANNING

1. Have you executed a Will?
2. Have you granted a Power of Attorney for Property?
3. Have you executed Advance Directives (Living Will/Health Care Power of Attorney)?
4. Do you have a Do Not Resuscitate (DNR) order?
5. Do you have a Do Not Intubate (DNI) order?
6. Do you have a list of your assets and debts?
7. Do you own a cemetery plot?
8. Do you have burial instructions?

Aging is a journey into the unknown, with challenges to be faced, obstacles to overcome – and beauty to be discovered. While planning can never entirely illuminate the unknown, it can decrease the impact of the challenges and obstacles, and increase your chances of experiencing the beauty. We wish you a safe, rewarding journey into your future.

If you have any questions, please reach out to us at info@blevshalem.com. Our team of expert Care Managers are here to answer your questions and guide you in the process of planning for aging with dignity.

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