# PLANNING FOR AGING TOOLKIT®





# PERSONALIZED CARE MANAGEMENT SERVICES FOR SENIORS IN ISRAEL

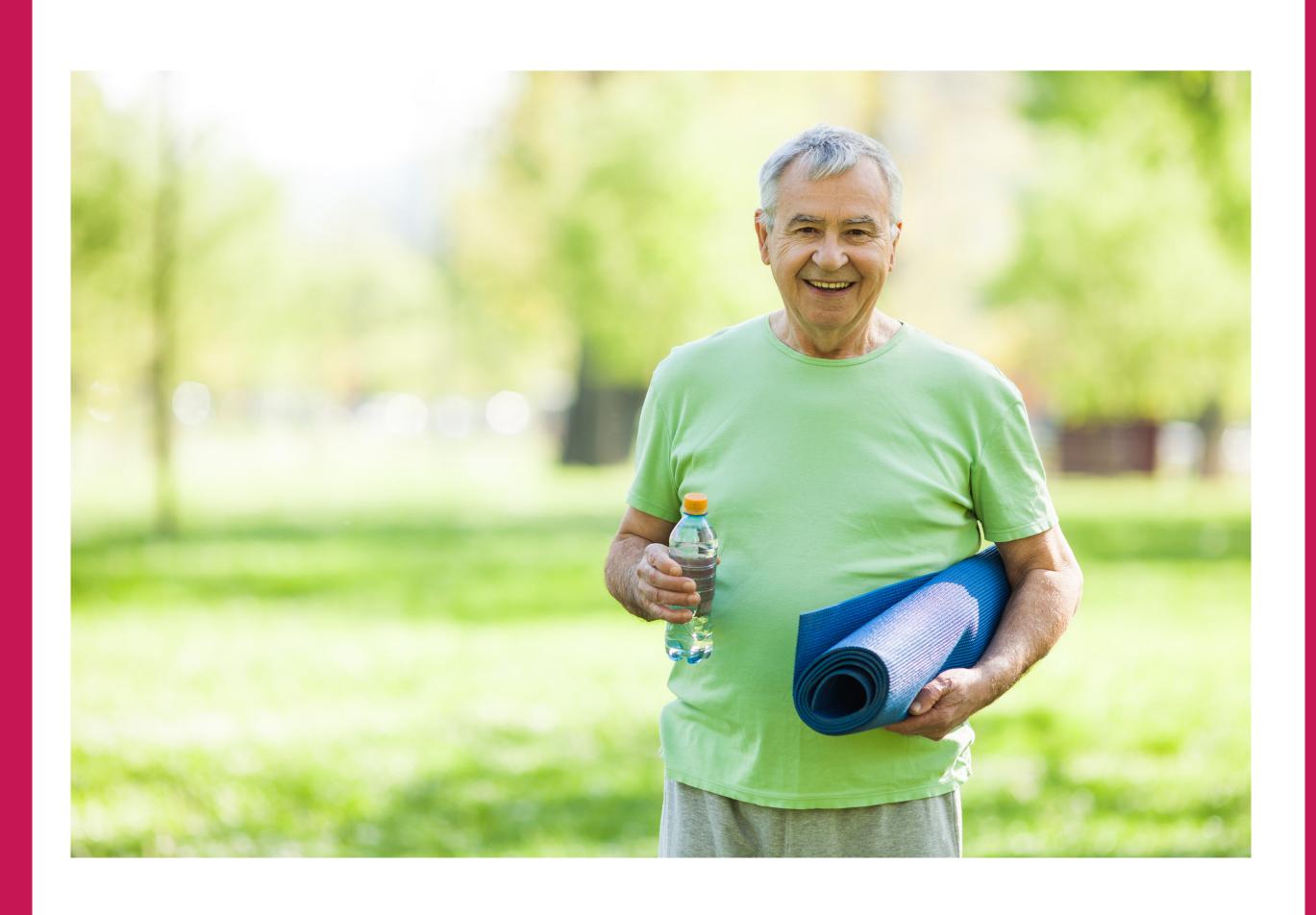
www.blevshalem.com

The B'Lev Shalem Planning for Aging Toolkit© is designed to help you create a realistic plan for aging and give you control over your long-term independence and quality of life. The Toolkit is divided into 2 parts.

**Part 1** is designed to help you consolidate your important information.

**Part 2** provides an outline for things to think about in planning for aging and a guide for an open conversation with your loved ones regarding your how you would like to age, including housing, care, and end-of-life.

Some of the items in this Toolkit may not be relevant to you, and there may be some questions that you do not want to answer. No problem! This Toolkit is personal to you, so it is up to you to decide how to use it.



GENERAL INFORMATION	
Date:	
Name:	
Date of Birth:	
Teudat Zehut Number:	
Social Security or other identity number (with country):	
Email:	
Address (rent/own):	
Home Phone:	
Cell Phone:	
Marital Status:	
Names and birthdates of children:	
Religious affiliation/Name of Synagogue:	
CONTACT INFORMATION	
Emergency Contacts (Name/No.)	
Emergency Contacts (Name/No.)	
Emergency Contacts (Name/No.)  Contact #1:	
Emergency Contacts (Name/No.)  Contact #1:  Contact #2:	
Emergency Contacts (Name/No.)  Contact #1:  Contact #2:	
Emergency Contacts (Name/No.)  Contact #1:  Contact #2:  Contact #3:	
Emergency Contacts (Name/No.)  Contact #1:  Contact #2:  Contact #3:  Professional Contacts (Name/No.)	
Emergency Contacts (Name/No.)  Contact #1:  Contact #2:  Contact #3:  Professional Contacts (Name/No.)  Attorney:	
Emergency Contacts (Name/No.)  Contact #1:  Contact #2:  Contact #3:  Professional Contacts (Name/No.)  Attorney:  Accountant:	
Emergency Contacts (Name/No.)  Contact #1:  Contact #2:  Contact #3:  Professional Contacts (Name/No.)  Attorney:  Accountant:	
Emergency Contacts (Name/No.)  Contact #1:  Contact #2:  Contact #3:  Professional Contacts (Name/No.)  Attorney:  Accountant:  Financial Advisor:	
Emergency Contacts (Name/No.)  Contact #1:  Contact #2:  Contact #3:  Professional Contacts (Name/No.)  Attorney:  Accountant:  Financial Advisor:  Emergency Instructions	
Emergency Contacts (Name/No.)  Contact #1:  Contact #2:  Contact #3:  Professional Contacts (Name/No.)  Attorney:  Accountant:  Financial Advisor:  Emergency Instructions  Instructions for pets:	
Emergency Contacts (Name/No.)  Contact #1:  Contact #2:  Contact #3:  Professional Contacts (Name/No.)  Attorney:  Accountant:  Financial Advisor:  Emergency Instructions  Instructions for pets:	
Emergency Contacts (Name/No.)  Contact #1:  Contact #2:  Contact #3:  Professional Contacts (Name/No.)  Attorney:  Accountant:  Financial Advisor:  Emergency Instructions  Instructions for pets:	



# INSURANCE INFORMATION

	PROVIDER	ACCOUNT NUMBER
Kupat Cholim:		
Kupat Cholim Supplemental:		
Kupat Cholim Nursing Care:		
Private Health Insurance:		
Private Long-Term Care Insurance:		
Insurance Agent Contact Information:		

# MEDICAL INFORMATION

Significant medical history:	
Current medical diagnoses:	
Medications (name/dosage/reason):	
Allergies (medication):	
Allergies (other):	
Significant family medical history:	



### DOCUMENT CHECKLIST

We recommend keeping relevant documents in a one physical file and with copies in an electronic file and designating one contact person who knows how to access it. These files may include:

DOCUMENT	WHERE LOCATED
Birth Certificate	
Marital Status Documents (marriage	
certificate, divorce papers, death certificate	
of deceased spouse)	
Teudat Oleh	
Military Records	
Driver's License	
Passport/Citizenship Papers	
Social Security/Identification Card	
Property Deed(s)	
Car Title	
Insurance Policies (home, car, etc)	
List of Assets (Israel and abroad)	
List of Debts (Israel and abroad)	
List of Financial Accounts including bank,	
savings & retirement, mortgage)	
List of Digital Assets & Passwords or access	
to digital management service	
Will	
General Power of Attorney	
Ongoing Power of Attorney	
End-of-Life Power of Attorney	
Organ Donor Card	
Cemetery Plot Information/Burial	
Instructions	
Other:	

# PERSON(S) WITH ACCESS TO DOCUMENTS

Name	Contact Information



# QUESTIONS TO CONSIDER

Considering the aging issues and making decisions ahead of time gives you greater control over your long-term independence and quality of life, and helps your loved ones support you in the way you want. Here are some things to think about and discuss:

#### **HOUSING**

- Where would like to age? At home? Senior residence? Closer to family?
- Is your home set up for aging? Accessible entry? Multiple levels and stairs? Bathroom on each floor? Spare room for a caregiver? Rooms, doors and halls that are wide enough for a wheelchair or walker? Properly wired and updated electrical system?
- If you plan to move in with your children, have you discussed this with them? Do they have space for you in their house? Would you have your own bathroom? Kitchen?

#### **SOCIAL**

- What social supports will you have in place where you choose to live (friends, family, acquaintances)?
- Will you have friends, family and activities within walking distance? Public transportation?
- How will you stay socially and physically active? What are your interests/hobbies? What activities do you enjoy in your spare time? 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)?
- Would you be interested in volunteering? Do you have special skills that would be useful to organizations seeking volunteers?

#### **CARE**

- As you start to need help in order to maintain your independence, will you accept help from a family member? Professional caregiver? Live-out? Live-in?
- At what point would you need to be before you accept help?
- What type of personality would you seek in a caregiver?

#### **FINANCIAL**

- Do you know your different sources of income and what your income will be when you retire?
- Have you worked out the potential costs of aging the way your wish? Cost of assisted living facilities? Cost of in-home care?
- Have you considered the costs of nursing care, should you need it? Live-in care? Nursing home?
- Will you need to change your investment strategy as you age? Do you have a financial advisor?

#### **DECISION-MAKING**

- Do you wish to have someone else be able to handle finances and other personal matters on your behalf for reasons of convenience or logistics?
- Have you considered who will make decisions on your behalf in the event you are unable to make decisions on your own (a proxy)? Financial decisions? Medical decisions?
- Have you spoken with the person/people who you wish to appoint as your proxy? Are they willing to take on the responsibility?
- Do you wish to leave specific instructions regarding your wishes to your proxy? Have you discussed these wishes with the person you appoint?
- Have you executed the right legal documents to ensure your wishes are respected? General Power of Attorney? Ongoing Power of Attorney?

#### **END-OF-LIFE**

- Do you have a will that is valid in Israel? Do you have assets outside of Israel that need to be addressed in a separate will?
- Have you considered your end-of-life wishes and communicated those wishes? Have you executed an End-of-Life Power of Attorney granting someone the power to make end-of-life decisions for you if death is imminent?
- Do you own a cemetery plot? Have burial instructions?
- Do you want spiritual care/support at the end of life?

