



Blueprint for Aging by Choice

This is your opportunity to design a life plan honoring your desires.
As you complete each section, be creative while also being realistic.
This will enable you to address and solve challenges successfully and safely.
We wish this blueprint to help you identify your wishes and maintain your
independence through education and awareness of
resources needed to ensure a positive life experience.

www.jfswm.org
413-737-2601

Adapted from Jewish Family and Children's Service of Minneapolis

1. HOME AND COMMUNITY

Personal Inventory

I live in a: (describe home – e.g. two-story, ranch, apartment)

The positive attributes of my home are: (e.g. yard, main floor bedroom, walk-in shower)

The following would prevent me from remaining in my home: (e.g. no first floor bath, stairs, outdoor maintenance) _____

What modifications could be done to my home to be able to age in place? (e.g. walk-in shower, raised toilet seat, stair lift) _____

Positive attributes of my neighborhood are: (e.g. neighbors, safety)

Negative aspects of my neighborhood are: (e.g. crime, lack of neighborliness)

Positive attributes of my community are: (e.g. access to services – health care, shopping, faith community) _____

Negative aspects of my community are: (e.g. lack of support services, poor access to transportation, crime) _____

GOALS

- Stay in my home as long as I can
- Stay in my community, but move to a senior apartment, assisted living, etc.
- Relocate to be near _____
- Get my name on a list for housing option of choice: _____
- Other: _____

NOTES

2. FINANCIAL

Personal Inventory

Assets: (e.g. home and property value, pensions, social security, investments, IRA's, etc.)

I currently have:

- Life insurance
- Medicare
- Medicare D
- Reverse mortgage
- Financial management services (conservator, automatic bill pay)
- Estate planning
- Long-term care insurance
- Veteran's benefits
- Other income (rental property, investments)
- Pension
- Social Security

GOALS

- To be financially secure
- To increase my knowledge about resources
- To share my financial planning and goals with the necessary people

Factors to consider in planning my financial situation:

- I am living on a fixed income.
- My family expects me to be financially independent.
- I want to leave my family an inheritance.
- My family expects me to leave an inheritance.
- I have philanthropic goals.
- My financial obligations include:

What prevents me from moving forward with options?

I am concerned about the following:

- My growing financial need
- Finding someone I trust to assist me
- I need help locating resources such as medical assistance and long-term care assessments.
- If necessary, will my adult children be willing and able to help me financially?
- I have no concerns.

My plan for financial preparedness includes: (you may wish to state those individuals trusted to assist you with your plan) _____

NOTES

3. LEGAL

Personal Inventory

I have the following documents and services in place:

- Power of Attorney
- Health Care Proxy
- Health Care Directive/Advanced Directives/Living Will
- Will
- Estate Planning
- Elder Law Attorney

What are my concerns regarding my legal situation? (e.g. I don't want to lose control to someone else; I don't understand how a Power of Attorney works)

What is preventing me from moving forward on making plans?

GOALS

- To have the above documents in place.
- To know that my designated Power of Attorney/Health Care Proxy/executors are aware of their responsibilities and have the appropriate documents to ensure my wishes are followed.

My plan for my legal documents includes: (you may wish to state those individuals trusted to assist you with your plan) _____

NOTES

4. WELLNESS

Personal Inventory

Current description of my physical health (diagnoses)

Dental _____

Vision _____

Hearing _____

Mobility _____

My primary health concerns are:

Those closest to me have voiced the following concerns about my health:

Currently

- I have health insurance, Medicare and Medicare D
- I have an established relationship with my medical team (PCP, dentist, etc.)
- I have annual physical exams
- I have completed my health care directive and appointed my Health Care Proxy and those documents are in my physician's records
- I have good nutrition
- I continue to be physically active

GOALS

- Remain strong and independent
- Maintain or improve health
- Maintain or improve activity level
- Stay engaged
- Develop a realistic health plan for managing my diagnoses
- Complete health care directives
- Appoint a Health Care Proxy
- Attain or maintain a positive attitude about the aging process
- Attain or maintain a positive attitude about life

CONCERNS

- Loss of eye sight, hearing, etc.
- Being isolated
- Managing high blood pressure, diabetes, etc.
- Having a stroke, heart attack, etc.
- Loss of dignity
- Becoming a burden
- Having memory issues
- Having my identity determined by a diagnosis
- Falling/lack of mobility
- Losing my driver’s license

My plan for staying healthy includes: (you may wish to state those individuals trusted to assist you with your plan) _____

NOTES

5. STAYING ENGAGED: EMOTIONAL & SPIRITUAL WELL-BEING

Personal Inventory

I am currently involved in/with:

Employment _____

Volunteering _____

Faith Community _____

Clubs (e.g. book club) _____

Organizations/Associations _____

Community Initiatives _____

Ways I communicate are:

- One-on-one
- Telephone
- Social media (Facebook, Twitter)
- U.S. Mail
- E-mail

I would define my attitude about aging as: (e.g. age is only a number; life-long learning is important; glass half full; glass half empty) _____

I am most fulfilled when I: (e.g. connect with others, explore hobbies, learn something new, involve myself in leadership opportunities) _____

What brings me joy?

The most important traditions for me include: (e.g. special events, family reunions, holidays) _____

What part of each tradition makes it most important? (e.g. food, location, people involved) _____

I can preserve the meaningful parts of each particular tradition by:

What are my challenges?

As part of my legacy, I can teach the next generations. Who takes the baton?

GOALS

- Living a life with purpose and passion
- Staying engaged in family and community
- Remaining interested and curious about life, community, and family
- Passing down family traditions/leaving a legacy
- Exploring talents, hobbies, interests
- Continuing to learn

My plan for staying connected includes: (you may wish to state those individuals trusted to assist you with your plan) _____

NOTES

6. WHAT IF...?

Take each of the following scenarios and apply it to the individual sections of this life plan in order to see how different situations may alter your plans and significantly impact your desires. With awareness of potential life-changing events, you can be proactive in learning about community resources and discussing your vision for your future with your circle of support.

The goal is to allow you to maximize choices and maintain independence.

WHAT IF...

- I lose my significant other? (e.g. spouse, adult child, roommate)
- My significant other or I experience physical limitations? (e.g. arthritis, stroke, vision loss)
- My significant other or I experience cognitive loss?
- I or we experience financial crisis? (e.g. loss of health insurance, no retirement funds)
- I or we experience a disaster, natural or otherwise? (e.g. tornado, fire, flood)

Example

What if my significant other or I experience physical limitations? If I experience vision loss, how will that affect my identified goals/plans under the HOME AND COMMUNITY section? FINANCIAL section? LEGAL section? WELLNESS section? STAYING ENGAGED section?

Repeat with each of the WHAT IF... situations. How would it affect your life plan? Share these changes with those supportive individuals listed throughout your plan.

TO ENSURE YOUR BLUE PRINT FOR LIFE HELPS YOU REMAIN PROACTIVE, IT IS RECOMMENDED THAT YOU REVIEW IT ANNUALLY.



**Main Office
15 Lenox Street
Springfield, MA 01108
413-737-2601**

**Jewish Community Campus Office
1160 Dickinson Street
Springfield, MA 01106
413-455-1936**

www.jfswm.org

RESOURCES

- **Alzheimer's Association**
264 Cottage Street
Springfield, MA 01104
413-787-1113 / 1-800-272-3900
www.alz.org/MANH
- **Greater Springfield Senior Services**
66 Industry Avenue, Suite 9
Springfield, MA 01104
413-781-8800 / 1-800-649-3641
www.gsssi.org
- **Highland Valley Elder Services**
320 Riverside Drive, Suite B
Florence, MA 01062
1-800-322-0551 / 413-586-2000
www.highlandvalley.org
- **Springfield Jewish Community Center**
1160 Dickinson Street
Springfield, MA 01108
413-739-4715
www.springfieldjcc.org
- **Western Mass Elder Care**
4 Valley Mill Road
Holyoke, MA 01040
413-538-9020 / 1-800-462-2301
www.wmeldercare.org