



Proactive to Stay Active

A Blueprint for Aging by Choice

“Proactive to Stay Active” is a blueprint designed to assist you in building a life plan as you age. Identifying your desires, strengths, community connections, resources and needs will assist you to be proactive rather than reactive when life events bring change. This will help ensure that your wishes will be honored.

Use this life plan as a tool to identify your circle of support which may include: family members, friends, and professionals/care partners. Once completed it becomes a resource to foster conversation about your personal wishes among your designated support team.

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All too often, changes in life come without warning, forcing you to react. By being proactive and developing a personal inventory that highlights your wishes, you can maximize your strengths and abilities. This allows for optimal choices in response to life-changing events.

We begin this plan focusing on these basic tenets:

- Life events bring change.
- Embrace the aging process.

This blueprint is divided into six categories:

1. Home and Community
2. Financial
3. Legal
4. Wellness
5. Staying Connected
6. What If's...?

This is your opportunity to design a life plan honoring your dreams and desires. As you complete each section, be realistic and creative while addressing and solving new challenges successfully and safely. Ultimately, “Proactive to Stay Active” will identify your wishes and help you maintain your independence through education and awareness of resources needed to ensure a positive life experience.

ENJOY THE JOURNEY!

1. HOME AND COMMUNITY

Personal Inventory

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

The positive attributes of my home are: (e.g. my yard, bedroom on main floor, etc.)

What would prevent me from remaining in my home: (e.g. no bathroom on main level, outside maintenance, stairs, etc.)

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: (e.g. neighbors, neighborhood block program, safety, etc.)

Negative aspects of my neighborhood: (e.g. no walking paths, crime, etc.)

Positive attributes of community: (e.g. walkability, accessible health care, grocery store, pharmacy, support resources, faith community, etc.)

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

GOALS

- Stay in my home as long as I can—aging in place
- Stay in my community but move to a co-op, senior apartment, assisted living, care center.
- Own a home for others to live with me if necessary
- Relocate to be near _____
- Relocate to warmer climate
- Get my name on list for my housing options of choice: (e.g. co-op, senior apartment, assisted living, care center)
- Other

RESOURCES

- Home modification service
- Grocery/RX delivery
- Chore service
- Meals On Wheels
- Senior Companion services/home care
- Food shelf
- Area Agency on Aging
- MN Senior Linkage Line® - A free statewide telephone information and assistance service 1-800-333-2433
- www.minnesotahelp.info - A free statewide Internet information and assistance service

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: (e.g. conservator, bill paying, money manager)
- Estate planning
- Long-term care insurance
- Veteran's benefits
- Other income, e.g. 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 (circle of support)

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: (e.g. tithing, etc.)
-
-

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 county long-term care assessments.
- If necessary, will my adult children be willing and able to help me financially?
- I have no concerns

RESOURCES

- Banker/financial planner
- Accountant
- Reverse mortgage specialist
- Medicare
- Medical assistance
- Veteran's Administration
- County Aging and Disability Intake Line for Long Term Care Assessment
- Senior Linkage Line®
- www.minnesotahelp.info

My plan for financial preparedness includes:

I trust the following individuals or service providers to assist me with my plan:

1. _____
2. _____
3. _____

3. LEGAL

PERSONAL INVENTORY

I have the following documents and services in place:

- Power of Attorney
- Health Care Power of Attorney
- Health Care Directive/Advanced Directives/ Five Wishes
- 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 believe it is no one else's business; I don't understand how the Power of Attorney works)

What is preventing me from moving forward on making plans?

GOALS

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

RESOURCES

- Elder Law Attorney
- Legal Aid of Minnesota (or state of residence)
- Senior Linkage Line®
- www.minnesotahelp.info

My plan for my legal documents includes:

I trust the following individuals and service providers to assist me with implementing my plan:

1.

2.

3.

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 (physician, dentist, eye doctor, etc.)
- I have annual physical assessments—eye, dental, medical, hearing
- I have completed my health care directive and it is in my records with my physician and with my Health Care Power of Attorney
- I have good nutrition
- I continue to be physically active
- The “File of Life” is posted in my home (gives vital information to first responders.)

MY 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
- Completed Health Care Directives
- Positive attitude about aging process
- Positive attitude about life

MY 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 my diagnosis
- Falling/ lack of mobility
- Losing my driver's license

RESOURCES

- Medical doctors (geriatricians, internists, family physicians)
- Home care and social service agency
- Health clubs
- Senior/activity centers
- Adult day center (supportive community center)
- Living@Home/Block Nurse Program
- Congregational/Faith Community Nurse
- Community centers
- Meals on Wheels
- Grocery delivery services
- Local transportation services

My plan for staying healthy includes: _____

I trust the following individuals or service providers to assist me in achieving my goals for optimum physical health and well-being:

1. _____
2. _____
3. _____

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5. STAYING CONNECTED: EMOTIONAL AND SPIRITUAL WELL-BEING

By using your gifts of heart, mind and hands you can stay meaningfully engaged in your community

PERSONAL INVENTORY

I am currently involved in/with:

Employment _____

Volunteering (e.g. at school, food shelf, nursing home, library) _____

Faith community _____

Clubs (book club, card club) _____

Organizations/associations _____

Community initiatives _____

Ways I communicate:

One-on-one U. S. mail Facebook

Telephone E-mail

What is my attitude about aging? (Age is a number? Over the hill? Life-long learning? You're never too old...? Glass half empty, or glass half full?)

I am most fulfilled when I: (e.g. connect with others, explore hobbies, am involved in leadership opportunities)

What brings me joy?

What makes me laugh?

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

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

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

What are my challenges?

As part of my legacy, I can share, pass on/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, family
- Passing down family traditions/leaving a legacy
- Exploring talents, hobbies, interests (e.g. gardening, quilting, horses, train collection, baking, small engines, antiques, community service, active citizenship)
- Continue to learn

RESOURCES

- Relatives
- Friends
- Faith community
- Community education
- Community organizations
- Associations of interest (e.g. Rotary, AARP, Alzheimer's Association)
- Activity/community centers
- City, county, state organizations
- Scrapbooking
- Journaling
- Vital Aging Network

The following people are in my circle of support to maximize my ability to remain involved with others: (e.g. family, neighbors, community, volunteers)

1. _____
2. _____
3. _____

My plan for staying connected is:

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6. WHAT IF'S...?

This final section focuses on situations that may alter your life plan and significantly impact your dreams and desires. With awareness of potential life-changing events, you have the chance to proactively learn about community resources that can be added to your plan to minimize the negative impact on your life. Utilize your blueprint findings as a conversation tool to share your vision for your future. The goal is to allow you to maximize choices and maintain independence. This will make you “Proactive to Stay Active.”

Take each of the following scenarios and apply it to each section of your life plan.

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, visual loss, etc.)
- My significant other or I experience cognitive loss?
- I (we) experience economic crisis? (e.g. no retirement funds, loss of medical insurance)
- I (we) experience a natural disaster? (e.g. tornado, fire, etc.)

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 Connected* section? (Refer to the resources identified in sections 1-5.)

Repeat with each of the *What If* situations. How would it affect your life plan? Share these changes with your identified circle of support.

To ensure your blue print for life helps you remain proactive, it is recommended you review it annually.

Date completed: _____

Date reviewed: _____

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