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## L I F E   P L A N N I N G   G U I D E

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# Aging Outreach Services

 | At Home Care    | Care Management

## INTRODUCTION

The purpose of this guide is to be a way of putting your wishes on paper and become a communication tool for you and your family.

This planning guide will bring you comfort, knowing that you are conveying helpful information about yourself for your family, trusted friends and professional partners in your life. It is wise to take on the assignment now, no matter your age, and to review and update the information annually.

This information should be readily accessible in your home and it is advisable to inform your family members of its existence. Keep in a safe place for confidentiality purposes.

This Planning Guide is compiled by Aging Outreach Services.

### **Established in 1999, Aging Outreach Services is a full-service elder care firm**

providing services to older adults residing in south central North Carolina. We can help you determine the service or combination of services to best meet your needs. We offer client-driven care and professionally trained staff that can assist you and your loved ones through the many challenges of aging.

#### **Our services include:**

#### ***AOS Care Management***

When care becomes complicated or you need help developing a plan, a professional care manager can help you each step of the way. We offer a group of professionally trained and certified care managers who implement plans to assist older adults and their families with all the aspects of aging.

#### ***AOS at Home Care***

Our registry provides pre-screened and pre-verified professional caregivers. We'll help you select a private-duty caregiver who suits your needs and provides you with the best and most professional care in the comfort of your home.

#### ***AOS Cares - 24 Hour Accessibility***

A professional on-call for you 24/7 to rely on and help navigate your needs when a crisis occurs.

# Aging Outreach Services



**Southern Pines**  
910.692.0683

**Cary**  
919.535.8713

**Fayetteville**  
910.639.9420

[AgingOutreachServices.com](http://AgingOutreachServices.com)

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## MY PERSONAL INFORMATION

In the event someone will be acting on my behalf, it is important that they have detailed information about me and my history.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Gender: Male  Female

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth (city, county, state, country): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Name of church/city: \_\_\_\_\_

Current Relationship status: \_\_\_\_\_

Date of marriage (list all): \_\_\_\_\_

\_\_\_\_\_

Education (highest grade completed): \_\_\_\_\_

Degrees: \_\_\_\_\_

Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_

*First*

*Middle*

*Last*

*Suffix (Sr., Jr., etc.)*

Mother's Name: \_\_\_\_\_

*First*

*Middle*

*Last*

*Maiden*

## MY PERSONAL INFORMATION

Health Care POA: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Durable Financial POA: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Executor/Executrix of Estate: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

## PET INFORMATION

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: Male  Female  Breed: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Boarding Facility: \_\_\_\_\_

Other Specifics: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: Male  Female  Breed: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Boarding Facility: \_\_\_\_\_

Other Specifics: \_\_\_\_\_

## MEDICAL & PROFESSIONAL INFORMATION

### MY MEDICAL PROVIDERS

Primary Care Physician/Nurse Practitioner: \_\_\_\_\_

Cardiologist: \_\_\_\_\_

Neurologist: \_\_\_\_\_

Dentist: \_\_\_\_\_

Podiatrist: \_\_\_\_\_

Dermatologist: \_\_\_\_\_

Audiologist: \_\_\_\_\_

ENT: \_\_\_\_\_

Oncologist: \_\_\_\_\_

Gastroenterologist: \_\_\_\_\_

Urologist: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_

Pharmacist: \_\_\_\_\_

### PROFESSIONALS FOR HOME & VEHICLE

Home Association contact (if applicable): \_\_\_\_\_

Housekeeper/Cleaning Service: \_\_\_\_\_

Yard Maintenance: \_\_\_\_\_

Electrician: \_\_\_\_\_

Roofer: \_\_\_\_\_

Plumber: \_\_\_\_\_

Handyman: \_\_\_\_\_

Carpet Cleaner: \_\_\_\_\_

Car Mechanic: \_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_

# HEALTH INSURANCE INFORMATION

**PLEASE PROVIDE COPIES OF ALL CARDS (FRONT AND BACK IF POSSIBLE ) AND ATTACH**

**Medicare Number:** \_\_\_\_\_

**Part A | Eligible when?** \_\_\_\_\_ **Part B | Eligible when?** \_\_\_\_\_

**Part C Supplemental Policy:** \_\_\_\_\_

Policy No.: \_\_\_\_\_

Contact Info: \_\_\_\_\_

**Part D Prescription Drug Coverage:** \_\_\_\_\_

Policy No.: \_\_\_\_\_

Contact Info: \_\_\_\_\_

*There is an annual open enrollment period at the end of the year. Consult your pharmacist or care manager to see if changing your plan would be beneficial.*

**VA No. and/or File No.:** \_\_\_\_\_

**DD214** (if served in military and honorably discharged): \_\_\_\_\_

**Long term Care Insurance:** \_\_\_\_\_

Policy No.: \_\_\_\_\_

Contact Info: \_\_\_\_\_

**Life Insurance:** \_\_\_\_\_

Policy No.: \_\_\_\_\_

Contact Info: \_\_\_\_\_

**ATTACH COPIES OF INSURANCE CARDS HERE:**

# ADVISORS & PROFESSIONALS

## Aging Life Care Manager:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Home Health Company or Care Agency involved:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Estate Planning Attorney:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Other Advisor:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# ASSETS & ACCOUNTS

## Financial Advisor/Planner:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

## CPA/Accountant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

## Property and Auto Insurance Provider:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

## Primary Banking Institution (checking/savings/money market/CD):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

## Additional Banking Institution (checking/savings/money market/CD):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

# MY IMPORTANT DOCUMENTS

## Document Type

## Location of Document

Last Will and Testament	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Living Trust	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Living Will	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Medical Power of Attorney	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
General Power of Attorney	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Limited Power of Attorney	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Life Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Charitable Trust	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Organ Donation Form	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Other Medical Directives	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Deeds to Real Property	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Marriage License	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Domestic Partner Agreement	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Pre and/or Post Nuptial Agreement	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Divorce or Separation Agreement	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Birth Certificates	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Death Certificates of Family Members	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Automobile Title(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Burial or Pre-Need Agreement	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Life Insurance Beneficiary Form	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Military Discharge Papers DD214	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Rental Agreement Copy (of retirement community or apartment)	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Other Important Documents:	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
I have a bank safe deposit box	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Those listed as signers on my box and have access to it: \_\_\_\_\_

Key to my safe deposit box is kept: \_\_\_\_\_



# IN THE EVENT OF MY DEATH

Funeral Home: \_\_\_\_\_ Location: \_\_\_\_\_

Phone: \_\_\_\_\_

Cemetery: \_\_\_\_\_

Other disposition location: \_\_\_\_\_

Embalming request: \_\_\_\_\_

Type of Casket: \_\_\_\_\_

Any specific clothing instructions (can include beautician requests): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Crematory: \_\_\_\_\_

Prepaid Funeral Expenses Arrangements:    Yes             No

Information may be found: \_\_\_\_\_

I have a deceased spouse, parent, child who is buried at: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Requests: \_\_\_\_\_

Organ or body donation: (Please list name of program selected and location of paperwork):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Minister/Rabbi to perform service: \_\_\_\_\_

Following persons to be involved in service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MY MEMORIES & WISHES

Preference on flowers: \_\_\_\_\_

In lieu of flowers, donate to the following charities : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Important songs or readings for service: \_\_\_\_\_

Type of service request (church, funeral home, visitation, graveside, memorial at later date, include locations: \_\_\_\_\_

My Career: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Location of My Family: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

My Civic Accomplishments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

My Favorite Things: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What I want you to remember most: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# AOS CARE MANAGEMENT

We are a multi-service elder care service provider. The complexities of in home care, facility placement, hospitalization, government programs, legal and financial professionals, health concerns and related costs can be overwhelming. We have extensive knowledge and experience coordinating the needs and services that provide quality ongoing care to you and your family.

Our caring services begin with an assessment of your needs to determine the first step needed in tailoring our services to meet your personalized needs.

Where do you see yourself in 5 years (location and how you envision aging in place): \_\_\_\_\_

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Preferences on living arrangements: \_\_\_\_\_

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Role you wish family to have in decision making: \_\_\_\_\_

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What type of caregiver would you find most helpful and why: \_\_\_\_\_

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Notes: \_\_\_\_\_

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## MY CONTACTS

In the event something should happen to me, the below individuals should be contacted:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Age the way *you* choose.



Let our resources  
& experience help you  
maintain your independence

*We offer*

- Coordination of legal, financial and health care professionals
- Caregiver referral
- Placement and transition assistance
- Crisis Intervention
- Ongoing dementia care services
- Assistance with meals, bill pay and transportation
- 100 years combined eldercare experience



*Call for your FREE consultation today!*

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