



The Family Road Map

A Planning Workbook for Adult Children and Aging Parents

HOW TO USE THIS WORKBOOK

This workbook is designed to help families plan ahead – before a crisis forces rushed decisions.

You do not need to complete this in one sitting.

Have conversations slowly. Revisit this once a year. Update it as life changes.

The goal is not control.

The goal is clarity.

Clarity reduces crisis.



SECTION 1: The Big Picture Conversation

Exercise 1: Vision for the Next 10-20 Years

For Parents:

1. Where do I see myself living as I age?

2. What does independence mean to me?

3. What am I most afraid of about getting older?

4. What makes life meaningful to me right now?



For Adult Children:

1. What worries me most about my parents aging?

2. What do I feel unprepared for?

3. What support can I realistically give?

Exercise 2: If Nothing Changed

If we made no plans and a health crisis happened tomorrow:

Who would make decisions?



:

Who would make decisions?

Who would access financial accounts?

Where would they likely go?

Who would be overwhelmed first?

What would feel chaotic?



SECTION 2: LEGAL AND FINANCIAL SNAPSHOT

Master Asset Inventory

Bank Accounts:

Institution: _____

Account Type: _____

Location of Records: _____

Investments / Retirement Accounts:

Institution: _____

Advisor Contact: _____

Insurance Policies:

Company: _____

Policy Type: _____

Real Estate Owned:

Address: _____

Mortgage Info: _____

Debts or Loans:

Creditor: _____

Monthly Payment: _____



Monthly Expense Snapshot

Housing (mortgage, taxes, HOA): _____

Utilities: _____

Insurance: _____

Food: _____

Medical: _____

Subscriptions: _____

Other: _____

Total Estimated Monthly Expenses: _____

Legal Documents Checklist

Will: Yes / No

Durable Power of Attorney: Yes / No

Healthcare Power of Attorney: Yes / No

Advance Directive: Yes / No

Living Will: Yes / No

Trust (if applicable): Yes / No

Long-Term Care Insurance: Yes / No

Location of documents: _____

Attorney name and contact: _____





SECTION 3: HOUSING PLAN

Current Home Evaluation

Are there stairs? Yes / No

Is there a bedroom and full bath on the main level? Yes / No

Are grab bars installed in bathrooms? Yes / No

Are there fall risks (loose rugs, poor lighting)? Yes / No

Is yard maintenance manageable? Yes / No

Concerns about staying in this home long term:

Aging in Place Planning

Estimated cost of home modifications: _____

Could Include: Elevator, Electric Stair Chair, Grab Bars In Bathroom, Fall Detectors, Intuition Robots, Companion Robots, and Video Surveillance.

If in-home care is needed:

Hourly rate estimate: _____

Estimated hours per week: _____

Estimated monthly cost: _____





Housing Options to Explore

Downsizing to smaller home

Independent Living Community

Assisted Living

Memory Care

For each option, answer:

What appeals about this option?

What concerns us?

Estimated monthly cost: _____

SECTION 4: HEALTH AND SUPPORT

Medical Information

Primary Care Doctor: _____

Specialists: _____

Pharmacy: _____





Current Medications:

Allergies:

Support Network

Who lives nearby?

Who checks in regularly?

Neighbors who could help in emergency:

Paid caregiver options researched? Yes/No

Driving Plan:

If driving becomes unsafe:



If driving becomes unsafe:

Who will initiate the conversation?

What transportation alternatives are available?

SECTION 5: FAMILY ROLES

Financial Decision Maker: _____

Medical Decision Maker: _____

Home Maintenance Lead: _____

Primary Family Communicator: _____

Backup Decision Maker: _____

Communication Plan:

Monthly family call? Yes / No

Shared document? Yes / No

Annual review date: _____



SECTION 6: EMERGENCY PREPAREDNESS

Emergency Contact List

Name: _____ Phone: _____

Name: _____ Phone: _____

Preferred Hospital: _____

Insurance information located where?

Important documents stored where?

Passwords stored where?

Hospital “go bag” prepared? Yes / No



SECTION 7: ANNUAL REVIEW

Date of Review: _____

What has changed this year?

Health changes:

Financial changes:

Housing changes:

New concerns:

Next review date:

RED FLAGS CHECKLIST

- Missed medications
- Unopened mail
- Frequent falls
- Noticeable weight loss
- Isolation
- Confusion about bills
- Memory concerns
- House becoming unsafe

If multiple boxes are checked, it may be time to increase support.

HARD CONVERSATION STARTERS

“I want to make sure we honor your wishes as you age.”

“Can we talk about what independence means to you?”

“If something unexpected happened, I’d feel better knowing we have a plan.”

“I’m not trying to take control — I just want clarity.”

This guide is for informational and educational purposes only and is not intended as medical, legal, or financial advice. Please consult qualified professionals regarding your specific situation. Parent Care Workshop is not responsible for decisions made based on this information.