

# Helping Aging Parents

## Navigate Care

## Comfort & Life Decisions

*This workbook is intended to support meaningful family conversations and is not a substitute for legal, medical, or financial advice.*

**[parentcareworkshop.com](https://parentcareworkshop.com)**

# INTRODUCTION

Helping aging parents navigate the next chapter of life can feel emotional, overwhelming, and deeply personal. Many families wait until a crisis forces difficult decisions, but having these conversations early while everyone can participate creates clarity, reduces stress, and honors your parents' wishes.

This workbook is designed to gently guide adult children and their parents through thoughtful discussions about living arrangements, care preferences, finances, and end-of-life wishes. There are no right or wrong answers only what feels right for your family. Take your time, approach each topic with care, and revisit these pages as life evolves.

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# PART ONE: LIVING ARRANGEMENTS & CARE PREFERENCES

Understanding how your parent(s) envision their future living situation is an essential first step. Preferences may change over time, so consider this a living document.

## 1. Living Independently

Do you wish to live independently for as long as possible?

Yes ☐ No ☐ Unsure ☐

What does “living independently” mean to you?

(Examples: driving, cooking, managing medications, living alone)

What types of support would you be open to receiving to remain at home?

- ☐ In-home care
- ☐ Housekeeping
- ☐ Meal services
- ☐ Transportation assistance
- ☐ Home modifications
- ☐ Other: \_\_\_\_\_

At what point would living independently no longer feel safe or comfortable?

## 2. Living With In-Home Assistance

Would you consider living at home with part-time or full-time assistance?

☐ Yes ☐ No ☐ Maybe

What kind of assistance would feel acceptable?

- ☐ Personal care
- ☐ Medical care
- ☐ Companionship
- ☐ Household help

Are there privacy concerns, boundaries, or preferences we should discuss?

### 3. Living With an Adult Child

Would you consider moving in with an adult child if needed?

☐ Yes ☐ No ☐ Maybe

Under what circumstances would this feel like the right option?

What expectations or boundaries would be important for everyone involved?

### 4. Independent or Assisted Living Communities

Would you consider:

- ☐ Independent Living
- ☐ Assisted Living
- ☐ Memory Care (if needed)
- ☐ Not at this time

What factors matter most to you?

- ☐ Location
- ☐ Cost
- ☐ Level of care
- ☐ Community & activities
- ☐ Faith or cultural alignment

Are there communities you would like to explore or avoid?

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# PART TWO: HEALTH, MEDICAL & END-OF-LIFE WISHES

These conversations can be difficult, but they are among the most meaningful. Clear communication now helps ensure wishes are respected later.

## 1. Medical Decision-Making

Do you have a Health Care Power of Attorney?

☐ Yes   ☐ No   ☐ Unsure

Who should make medical decisions if you are unable to?

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

Do you have a Living Will or Advance Directive?

☐ Yes   ☐ No   ☐ Unsure

Are there medical treatments you would want—or prefer to avoid?

## 2. End-of-Life Care Preferences

Have you discussed your wishes for end-of-life care?

☐ Yes   ☐ No   ☐ Somewhat

If possible, where would you prefer to receive care?

☐ At home

☐ Hospice facility

☐ Hospital

☐ Other: \_\_\_\_\_

Are there spiritual, religious, or personal beliefs that should guide care decisions?

## 3. Burial or Cremation Wishes

Do you prefer:

☐ Burial   ☐ Cremation   ☐ Unsure

If burial, do you have a preferred location or family plot?

If cremation, do you have wishes regarding ashes (location, family members, etc.)?

Have any arrangements already been made or prepaid?

☐ Yes   ☐ No   ☐ Unsure

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# PART THREE: FINANCIAL & LEGAL CONSIDERATIONS

Understanding finances and legal documents in advance helps avoid confusion and stress during difficult moments.

## 1. Important Documents

Please note where the following documents are located:

Will or Trust: \_\_\_\_\_

Financial Power of Attorney: \_\_\_\_\_

Health Care Power of Attorney: \_\_\_\_\_

Life Insurance Policies: \_\_\_\_\_

Property Deeds or Titles: \_\_\_\_\_

## 2. Financial Overview

Who currently manages finances?

☐ Parent(s)    ☐ Family member    ☐ Advisor

Accounts to be aware of:

- ☐ Bank accounts
- ☐ Investment accounts
- ☐ Retirement accounts
- ☐ Social Security
- ☐ Pension(s)

Monthly expenses to consider:

## 3. Long-Term Care Planning

Do you have long-term care insurance?

☐ Yes    ☐ No    ☐ Unsure

How would future care needs be funded if required?

Are there professionals assisting with planning?  
(Attorney, financial advisor, CPA)

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