



Cherokee Rose  
Senior Living Solutions

# ELDER CARE TRANSITION CHECKLIST



Jane Lomas  
Senior Home Coach™

## RECORDS:

### 1 Photocopy and store in a secure place:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Social Security Card<br>or other Insurance Cards | <input type="checkbox"/> Medicare, Medicaid            | <input type="checkbox"/> Mortgage Records             |
| <input type="checkbox"/> Passport/Citizenship                             | <input type="checkbox"/> Life Insurance Policies       | <input type="checkbox"/> General Power<br>of Attorney |
| <input type="checkbox"/> Paper Birth Certificate                          | <input type="checkbox"/> Disability Insurance Policies | <input type="checkbox"/> Military Records             |
| <input type="checkbox"/> Driver's License/<br>Organ Donor Card            | <input type="checkbox"/> Long Term Care Insurance      |   |

### 2 List locations of original documents:

- |   |  |
|---|--|
| <input type="checkbox"/> All documents listed above                     | <input type="checkbox"/> Last Will and Testament                           |
| <input type="checkbox"/> Marriage Certificate<br>(if applicable)        | <input type="checkbox"/> Trust Documentation                               |
| <input type="checkbox"/> Death Certificate of spouse<br>(if applicable) | <input type="checkbox"/> Health Care Directive                             |
| <input type="checkbox"/> Divorce Papers<br>(if applicable)              | <input type="checkbox"/> Do Not Resuscitate (DNR)<br>Order (if applicable) |

### 3 Create a list of important contacts:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Immediate Family Members | <input type="checkbox"/> Financial Planner | <input type="checkbox"/> Broker Beneficiaries |
| <input type="checkbox"/> Doctors                  | <input type="checkbox"/> Accountant        |   |
| <input type="checkbox"/> Clergy Members           | <input type="checkbox"/> Banks             |   |
| <input type="checkbox"/> Attorney                 | <input type="checkbox"/> Insurance Agents  |   |

### 4 Create a list of all passwords, access codes and PINS.



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## FINANCES:

### 1 Gather information on the following:

- ☐ All bank account information. *Credit cards, debit cards, savings, and checking accounts.* companies, etc.
- ☐ *Social Security Information.*
- ☐ Sources of Income. *Deferred compensation, pension plans, 401(k), 403(b), IRA, etc.*
- ☐ *Investment Accounts.*
- ☐ Any outstanding loans. *Student loans, credit card, mortgages, auto, personal, etc...*
- ☐ Federal and state tax returns. *Include the past 3-5 years.*
- ☐ Charitable gifts and donations.
- ☐ All automobiles. Include make, model, tag, title, loans and insurance
- ☐ Recreational vehicles.
- ☐ Valuables and personal assets. Art, jewelry, furs, etc.
- ☐ Appraisals of personal property.
- ☐ Any rental agreements or business contracts.
- ☐ All Residences. Addresses and mortgages.

### 2 Designate a Financial Custodian: *Family, friend, financial advisor.*

### 3 Simplify finances:

- ☐ Limit Number of Accounts. *Target: One checking, saving, IRA, ROTH and taxable account.*
- ☐ Automate bill payments.
- ☐ Hire Financial Planner.

### 4 Other general tasks:

- ☐ Verify asset allocation. *With financial planner and financial custodian.*
- ☐ Construct a budget. *Include home maintenance costs, health care costs and loans.*
- ☐ Determine financial review frequency. *Financial custodian - monitoring finances.*
- ☐ Determine financial turnover period. *When the financial custodian will take control of finances.*
- ☐ Collect combinations. Key locations for safes and safety deposit boxes.



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## HEALTH CARE:

### 1 List the following:

- ☐ Current health issues. *Allergies, diseases, pre-existing conditions, tests, procedures.*
- ☐ Hereditary health issues in past family members.
- ☐ Current prescriptions and drugs. *Costs, dosages and pharmacy information.*
- ☐ Current hospitals, practices, and doctors. *Primary, specialists, dentists, therapists and psychiatrists.*

## ESTATE PLANNING :

### 1 Tasks to complete:

- ☐ Review current documents.  
Will, trusts, health care directive and power of attorney.
- ☐ Establish needed documents.
- ☐ Discuss roles with executors, trustees, and beneficiaries.
- ☐ Share passwords, access codes and PINS with designated parties.
- ☐ Determine asset distribution.
- ☐ Establish funeral and burial/cremation instructions.

## HOME MAINTENANCE:

### 1 Tasks to complete:

- ☐ Make copies of house keys for designated parties.
- ☐ List information on home repairs, housekeeping, lawn care, etc.
- ☐ Gather information on garbage pickup.
- ☐ Designate pet care takers.
- ☐ Discuss installing disability accessible features. Address bathrooms, stairs, etc.



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## LIFESTYLE TRANSITION:

### 1 Discuss possible future living arrangements.

- ☐ In-home care
- ☐ Moving in with a family member
- ☐ Assisted living facility
- ☐ Adult day care
- ☐ Nursing home

### 2 If staying in current residence, consider the following:

- ☐ How close are grocery stores and restaurants?
- ☐ How close is basic medical care?
- ☐ Safety precautions and wellbeing
- ☐ Social Interaction availability
- ☐ Technology usage to monitor

### 3 Determine appropriate transportation methods:

- ☐ Errand runner
- ☐ Bus/shuttle system
- ☐ Caregiver
- ☐ Uber and taxis

### 4 Determine conditions for lifestyle transition:

- ☐ Safety issues
- ☐ Problems with upkeep
- ☐ Transportation
- ☐ Impeded social interactions



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