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MY PLAN MY POWER

YOUR PERSONAL GUIDE FOR
SUCCESSFUL AGING



MERCY CARE
FOR THE ADIRONDACKS

*Helping elders to age in place more successfully
with friendship and compassion.*

Growing up, Growing Older, and Living Well

PART I

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Part II

Mercy Care for the Adirondacks

Community Resources

Contributed Resources

Adirondack Health Institute	Essex Co. Health Department	Indian Lake Theater
Adirondack Health	Home Health Unit	Keene Valley Neighborhood
Alzheimer's Disease Caregiver	Essex Co. Mental Health	House
Support Initiative	Essex Co. Office for the Aging	North Country Center for
AmeriCorps Seniors RSVP	Franklin Co. Office for the	Independence
Behavioral Health Services	Aging	North Country Home Services
North	Get Healthy North Country	Saranac Village at Will Rogers
Clinton Co. Office for the Aging	Glens Falls Hospital Center of	Senior Scholars
Community Health Center of	Excellence	Southern Adirondack
the North Country	High Peaks Hospice	Compassionate Companions
Elizabethtown Community		ThriveNinety
Hospital		

Acknowledgement

Mercy Care for the Adirondacks pursues its mission to enhance the fullness of lives of elders living in their communities through collaboration and partnership with faith communities, county Offices for the Aging and Public Health, and other health and human service organizations within and beyond the Adirondacks.

Volunteers are Mercy Care's dedicated workforce. Mercy Care Friendship Volunteers, Spiritual Care Companions, and Parish/Faith Community Nurses provide spiritual and social care services for older adults in the greater Tri-Lakes region of the Adirondacks. They offer friendship, spiritual companionship, transportation assistance, and other "errands of mercy." Mercy Care empowers our Elder Friends to grow older and live well by providing "love in action" to help them age in place more successfully.

In Deepest Gratitude

The Community itself supports Mercy Care through their kind and compassionate volunteer service, individual charitable contributions, and private foundation grants. We are most grateful.

Mother Cabrini Health Foundation

Development and production of *My Plan, My Power – Your Personal Guide for Successful Aging* was made possible, in part, by a grant from the Mother Cabrini Health Foundation, for which the Board of Directors and Staff of Mercy Care for the Adirondacks are deeply grateful.

Pursuing Mission Through Partnership & Collaboration

Sponsored by the Sisters of Mercy, Mercy Care for the Adirondacks is a 501(c)(3) nonprofit organization that pursues its mission through partnership and collaboration. Mercy Care acknowledges with gratitude the contributions from members of the **Caregiving Working Group of the North Country** for contributing the many ideas and plans adapted for inclusion in *My Plan, My Power – Your Personal Guide for Successful Aging*.

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A Guide for Successful Aging

Developed and facilitated by Mercy Care for the Adirondacks on behalf of the Caregiving Working Group of the North Country

Name: _____

Date: _____

Introduction

This *Guide for Successful Aging* is meant to be a personal, flexible tool to help you plan for your own successful aging. Adapt it and use it as you see fit. Older adults living in our rural mountain communities experience unique challenges, including severe weather, limited transportation, and family members moving away for other opportunities. Our communities have responded to this need in equally unique ways; there are certainly organizations, events, and services not included here that make your community age-friendly—write them into your plan!

We can't know with any certainty how physically, socially, or spiritually healthy we will each be in the future. We do know, however, that proactive planning for living arrangements, personal relationships, and social engagement greatly increases the likelihood of being able to age well, whatever that means to you. By taking the time to thoughtfully consider these needs now, you may avoid the stress of having to do so when decisions have to be made quickly.

My Plan, My Power Grow Up, Grow Older, and Live Well

Outlined below is my personal plan to stay healthy, active, and fully participating in my community for as long as possible. I am proactively planning to grow older and live well on my own terms. My plan is my power!

Every year on my birthday, I will review my plan and make any necessary updates so it reflects my current plans, goals, and needs.

My primary contact person

Name: _____

Relationship (spouse, child, friend, etc.): _____

Address: _____

Telephone number: _____

Email address: _____

There is space for other personal contacts and their information at the end of this Guide.

My Plan, My Power

All organizations and agencies mentioned throughout the Guide are described more fully in the Part II Community & Contributing Resources booklet. An asterisk (*) denotes that the organization has a full-page summary of their services included in the Contributed Resource section of the Part II booklet.

Below are some questions to guide your thinking. Feel free to change the suggested options and to add your own ideas – this is YOUR plan after all!

1. I will stay socially engaged and connected to my community in the following ways:

- ☐ Volunteering or helping others
- ☐ Being part of a faith community
- ☐ Visiting the library
- ☐ Joining an exercise group
- ☐ Taking courses at a local college or university
- ☐ Participating in workshops or classes offered locally
- ☐ Participating in technology assistance or training workshops
- ☐ Attending community events
- ☐ Visiting my local Adult Center
- ☐ Requesting a Friendship Volunteer from Mercy Care for the Adirondacks or a similar program in my community*
- ☐ Other: _____

2. To practice active aging, I will:

- ☐ Go to the gym regularly
- ☐ Walk at least ____ minutes ____ - ____ times per week
- ☐ Swim ____ - ____ times per week
- ☐ Play golf or tennis ____ - ____ times per week
- ☐ Kayak or canoe ____ - ____ times per week
- ☐ Cross-country ski or snowshoe ____ - ____ times per week
- ☐ Bicycle ____ - ____ times per week
- ☐ Enroll in exercise classes offered at a local gym or studio
- ☐ Modify my exercise activity to accommodate aging
- ☐ Consult with my doctor for alternatives if my usual activities become difficult
- ☐ Learn about recreational and wellness opportunities in my community
- ☐ Other: _____

**See Part II: Contributed Resources for full page summary of services.*

3. If I feel lonely or isolated, I will:

- ☐ Call a family member
- ☐ Call a friend
- ☐ Contact Mercy Care for the Adirondacks or another local organization to request a Friendship, Spiritual Care Companion or Health Care Companion Volunteer*
- ☐ Engage with my faith community
- ☐ Join a community group or organization
- ☐ Visit my local Adult Center
- ☐ Volunteer
- ☐ Provide assistance/help someone in need
- ☐ Take a course at a local college or university
- ☐ Participate in workshops or classes offered locally
- ☐ Participate in social care-oriented events and activities in my community
- ☐ Other: _____

4. If I am in need of education about my health or a medical condition, I will:

- ☐ Reach out to a family member or friend
- ☐ Talk with my physicians and care team
- ☐ Contact my county's Department of Health for health education and health promotion materials
- ☐ Inquire with my faith community about available Parish or Faith Community Nurse services in my area
- ☐ Contact Mercy Care for the Adirondacks to request a Parish Nurse if I live in the Tri-Lakes or surrounding communities*
- ☐ Other: _____

5. If I am in need of spiritual care or grief support, I will:

- ☐ Reach out to a family member or friend
- ☐ Talk with my pastor or a member of my faith community
- ☐ Seek out a new faith community
- ☐ Contact Mercy Care for the Adirondacks or a similar organization in my community to request a Spiritual Care Companion Volunteer*
- ☐ Contact a local hospice provider to learn about their grief support services
- ☐ Contact local support groups
- ☐ Pray by myself
- ☐ Other: _____

**See Part II: Contributed Resources for full page summary of services.*

6. If I am or become another person's primary caregiver, I will:

- ☐ Reach out to friends or family for support or assistance
- ☐ Reach out to my faith community for support or assistance
- ☐ Contact my county's Office for the Aging or NY Connects to learn about assistance and respite options*
- ☐ Contact SUNY Plattsburgh's Alzheimer's Disease Caregiver Support Initiative for support if applicable*
- ☐ Contact New York State Caregiving & Respite Coalition to learn about caregiver respite and support options
- ☐ Contact Mercy Care for the Adirondacks or a similar organization in my community for support or assistance*
- ☐ Discuss options for support or assistance with the relevant physicians or care teams
- ☐ Other: _____

7. If I need health, human, or aging services to help me stay in my home for as long as I am able, I will contact:

- ☐ My county's Office for the Aging or NY Connects*
- ☐ My physicians or care team
- ☐ A licensed home health care services agency such as North Country Home Services*
- ☐ High Peaks Hospice or a hospice provider in my area*
- ☐ My county's Department of Health
- ☐ Mercy Care for the Adirondacks or a similar organization in my community for support or assistance*
- ☐ Other: _____

8. If my home needs modifications or repairs for me to continue living there safely and comfortably as I age, I will:

- ☐ Contact the North Country Center for Independence or my local center for independent living for a free home accessibility assessment and information about equipment loans*
- ☐ Contact my county's Office for the Aging*
- ☐ Contact Adirondack Roots or my local NeighborWorks Network affiliate
- ☐ Hire a local contractor or skilled worker to complete the necessary modifications/repairs
- ☐ Rely on friends and family to complete the necessary modifications/repairs
- ☐ Try to complete the necessary modifications/repairs myself
- ☐ Other: _____

**See Part II: Contributed Resources for full page summary of services.*

9. If home repairs, property taxes, or home modification expenses are unaffordable, I will:

- ☐ Contact my local housing assistance agency to learn what options might be available to me
- ☐ Contact Adirondack Community Housing Trust or Adirondack Roots to see what assistance might be available to me
- ☐ Take money from my savings or retirement funds
- ☐ Consult with my children or other family members
- ☐ Consider selling or renting out my home
- ☐ Consider finding a roommate or shared housing arrangement
- ☐ Move to a more affordable home
- ☐ Contact my local assessor to learn about property tax exemptions and assistance
- ☐ Other: _____

10. If I am no longer able to drive, I will:

- ☐ Rely on whoever I live with to drive me
- ☐ Call on a friend or family member to drive me
- ☐ Call Mercy Care for the Adirondacks or a similar program in my community to request a volunteer to drive me*
- ☐ Call my church or faith community for assistance
- ☐ Call my county's Office for the Aging for assistance*
- ☐ Utilize Medicaid or Veterans Affairs medical transportation services if eligible and service is available
- ☐ Ride the county bus
- ☐ Call a taxi or ride share
- ☐ Pay someone else to drive me
- ☐ Other: _____

11. If I am no longer able to get out on my own to get groceries, medications, and other necessities, I will:

- ☐ Rely on family or friends to take me shopping or to shop for me
- ☐ Hire someone to shop for me
- ☐ Call Mercy Care for the Adirondacks or a similar program in my community to request a volunteer to take me shopping or to shop for me*
- ☐ Set up home delivery (i.e., Instacart or Kinney Pharmacy delivery)
- ☐ Other: _____

**See Part II: Contributed Resources for full page summary of services.*

12. If I am no longer able to prepare my own meals, I will:

- ☐ Contact my county's Office for the Aging to have "Meals on Wheels" delivered to my home*
- ☐ Rely on carry-out or delivery from area restaurants
- ☐ Rely on friends or family to cook for me
- ☐ Rely on prepared or frozen meals purchased at the grocery store
- ☐ Attend community meals at my local Adult Center
- ☐ Attend other community meals
- ☐ Other: _____

13. If I am no longer able to take care of my daily needs by myself, I will:

- ☐ Have one of my children, a relative, or a friend move into my home with me
 - ☐ I have discussed this plan with the person/people I have in mind
- ☐ Move into the home of one of my children, another relative, or a friend
 - ☐ I have discussed this plan with the person/people I have in mind
- ☐ Have in-home caregivers come to my home as needed
- ☐ Move to an independent senior living community or assisted living facility where my needs can be met
- ☐ I have not yet developed a plan
 - ☐ I intend to research the options available to me by contacting my county Office for the Aging and/or NY Connects*
 - ☐ I intend to discuss options with family, friends, and other members of my support system

14. If I am no longer able to live in my present home, or choose not to, I want to:

- ☐ Buy a smaller, more accessible home
- ☐ Rent an accessible apartment
- ☐ Move to an independent or assisted living facility where meals, housekeeping, and laundry are taken care of for me.
 - My top choices for an independent or assisted living facility are:
 - 1. _____
 - 2. _____
- ☐ Move in with family
- ☐ Share a home with a friend
- ☐ Leave the area
- ☐ Other: _____

**See Part II: Contributed Resources for full page summary of services.*

15. I have completed or reviewed the following documents and considered the following actions to ensure that my wishes are carried out:

- ☐ Health Care Proxy and/or Living Will
- ☐ Medical Order for Life-Sustaining Treatment (MOLST) Form
- ☐ Power of attorney
- ☐ Consulted an attorney and have written my will
- ☐ Reviewed my primary and contingent beneficiary information on my insurance policies and any retirement accounts
- ☐ Consulted an attorney about how best to manage my finances if I become unable to do so myself
- ☐ Prepared a file of my financial and banking information, insurance policies, retirement or pension plans, and any necessary passwords/account information to be stored in a secure location

16. If I have concerns about cognitive decline or dementia impacting my ability to safely care for myself in my own home, I will:

- ☐ Contact my physician or care team to discuss my concerns and make a medical plan, if necessary
- ☐ Discuss my concerns with family or friends
- ☐ Practice good brain health habits (regular physical activity, healthy diet, good sleep, mentally engaging activities, etc.)
- ☐ Contact Glens Falls Hospital Center of Excellence for Alzheimer's Disease, or CEAD serving my region, for information and support*
- ☐ Contact my region's Alzheimer's Disease Association for information and support*

17. To carry out my personal plan for successful aging, as my needs evolve and change, I will connect with the following individuals, agencies, or resources to help me execute it.

- ☐ My family members
- ☐ My friends
- ☐ My physicians and care team
- ☐ My faith community
- ☐ My attorney and/or financial advisor
- ☐ My county's Office for the Aging*
- ☐ Mercy Care for the Adirondacks or other community volunteer program*
- ☐ High Peaks Hospice or a hospice provider in my area*
- ☐ North Country Home Services or other in-home care provider in my region*
- ☐ Glens Falls Hospital Center of Excellence for Alzheimer's Disease or other CEAD serving my region*
- ☐ SUNY Plattsburgh Alzheimer's Disease Caregiver Support Initiative*
- ☐ Other: _____

**See Part II: Contributed Resources for full page summary of services.*

Medication List and Drug Allergies

Medical Information

Pharmacy, Primary Care Provider, and Specialists referred to in my plan

My Primary Care Provider

Name: _____

Address/Practice Location: _____

Phone: _____

My Specialist Provider

Name: _____

Address/Practice Location: _____

Phone: _____

Additional Specialist Provider

Name: _____

Address/Practice Location: _____

Phone: _____

Additional Specialist Provider

Name: _____

Address/Practice Location: _____

Phone: _____

My Pharmacy

Name: _____

Address/Practice Location: _____

Phone: _____

****Refer to the personal contact section found on page 14 to add additional contacts***

Contact Information

For individuals, organizations, and agencies referred to in my plan

Primary Support Person

Name: _____

Address: _____

Phone: _____

Additional Support Person

Name: _____

Address: _____

Phone: _____

My Faith Community

Name: _____

Address: _____

Phone: _____

My Financial Advisor

Name: _____

Address: _____

Phone: _____

My Attorney

Name: _____

Address: _____

Phone: _____

****Refer to the personal contact section found on page 14 to add additional contacts***

Additional Personal Contacts

Such as specialists, friends, neighbors, or professional services

Organization/Relation: _____

Name: _____

Address: _____

Phone: _____

Organization/Relation: _____

Name: _____

Address: _____

Phone: _____

Organization/Relation: _____

Name: _____

Address: _____

Phone: _____

Organization/Relation: _____

Name: _____

Address: _____

Phone: _____

Organization/Relation: _____

Name: _____

Address: _____

Phone: _____

To Do List

*This list was adapted from excerpts from “Don’t Leave a Mess Behind.”
Shared with permission from the author, Susan W. Hoskins, LCSW.*

Use this list to create and organize a file (digital or physical) of original important documents. Check off the items you have completed and add any additional information, such as location and/or contact details. Feel free to adapt as needed; after all, this is your plan.

- ☐ Computer and Phone Access (*list of logins & passwords*)

- ☐ Credit and Debit Card Accounts (*digital wallet if you have one*)

- ☐ Bank Accounts & Investment Brokers (*Bank/Broker name(s) & contact information, account numbers, and login & password credentials*)

- ☐ Retirement Accounts (*name, contact information, and login & password credentials*)

- ☐ Income Sources

- ☐ Home/Rental Insurance Policy Information (*account numbers and contact information*)

- ☐ Vendors (*monthly bills and processes, i.e., automatic, online, check/mailed, etc.*)

- ☐ Property Information (*deeds, mortgage documents, and property taxes*)

- ☐ Service Providers Contact Information (*lawn care, snow plowing/shoveling, heating & plumbing, fuel oil, and/or propane provider, etc.*)

- ☐ Personal Employees (*position, name, and contact information*)

- ☐ Car Documents (*titles, loans, registration, and insurance information*)

- ☐ Outstanding Loans (*lender, account, and balance information*)

- ☐ Health Insurance Information (*Medicare card, health insurance card, and supplemental insurance coverage*)

- ☐ Social Security Information (*card, number, and online account information*)

- ☐ Life Insurance Provider (*company name & contact information, account numbers, and Login & password credentials*)

- ☐ Life Insurance Beneficiary (*name(s) and contact information*)

- ☐ Most recent tax return (*name & contact information for tax preparer*)

- ☐ Will or Estate Plan (*Law firm and contact information*)

- ☐ Pet Information (*name, age, type, and breed*)

- ☐ Pet Health Information (*diagnosis, medications, veterinary practice, provider, and contact information*)

- ☐ Trusted Contact (*for information listed*)

- ☐ Other:

- ☐ Other:

- ☐ Other:

Resources: National Institute on Aging (NIH) checklist, Five Wishes, Freewill.com, Being Mortal- Gawande, Compassion & Choices- My End of Life Decisions, The Conversation- Volandes

MY PLAN MY POWER

YOUR PERSONAL GUIDE FOR SUCCESSFUL AGING

We hope you found this guide helpful. Your input is important to us. Kindly provide your feedback by clicking the link or scanning the QR below to complete a brief survey.

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OR

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HERE



[Aging Guide Survey](#)



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