

Quality of Life

ELDERCARE





PLANNER







FELTON WOOTEN

About the Author

Felton Wooten is an author, workshop consultant, and has been a licensed Nursing Home and Assisted Living Administrator for over 40 years. In 1981 Felton Wooten became only the 6th Black Nursing Home Administrator in the state of North Carolina. He became the only Black Administrator within The Evergreens Senior Health system, and served as the Administrator for 13 years at the High Point Evergreens Facility.

In 1997 he was selected as the North Carolina Administrator of the Year, by The Activities Professional Association. He has been the leader of teams achieving 8 deficiency-free Medicare/Medicaid surveys… which equates to 8 surveys with a perfect score.

Felton's passion for community outreach has landed him on several boards such as The Alzheimer's Association, the RL Wynn Memorial Scholarship Board, Christian Counseling and Wellness Group, Evergreens Foundation and The Music Academy of NC. He currently serves as the Chairman of the Board for Emmanuel Lutheran Enrichment Adult Day Health program.

An Eagle Scout himself, Felton served on the board of Old North State Boy Scouts of American. He is also a former board member and Scout Reach Committee chair. Felton has been awarded the Whitney M. Service Award by the Old North State Council, BSA.

Felton is also the co-founder of Quality of Life. A company dedicated to serving the needs of America's ever-growing population of elderly individuals. Quality of Life provides family members and professional caregivers the consultation, education, tools and information to help them navigate the often confusing and difficult aspects of caring for the elderly.

Whether it's interviewing caregivers, locating appropriate living facilities, protecting your loved one's finances or identifying abuse or neglect, Quality of Life offers conprehensive guidance for our clients to whom care is entrusted.

Felton has authored the books: Daddy Does Care; Inspirational letters to Young Men and Young Women, My Daddy the Other Parent; Inspirational Letter to Young Women, How Not to Run a Business; 25 Critical Points to Growing a Business.

He has also developed training on: Abuse Prevention of the Elderly, published numerous articles, including: Values Realization Journal on "Making a Career Change", and most Recently created a counseling and training course, along with the creation of an Eldercare Planner, which helps individuals navigate the challenges of planning for senior years or caring for the elderly.

Felton holds a BA in Public Administration from North Carolina Central University in Durham, NC. He resides in Greensboro, NC, is married with 2 daughters and one granddaughter.

Tips for Using the Book

1. Write and print neatly using a pencil. A pencil allows for changes to be made.
(*If using the digital version, just fill in the boxes.*)
2. Identify the location of specific information.
3. Leave a clear description of where items are being stored or placed.
(Example: *Insurance Policy: top drawer, file cabinet, den.*)

Information About Me

Name _____ Maiden Name _____

Gender _____ Date of Birth _____ Social Security # _____

Address _____ State _____ Zip _____

Primary Phone ( ) _____ Alternate Phone ( ) _____

Email _____ @ _____

Birthplace City _____ State _____ County _____

Comments _____

Spouse Information / Significant Other

Name _____ Maiden Name _____

Gender _____ Date of Birth _____ Social Security # _____

Address _____ State _____ Zip _____

Primary Phone ( ) _____ Alternate Phone ( ) _____

Email _____ @ _____

Birthplace City _____ State _____ County _____

Comments _____

Location of Important Documents and Items

1. Bank Books _____
2. Check Books _____
3. Stocks & Bonds _____
4. Income Tax Returns _____
5. Military Discharge Papers _____
6. Will _____
7. Living Will _____
8. Healthcare Power of Attorney _____
9. Birth Certificate _____
10. Social Security Card _____
11. Marriage License _____
12. Citizenship Papers _____
13. Insurance Policies _____
14. Automobile Titles _____
15. Safe Deposit Box & Key _____
16. Burial Plot Deed _____
17. Funeral Arrangements _____
18. Organ Donation _____
19. Senior Resources Contacts _____

_____

_____

Computer Accounts **User Names / Passwords**

1.
2.
3
4.
5.
6.

In this section include notes, or personal messages why the user created the book.

Dear,

Family History

Mother's name: _____ Birth date _____
Mother's maiden name: _____
Place of Birth: _____
Comments: _____
_____
_____

Father's name: _____ Birth date _____
Place of Birth: _____
Comments: _____
_____
_____

Marriage Name of spouse/partner and date of wedding/civil ceremony:

Name: _____ Date: _____
Name: _____ Date: _____

Children's Name(s): _____ Birth date _____
Place of Birth: _____

Children's Name(s): _____ Birth date _____
Place of Birth: _____

Children's Name(s): _____ Birth date _____
Place of Birth: _____

Children's Name(s): _____ Birth date _____
Place of Birth: _____

Children's Name(s): _____ Birth date _____
Place of Birth: _____

List persons that have partial or total financial responsibility
(*List name(s), relationship and % of support*)

Name: _____%_____ Name: _____ %_____
Name: _____%_____ Name: _____ %_____
Name: _____%_____ Name: _____ %_____

Current Activities

Clubs, organizations, hobbies and volunteer work:

Academic Degrees

Degree	Date Rec'd	Major	Institution

Secondary School: _____

Other Technical or Professional Education

Academic Honors

Publications, Research, Artistic Works, Exhibits

Occupational History

Public Office (Title of position(s) held and dates)

Military Service

War(s) in which served, military branch, service number, rank:

____

____

____

Date of Service: ____

Place: ____

Type of Discharge: _______________________________________

Place of Separation: ______________________________________

Highest Grade/Rank Received: ________________________________

Location of Discharge paperwork: _____________________________

Medals/Honors/Citations received: ____________________________

____

____

____

Emergency Contact (s)

Name: ______________________ Relationship: ______________
Address: _________________ City: __________ State: _____ Zip _____
Primary Phone: (___) ___________ Other Phone: (___) same ___________
Email: ______________________ Soc. Media ______________

Name: ______________________ Relationship: ______________
Address: _________________ City: __________ State: _____ Zip _____
Primary Phone: (___) ___________ Other Phone: (___) same ___________
Email: ______________________ Soc. Media ______________

Name: ______________________ Relationship: ______________
Address: _________________ City: __________ State: _____ Zip _____
Primary Phone: (___) ___________ Other Phone: (___) same ___________
Email: ______________________ Soc. Media ______________

Name: ______________________ Relationship: ______________
Address: _________________ City: __________ State: _____ Zip _____
Primary Phone: (___) ___________ Other Phone: (___) same ___________
Email: ______________________ Soc. Media ______________

Health Care Information: Person 1

Keep this information up to date. Make sure you choose the best person to carry out your wishes regarding your quality of life desires.

Name: Primary Health Care Power of Attorney: _____ ReIationship: _____

Address: _____

Primary Phone: ( ) _____ Email Address: _____

Primary Physician: _____ Name: _____

Address: _____

Phone Number: ( ) _____ Email Address: _____

Physician Specialists	**Name**	**Pnone Number**
Allergist		
Cardiologist		
Dentist		
Gastroenterologist		
Gynecologist Oncologist		
Ophthalmologist		
Orthopedist		
Podiatrist		
Psychiatrist		
Surgeon		
Other		
Other		

Other Health Care Professionals	**Name**	**Pnone Number**
Physical Therapist		
Occupational Therapist		
Speach Therapist		
Case Manager		
Social Worker		

Hospital Preference (Name, Address, Phone Number) _____

_____

_____

Health Care Facilities in which treatment has occurred in the past 2-6 months:

_____

_____

_____

Insurance Policies (1)

	Company	Policy Number
Medicare		
Medicaid		
Veterans Benefits Private Health		
HMO		
Presbyterian Drug Supplemental		
Long Term Care		
Life Insurance		

Insurance Policies (2)

	Company	Policy Number
Medicare		
Veterans Benefits		
Private Health		
HMO		
Presbyterian Drug Supplemental		
Long Term Care		
Life Insurance		

Allergies (1)

	Type of Reaction

Allergies (2)

	Type of Reaction

It's very important to have a Pharmacist review all your medications, and how the medicines impact each other. Also, when you should stop, or switch to a different medicine.

Past Medical History

(List injuries, surgeries, list of health problems):

Important Healthcare Documents

Include documents in this book or list the location of the documents

Advanced Medical Directives

Declaration of Natural Death

Do Not Resuscitate (DNR)

Medical Order for Scope of Treatment (Most Form)

Healthcare Power of Attorney

Power of Attorney

Durable Power of Attorney

Other Type Documents

Financial Information

Agents	Name	Address	Phone Number	Account Number

Investment & Savings	**Location**	**Account Number**	**Phone/Contact**
Annuities			
Bank Accounts			
Certificate of Deposit			
Commodities			
Loans to Others			
Money Market			
Mutual Funds			
Stocks			
Other			
Other			
Life Insurance			
Long Term Care			
Hospital			

Property Owned	Address	Deed/Policy Location

Other Sources of Income

	Amount	Location of Document
Alimony		
Disability		
Federal Civilian Services		
IRA		
Military Service		
Pension		
Social Security		
Thrift Savings		
Trust Funds		
Veterans Benefits		
Other		
Other		

Loans	Institutions	Loan Account No

Credit Card Type of Card	Company/Issuer	Account Number Card Holder

Car Trucks	Make / Model	License #	Title Location

Dependents

Listed below are the individuals that have partial or total financial responsibility.

Name	Relationship	Age	$ Support

Household

Description of my current living situation, type of residence and with whom I live:

Marriage

My Spouse or Partner and the date of wedding or Civil Ceremony.
Spouse/Partner Name Wedding Date

Current Activities

Clubs, organizations, hobbies and volunteer work in which currently active:

Occupational History

Title of significant positions, name of company and dates:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Military Services

War{s): _____

Branch: _____ Service Serial Number: _____

Date Entered Service: _____ Place: _____

Type of Discharge from Service: _____ Date: _____

Place of Separation: _____ Highest Grade/Rank:

Medal/Honor/Citations received:

_____

_____

_____

Other Unique Achievements

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____

Additional Notes: List household & personal items and the recipient

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Active Subscriptions to magazines, newspapers, etc.:

Subscription Name Current Phone Number

_____

_____

_____

_____

_____

_____

_____

_____

Safe Deposit Box Contents

Name of Bank: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: ( ) _____ Fax Number: ( ) _____

Safe Deposit Box No.: _____ Number of Keys: _____

Safe Deposit Box Key location: _____

List all of the contents of the safe deposit box:

_____

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Funeral Home Arrangement Details & Documents **(Place behind this sheet)**

Funeral Home Arrangements: _____

Name of Funeral Home: _____

Address: _____

City _____ State _____ Zip _____

Phone: ( ) _____ Email: _____

Coments

_____

_____

_____

_____

_____

_____

Graveyard, Burial Deed Information **(Place after this sheet**

_____

_____

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_____

Organ Donor Information **(Place behind this sheet)**

_____

_____

_____

_____

_____

Final Coments

_____

_____

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_____

Senior Care Resources & Contact Information

AARP Advance Directive forms: Free, downloadable state specific advance directive forms and instructions. www.aarp.org/advancedirectives

Alzheimer's Association: 1-800-272-3900 or www.alz.org

Eldercare Locator: 1-800-677-1116 or www.eldercare.gov
A national public service that connects you with local resources for older people and their caregivers.

National Adult Protective Services Associaton:
A service to report elder abuse. www.apsnetwork.org/Abuse/index.html

National Alliance for Hispanic Health: 1-866-783-2645 or www.hispanichealth.org
The Hispanic family health helpline and it Su familia provide free and confidential health information for Hispanic families.

Department of Veterans Afairs: 1-800-827-1000 or www.va.gov
Information about eligibility and benefits for veterans and their families.

National Hospice and Palliative Care Organization:
Free consumer information on hospice care and puts the public in direct contact with hospice programs. 1 800-658-8898 or www.nhpco.org

National Respite Locator: www.archrespite.org
A service that helps people locate respite services

State Health insurance Assistance Program (SHIP): Your local SHIP offers one-on-one counseling assistance for people with Medicare and their families. Call Medicare at 1-800-633-4227 or Go to the website: www.shiptalk.org to find your state SHIP.

SAGECAP: www.sageusa.org/sagecap
An organization providing counseling, information, support groups and more to gay, lesbian, bisexual and transgender caregivers.