



Quality of Life

ELDERCARE



PLANNER



FELTON WOOTEN

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Eldercare Planner

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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.

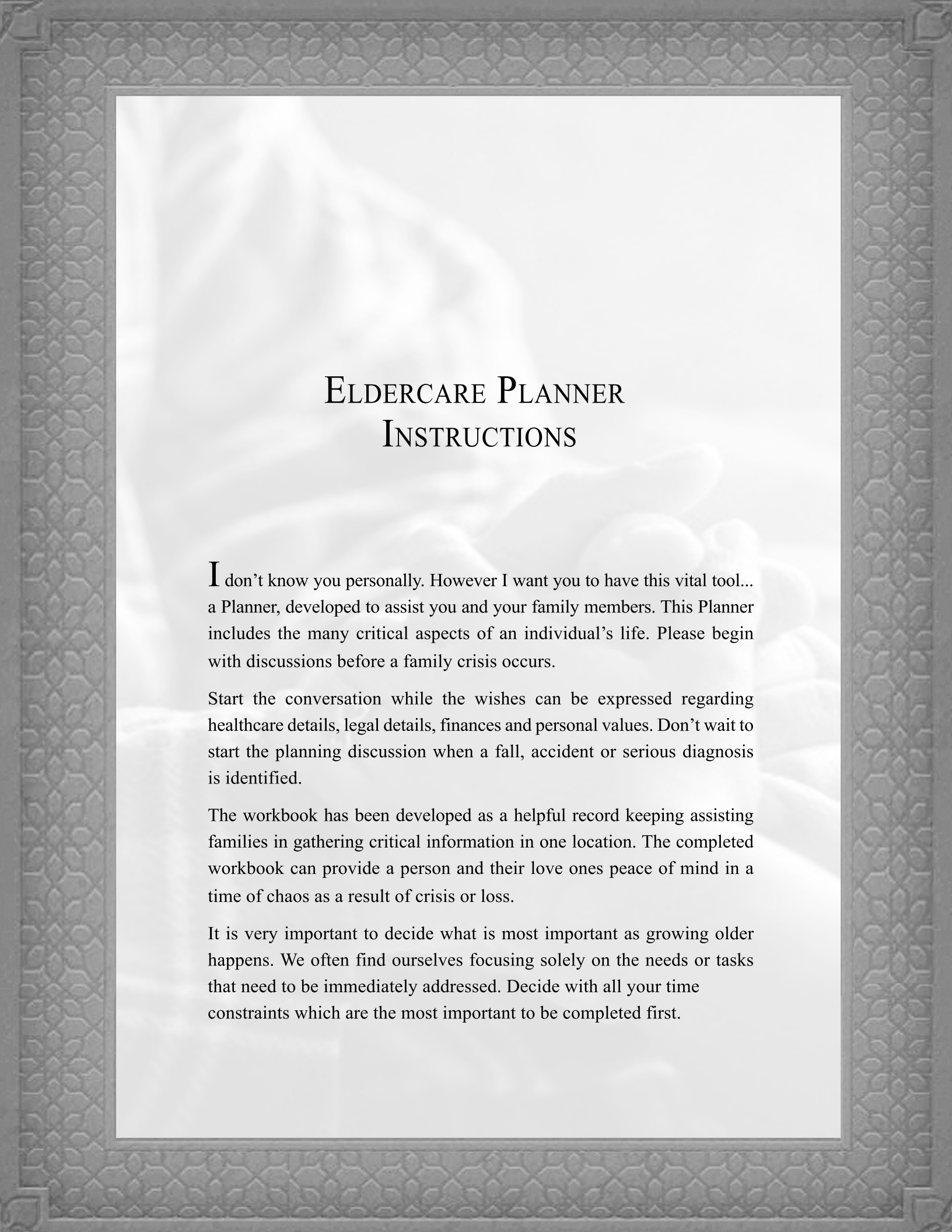
Whether it's interviewing caregivers, locating appropriate living facilities, protecting your loved one's finances or identifying abuse or neglect, Quality of Life offers comprehensive guidance for our clients to whom care is entrusted.

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.





ELDERCARE PLANNER INSTRUCTIONS

I don't know you personally. However I want you to have this vital tool... a Planner, developed to assist you and your family members. This Planner includes the many critical aspects of an individual's life. Please begin with discussions before a family crisis occurs.

Start the conversation while the wishes can be expressed regarding healthcare details, legal details, finances and personal values. Don't wait to start the planning discussion when a fall, accident or serious diagnosis is identified.

The workbook has been developed as a helpful record keeping assisting families in gathering critical information in one location. The completed workbook can provide a person and their love ones peace of mind in a time of chaos as a result of crisis or loss.

It is very important to decide what is most important as growing older happens. We often find ourselves focusing solely on the needs or tasks that need to be immediately addressed. Decide with all your time constraints which are the most important to be completed first.

Quality of Life

We Help You Navigate the Challenges of Caring for the Elderly.

7 Things You Have to Know, When Caring for Your Loved One.

- Who handles my loved one's affairs, if they are unable?
- Where are my loved one's important documents kept?
- How do I prevent abuse or neglect of my loved one?
- Where and how does my loved one prefer to live?
- Who are my loved one's medical professionals?
- Who controls my loved one's finances?
- What should I do next?



Let Us Help You Find Answers.

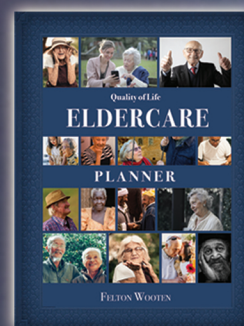
We've created a quick, easy-to-follow course that teaches family members and caregivers how best to care for elderly loved ones.

You will learn:

- How to prevent Abuse & Neglect.
- How to protect your loved one's medical rights.
- The do's and don'ts of healthcare facilities.
- How to protect your loved one's finances.
- Proper use of insurance & government benefits
- The various Powers of Attorney.
- Money saving tips & financial services for seniors

Felton Wooten, Co-Founder: Quality of Life
Author, Speaker, Elder Care Consultant,
40+Year Veteran as Nursing Home Administrator

Download our
ELDERCARE PLANNER



To Access our website,
scan the QR code below.



A grayscale photograph of hands holding a small object, framed by a decorative border. The image is centered and serves as the background for the text.

PLANNING
For Your Loved One
BEGINS HERE

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
 - . Check Books
 - . Stocks & Bonds
 - . Income Tax Returns
 - . Military Discharge Papers
 - . Will
 - . Living Will
8. Healthcare Power of Attorney
 - . Birth Certificate
- 1 . Social Security Card
11. Marriage License
- 1 . Citizenship Papers
- 1 . Insurance Policies
- 1 . Automobile Titles
- 1 . Safe Deposit Box & Key
- 1 . Burial Plot Deed
- 1 . Funeral Arrangements
18. Organ Donation
- 1 . Senior Resources Contacts
- .
- 1.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Computer Accounts

User Names / Passwords

- 1.

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: _____ Relationship: _____

Address: _____

Primary Phone: () _____ Email Address: _____

Primary Physician: _____ Name: _____

Address: _____

Phone Number: () _____ Email Address: _____

Physician Specialists

Allergist

Cardiologist

Dentist

Gastroenterologist

Gynecologist Oncologist

Ophthalmologist

Orthopedist

Podiatrist

Psychiatrist

Surgeon

Other

Other

Name

Pnone Number

Other Health Care Professionals

Physical Therapist

Occupational Therapist

eech her ist

Case Manager

Social Worker

Name

Pnone Number

Hospital Preference (Name, Address, Phone Number) _____

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

Health Care Information: Person 2

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: Secondary Health Care Power of Attorney: _____ Relationship: _____

Address: _____

Primary Phone: () _____ Alternate Phone: () _____

Primary Physician: _____ Name: _____

Address: _____

Phone Number: () _____ Email Address: _____

Primary Physician: _____ Name: _____

Address: _____

Phone Number: () _____ Email Address: _____

Physician Specialists

Allergist

Cardiologist

Dentist

Gastroenterologist

Gynecologist

Oncologist

Ophthalmologist

Orthopedist

Podiatrist

Psychiatrist

Surgeon

Other

Name

Phone Number

Other Health Care Professionals

Physical Therapist

Occupational Therapist

Case Manager

Social Worker

Other

Name

Phone Number

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

Medications (1)

[illegible]

Medications (2)

[illegible]

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:

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

Funeral Home Arrangements: _____

Name of Funeral Home: _____

Address: _____

City _____ State _____ Zip _____

Phone: () _____ Email: _____

Comments

Graveyard, Burial Deed Information (Place after this sheet)

Organ Donor Information (Place behind this sheet)

Final Comments

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 Affairs: 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.archrespice.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.

WHEN YOUR ELDERLY NEEDS YOU... BE READY!

With Senior Care Planning
& Elder Abuse Prevention

As we navigate the complexities of aging, it's essential to ensure our loved ones receive the care and respect they deserve. I understand firsthand the challenges and responsibilities that come with elder care.

Having dedicated over four decades in this field, I've seen the profound impact proper planning can have towards enhancing the quality of life for seniors. And I've become passionate about sharing these insights with you and your family.

I invite you to join my "Senior Care Planning & Elder Abuse Prevention Blueprint." It's a comprehensive course designed to provide you with the knowledge and tools needed to safeguard your elderly loved ones.

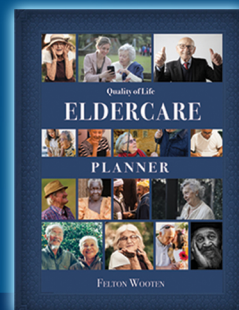
The course includes a 90-minute one-on-one counseling session, six curriculum modules, and access to interactive lectures, real-life case studies, and a supportive community forum. By enrolling, you'll gain practical strategies to prevent elder abuse and ensure your loved ones age with dignity and security. Take the first step today.

- ✓ **A 90 Minute Tailored Consultation**
- ✓ **Comprehensive Training**
- ✓ **Expert Guidance**
- ✓ **Resource Library**



FELTON WOOTEN
Elder Care Expert

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Contact Me: FeltonWooten@gmail.com www.schedulefeltonnow.com