



TIMELY RESOURCES
CARE GUIDE:
TIPS FOR CARING

Ann Koegler, MA, LSW
Altenheim Resource Services

Akoegler1995@gmail.com
www.altenheimcommunity.com

February, 2024

Introduction

Did you ever think that you'd be a caregiver? Many of us don't. Suddenly, we see our friends' parents aging and needing care and then we become aware that our parents are aging and need care. And then we see our siblings, spouses, and friends aging and needing care. For some reason, many of us don't think we will experience aging or caregiving, and we're blindsided when it happens!

We are aware of the statistics on the aging population. We read about the numbers of those who are receiving care and the numbers of those who are providing care – but somehow, we just don't think we will be a caregiver. Some of us more than once.

Caregiving may begin gradually as aging changes take place, or we may be faced with a crisis. Our family member or friend may get sick or have an accident. The primary caregiver may suffer a debilitating injury or illness or they may die, which means that the caregiving and oversight now falls on someone else.

As our population ages, more families are faced with providing care and possibly over a longer period of time. We are living longer. Medical interventions are saving lives that before would have been lost but medical care, treatments and pharmaceuticals, are keeping us alive and keeping us alive longer. Diseases that would have meant a death sentence have now become chronic or manageable illnesses.

We want to remain at home. We look for assistance that is less restrictive and / or in less expensive setting. Despite the interruptions to family and work, keeping a loved one at home is the first choice for many family members.

Service delivery has changed too. Funding is not as plentiful so free / low-cost / sliding fee scale programs are less accessible. Staffing shortages have impacted service delivery. There may be limited availability and waiting lists for existing programs.

In-home care ranges from basic supervision to supportive assistance to total care. How much care can an informal (unpaid) caregiver and other informal supports provide physically and financially? Formal (paid) in-home assistance may supplement the care that the family provides with costs starting at approximately \$25.00 / hour.

What used to be an admission and some time spent in the hospital may now be an "observation" stay for up to 72 hours. This means that patients are discharged from acute care pretty quickly. (By the way - it's also a different billing process.) Medical-surgical services may be offered with an overnight stay in a facility or as an out-patient procedure. A patient may be stabilized and released to receive skilled health care services at home or on an out-patient basis.

We are seeing changes in insurance coverage. Many preventive services are now covered by insurance. The Part D prescription drug program initiated in 2006 and the Medicare Advantage products have changed the face of health care payments for Medicare beneficiaries. Medicare supplements (Medigaps) have different coverage than Medicare Advantage programs. Consumers need to research their options regarding what best meets their needs.

For many individuals, the time comes that placement must be considered. It may be due to chronic illness, accidents, injuries incurred during military service (physical and psycho-emotional), or it may be that the caregiver is aging and/or ill. Things are changing with long term care. Costs go up, the paperwork becomes more detailed, and admissions may be more difficult.

Technology has made a difference not only in the diagnostics and treatments but also in the *process* of health care. We no longer get a paper prescription or lab slip. It's all done electronically. More tests are ordered to be done at home (such as heart monitors or blood coagulation monitors) and it's up to us to figure out how to use the equipment.

How can we manage these challenges? Where do we find information on resources and services? What does our care receiver / care partner need? What's normal? What's not? Where are those papers? And a lot more!

Because many of us WILL be caregivers, it will be helpful to be prepared. Learn about benefits and services. This booklet is intended to help caregivers and care receivers / care partners get organized and think about the role that we never thought we'd have.

You may hear the term "care partner" instead of care receiver. This emphasizes the role that the care receiver plays in their own care, participating as much as they are able for as long as they are able.

Timely Resources Care Guide: Tips for Caring is for those people who are beginning the caregiving journey as well as those who have been providing care.

Perhaps you are a family caregiver. You may be a professional caregiver (a social worker, nurse, health care worker) looking for ways to help your consumers. You may be looking at your own care needs. Perhaps you are considering getting some help in the home or perhaps you are looking at future needs.

The more information you have, the better your preparation will be. There are a lot of tools to help you organize your thoughts and your information. Some are found on our website at www.altenheimcommunity.com and some are available online. Take advantage of them. Trust me – you don't want surprises if you can avoid them.

The material has been gathered from various sources. Where possible, reference citations are listed. Some information has come about from years of working with older adults and caregivers as a social worker. Some tools have been modified based on suggestions from families, and other information has come from being in a caregiving role for my family. Information is not all-inclusive but will hopefully serve to connect people with services or informational sources that will help in providing care to a loved one.

You will learn that your role as a caregiver is quite diverse. If you have questions, ask! You are not alone.



ARE YOU A CAREGIVER?

How do you define 'caregiver'?

A caregiver is *anyone* who provides assistance and support for someone who is elderly, frail, or has a disability or disabilities. A caregiver may be a son, a daughter, a grandchild, other family member, or a spouse / partner. They may not be related to the person needing help. A caregiver may be offering assistance to a friend, or they may be offering assistance to someone from their church. A caregiver may be a professional – a social worker, nurse, therapist, or health care professional. A caregiver may be a family caregiver AND a professional caregiver.

Informal caregivers are not paid for what they do. Formal caregivers are those individuals who work professionally in the caring profession and get paid to provide the care.

What does a caregiver do?

Caregiving may entail involvement in many aspects of someone's life depending on the care receiver's needs.

A caregiver may help with or provide the following assistance – any or all tasks:

- A Manage finances
- A Pay bills
- A Do grocery shopping
- A Buy clothes
- A Pick up prescriptions and personal care needs / arrange delivery of prescriptions and personal care needs
- A Arrange medical appointments (and keep notes on those visits)
- A Set up or provide transportation
- A Provide personal care
- A Prepare or arrange for meals
- A Do housekeeping and/or laundry
- A Serve as an advocate
- A Serve as a historian for your care receiver
- A Serve as a liaison with community, church, and friends
- A Navigate care when the care receiver is hospitalized or placed in long term care
- A Coordinate care
- A Work with insurance / Medicare / Medicaid / other benefit programs
- A Work with Social Security, pension benefits, or other income / resource issues
- A What else?
 - *
 - *
 - *

AND – the caregiver may still be working and managing their own household and personal responsibilities

- A Work
- A Family
- A House
- A Finances
- A Meals
- A Activities
- A What else?
 - *
 - *
 - *
 - *

HAVE YOU CONSIDERED?

Reframing the Relationship

First – think of your loved one not only as a care “receiver” but as a care “partner”. Our loved ones can remain active in their care (on some level) throughout much of the caring journey. As the condition declines, there may be less active partnering but our loved ones may still be able participate in their own care. If you think of this as a partnership with both caregivers and care ‘receivers’ (or partners) working together toward the same health and life goals, the journey may be less difficult.

Adult Children Caregivers

Perhaps you are the adult child helping your parent(s). It’s a difficult role. We will always be the child (or as the 84 year old mother told her 62 year old daughter: “You’ll always be my baby!”)

- A How can you work around that perception?
 - o Enlist the help of friends, family, grandchildren, church and/or the physician.
 - o Stay as objective as possible.
 - o Be aware of your reactions. Our loved one has the ability to “push our buttons”. Be aware of this and move on.
- A We cannot control our loved ones but we can take charge of our emotions and control our reactions.

Long-Term Relationships & Communication

When we are with someone for a while, we fall into familiar patterns. We communicate in a way that has been established over time. We become accustomed to behaviors, reactions, and nuances. These patterns can change.

- A The care partner’s / receiver’s attitude, care needs, frustration, and losses can cause changes for those who are cognitively well but physically frail.
- A Changes will present when we’re caring for someone with dementia.
 - o Communication may need simplified.
 - o Choices need to be limited.
 - o Caregivers assume roles that the care partner / receiver held and make decisions alone on things that used to be discussed and shared.
 - o Reactions may be exaggerated.
 - o Behaviors may take the place of spoken communication as skills decline.
- A Caregivers need to try to hit the “reset button” to approach the relationship in a new way.

Involve the Care Partner / Receiver

The individual for whom you are providing assistance is part of the ‘care team’.

- A If they have capacity to make decisions, they need to be primary in guiding their care.
 - o Have the ‘discussion’ on their care goals and be realistic about what can be done covering current care needs until end-of-life care needs
- A If their capacity is diminished, they can still be involved with some decisions
 - o The issues in which they can be involved need to be evaluated.
 - You probably don’t want the person making decisions on major purchases, transfers of property, stock changes, or other like decisions.
 - They can be involved in their meal choices, clothing, and activities.
 - o Keep in mind that too many decisions or choices can be over-stimulating and cause anxiety.
- A Giving the individual a say in what is going on offers some control when they have lost a great deal of control.
- A Keep that word “partner” in mind.
- A Don’t make promises that may be difficult or impossible to keep (ie: “promise you won’t put me in home”)
 - o Reassure the care partner/receiver that they will be cared for and that you understand their desire to remain independent. You will do your best to make sure they are comfortable and safe.

Information & Preparation

Caregiving can be time-consuming, frustrating and tiring, but with information and preparation, it can be less challenging.

Learn what you can about your care partner's / care receiver's situation.

- A Health situation
- A Family situation
- A Goals
- A Services
- A Support systems
- A Advanced directives
- A Financial situation
- A Affiliations
- A Emergency contacts & Important Information
- A Self-care

Know your situation.

- A What are you dealing with: health, family situation, goals, support system, financial situation
- A Where do you live? Are you a long distance caregiver?
- A What can you do physically and emotionally?
- A Are you still working? Are you retired?
- A Do you have children at home or do you care for grandchildren?

Gather information. Organize it and keep it accessible. Some people prefer computers and flash drives, and others prefer a notebook. You can find apps, templates, and guide books online to help you organize.

- A Documents: birth certificates, marriage licenses, divorce decrees, military records – where are they?
- A Gas / oil / mineral rights information
- A Advance directives: Medical Power of Attorney, Durable Power of Attorney, Living Will, Will
- A Financial information: location and account numbers, annuities, pension information
- A Emergency contacts
- A Medical contacts

The following pages will help you put this in perspective and hopefully give you food for thought in developing a caregiving plan of action.

Knowledge really IS power!

TIPS for CARING

You can get prepared to be a caregiver. Here are some tips and some things to consider.

Start with the care partner's / receiver's health.

Assess the health situation.

- A Is there a primary health concern or are there co-existing conditions?
 - o What is the primary diagnosis?
 - o What other health concerns may affect the care partner's / receiver's health?
 - o What is the expected course of the disease / illness?
 - o Are there certain challenges associated with the health issues?
- A What do you need to know about the primary diagnosis and the health issues to provide optimum care?

What is the primary diagnosis?

- A Find out as much as you can about the primary diagnosis.
 - o Is it curable?
 - What does that involve?
 - o Can symptoms be relieved or resolved?
 - Talk to your primary care providers about treatments such as medications or therapies.
- A Where can is the best care provided?
- A What is the expected course of the primary health concern?

What other health concerns may affect the care partner's/ receiver's health?

- A Problems with cardio-vascular issues, breathing issues, arthritis, diabetes, and other chronic health issues can impact the primary diagnosis.
- A Sensory issues such as hearing impairment, visual impairment, and/or loss of tactile sensitivity or sense of smell impact health. Hearing impairments may lead others into thinking there is cognitive impairment when there isn't. Visual impairment can lead to misreading a medication label resulting in improper dosing. The loss of tactile sensitivity (touch) can lead to injuries or skin breakdown. Decreased sense of smell may lead someone to eating food that is spoiled.
- A Are there unresolved acute health concerns (such as an infection) that can exacerbate the primary diagnosis?

Don't forget "maintenance" care

- A Foot care – especially toenails – is often a 'hidden' problem. Make sure nails are trimmed, corns and callouses are monitored, and the feet are clear of cuts or abrasions (especially for those who are diabetic).
- A Our ears may need a flush from a qualified individual. Debris can block the canals and increase hearing problems.
- A Check for suspicious moles (especially on the back and the back of the legs).
- A Have regular check-ups and labs (PSA, mammogram, A1C, cholesterol checks, etc)
- A Have vision and hearing checks
- A Dental care is important as problems can lead to other health issues

Learn about the normal signs of aging such as loss of muscle mass, changes in vision, changes in sleep patterns, and thinner skin. We get wrinkles. Our hair turns gray. These changes are 'normal'.

Learn about the abnormal signs of aging (memory loss that impacts daily living, sudden change in overall condition, sudden change in cognition, balance problems, disoriented). Don't assume that whatever is presenting is "just a sign of aging". What should trigger a call to the health care provider?

A physician once told me that we have to be our own best health care advocates. Things have changed dramatically in health care and this is more important than ever. We need to be the best health care advocate for our care partners / receivers that we can be and we need to be informed to do that. We need to know about our care partner / receiver.

We also need to take our own health in consideration. Will health concerns impact our ability to provide care?

Caregiver health situation

Assess the health of the caregiver.

- A Are there issues that need to be addressed?
- A Don't forget "maintenance care"
- A Are health care providers local?
- A Consider physical health as well as mental well-being

What are your care goals and the goals of the care partner / receiver?

- A What are the goals of the caregiver?
 - Overall care goals of dignity, comfort, respect, and safety
 - Specific considerations include:
 - Providing care in the home vs. placement for the care partner / receiver
 - In home care may be the first preference of the care goals but may not be practical if large blocks of time are needed or if care is needed for an extended period
 - The physical layout of the home may not be aging-friendly
 - Financial cost
 - Treatment and care for the care partner / receiver
 - Need to consider when “enough is enough”
 - Care at end-of-life for the care partner / receiver
 - Comfort measures vs. curative measures
 - Don't forget the goal of self-care: staying healthy through the caregiving

- A What are the care goals of the care partner / receiver?
 - You may find that the goals of the caregiver differ from the goals of the care partner/ receiver.
 - The care partner's / receiver's ideas may be
 - Staying in the home no matter what
 - I want everything possible done
 - No, I don't want to talk about that (end of life care)
 - You may hear “I don't want to be a burden” when the care partner's / receiver's resistance to suggestions or care increases the worry, stress, time, and trips involved, and, in essence, becomes more challenging.
 - Have the discussion about care goals.
 - Talk about the house, the cost of upkeep, the physical challenges of upkeep
 - Talk about services and limitations
 - Talk about what quality of life means to them
 - Talk about what they want at end-of-life
 - What are their values?

Have the talk!

What services are available to help you and your care partner / receiver attain your goals?

Learning about services enables the caregiver to act when help is needed.

- A What long term care services (long term services and supports) may be considered?
 - In-home (non-medical)
 - Home health (skilled nursing, physical therapy, occupational therapy, speech therapy which is ordered by the health care provider)
 - Transportation
 - Congregate meals or home delivered meals
 - Veterans services, Masonic services, United Mine Workers benefits
 - Utility and/or heating assistance
- A Where is the care provided
 - In the home
 - In the community (senior centers, clinics, etc)
 - Alternative living (downsize to an apartment, assisted living, nursing home)
- A What services are: available, accessible, affordable, appropriate?
 - Some services may be advertised in a media market but are not available in your area
 - Can services get to the care partner/ receiver? Some locations are outside service areas and are not accessible to the consumer.
 - Is the service affordable? Are there resources to pay for services? Are there state or federal programs that would help?
 - Is the service right for your care partner / receiver? Just because there is a service doesn't mean it will meet the needs.

What about the support systems?

There are informal support systems (often family and friends, unpaid assistance) and there are formal support systems (paid or donation-based services often provided by agencies). Support systems can provide a range of assistance.

Informal support systems

- A What type of family support do you have?
 - A family meeting may be helpful so you know who can help and who will help.
 - Some family members are better equipped to do some tasks as opposed to other tasks.
 - IE: Joe may not be willing to work with finances but can provide transportation
- A Are there friends, neighbors, church family that can help?
- A When you need help, be specific.
 - If someone has offered to help, be ready! Ask for a medication or grocery pick-up or ask if they can spend some time with the care partner / receiver while you run an errand.

Formal support systems are those that offer services for a fee or for a requested donation.

- A In-home support agencies are one of the components of the formal support system.
- A Senior center programs offer formal supports.
- A Some programs have suggested donation ranges based on income.
- A There are Medicaid Waiver programs in all states that offer formal support with in-home assistance for those who qualify medically and financially.

Does the care partner / receiver have Advanced Directives?

Advanced Directives include the documents that give 'direction' to the designated agents on decisions involving health and/or business decision and end-of-life care.

Powers of Attorney

A Medical Power of Attorney

- "A Medical Power of Attorney is a legal document, a type of advance directive, that allows you to name a person(s) to make health care decisions for you if you are unable to make them for yourself. The Medical Power of Attorney only goes into effect if you are too sick to make decisions for yourself. If you regain decision-making ability, the Medical Power of Attorney is no longer in effect, and you will be able to speak for yourself again."
- "The Medical Power of Attorney allows your representative to respond to medical situations that you might not have anticipated and to make decisions for you with knowledge of your values and wishes. Medical Power of Attorney representatives (i.e., the people you choose to make health care decisions for you) can never override your written, expressed wishes."

WVU Center for End of Life Care

A Durable Power of Attorney

- "It is a document that you sign to give someone else the power or authority to handle your personal affairs. A financial power of attorney allows you to appoint someone who can have access to your money and financial records and handle your money for you when you cannot."

WV Legal Services

Living Will

- A "A Living Will is a legal document, a type of advance directive that tells your health care clinician how you want to be treated if you are terminally ill or permanently unconscious and cannot make decisions for yourself. A Living Will says that life-prolonging medical interventions that would serve only to prolong your dying should not be used. A Living Will only applies if you are terminally ill or permanently unconscious AND too sick to make decisions for yourself."

WV Center for End of Life Care

POST Form

- A "How is a POST form different from an advance directive or Do Not Resuscitate (DNR) order?"
 - A POST form provides specific treatment directions and is completed with a health care clinician. The POST form is more specific than advance directives and has more options than a DNR card.
 - The POST is a Physician's Order for Scope of Treatment and is completed by the health care provider with the patient.
 - During emergencies, EMS and emergency department clinicians can only follow medical orders such as a POST form. If someone does not have a medical order, EMS providers will attempt everything possible to keep you alive, including CPR."

Will

- A This document gives your direction for disposition of your property, money, pets, etc.
 - Other items are covered in a will and may be subject to state law.
 - Holographic (or handwritten) wills are legal in WV acc/to WV Legal Aid but the document must be entirely handwritten. Laws differ in each state as to the legality of a holographic will.

Seek legal counsel. Laws differ in each state. Individual's situations differ. Most states have legal aid or senior legal aid programs that offer a variety of services and may offer free resources or free guidance.

[Note: Information offered is for educational purposes only. Seek the council of a legal professional.]

What is the financial situation?

It's important to get financial ducks in a row. You need to get a picture of the overall money situation.

How many assets we have impacts our:

- Ability to pay
- Program eligibility – often determined by assets and medical status

Income needs to be considered and may include but may not be limited to:

- ⌘ Social Security, pension, annuity, gas/oil/mineral royalties / leases, alimony, child support.

Assets also need to be considered and may include but may not be limited to:

- ⌘ Checking, savings, stocks, bonds, CDs, cash-in life insurance values, property, boats, homes

Our ability to pay for services can be one of the determinants of how long we can age in place and how our long-term care coverage in a facility will be determined.

- ⌘ Private pay or out-of-pocket
- ⌘ Medicaid is a source of payment for nursing home care but there are income and resource limits with the *asset limit* most often falling in the \$2000.00 area.
- ⌘ Seeking legal counsel may be a consideration to arrange estate plans that protect the community spouse and the care partner / receiver.

An assessment of income, assets, and resources helps with planning.

- ⌘ What can you afford? For how long?
- ⌘ What programs do you qualify for if there are income guidelines?
- ⌘ What are eligibility requirements for state or federal programs?

Consider the broad financial situation (income, assets, resources, property, gas/oil/mineral leases or royalties, non-adjacent properties or acreage).

You may also want to consider keeping a record of companies and utilities with account numbers and contact numbers. Tax records for real and personal property may be helpful as well.

What are Affiliations?

Affiliations are relationships with groups or organizations.

There may be benefits based on an individual's and/or spouse's affiliations. These may range from a discount on products to financial or assistance benefits. The affiliation may provide resources for you to pursue for financial or assistance benefits.

Affiliations are relationships with groups such as:

- A Military / veteran
 - o Family of military / veteran
- A United Mine Workers
- A Union memberships
- A Mason or Eastern Star
- A Police, fire
- A State, federal government
- A Civic organizations
 - o Kiwanis, Rotary, Lion's Club, etc
- A Church membership
- A Shriners

There are probably others. Think about your care partner's / receiver's life history. Talk to them about organizations with which they've been members.

What are emergency contacts and important information?

Emergency contacts

Any form we complete asks for emergency contacts. This may be any health care provider, insurance company, or others with whom we interact.

Information needs to be readily available in case of emergency.

- A There are magnetic envelopes that affix to the refrigerator to hold emergency information. There are also containers that go in the freezer or refrigerator with emergency information.
- A There are booklets that enable you to record all pertinent information including summaries of health care visits. Were there labs? Were scans done? New meds?
- A The thing is – keep it where you can grab it quickly.

Who are emergency contacts?

Emergency contacts you may want to include:

- A Spouse / legal partner
 - o You may want to have information on a 2nd contact
- A Primary caregiver if different than above
- A Primary health care provider
- A Medical specialists

Urgent numbers need to be kept on file for others that may need contacted in an emergency.

- A Siblings, other family
- A Pastor / priest / rabbi
- A Neighbors
- A Close friends
- A Case worker / case manager
- A Service providers (in-home assistance agencies, home delivered meal programs, etc)
- A Who else might need contacted in the event of an emergency:
 - o
 - o
 - o
 - o
 - o
 - o

Important Information

There is information that a caregiver needs to have available on the care partner / receiver that is important but not necessarily emergency. It is also helpful to have information on the caregiver in case the caregiver experiences an emergency.

- A Basic health information:
 - o Health issues - current
 - physical
 - mental health
 - o Health history
 - Surgeries
 - Hospitalizations
 - Allergies
 - Family health history
 - o Medications (including name, dosage, pharmacy)
 - o Blood type
 - o List of health care providers and contact information
- A Health care coverage information
 - o Medicare number
 - o Medicare Supplement information
 - o Part D Prescription product information
 - o Medicare Advantage information
 - o Other health insurance information
 - UMWA
 - PEIA
- A Pharmacy
- A Attorney
- A Bank / financial institutions
 - o Safe deposit box (key?)

For other information, you may want to use a three-ring binder allowing for easy additions to pages or you may have a preferred app for your phone or program for your computer. Allow space for notes which may be a record of a change in behavior, change in health status, or any number of observations on the care partner / receiver.

You have to use what works for you. The bottom line is you need some system to organize your care partner's / receiver's information.

You will also want to know where important documents are kept.

- A Powers of attorney
- A Living Will
- A Will
- A Deed to house
- A Titles to cars
- A Transfer on Death Deed
- A Birth certificates
- A Marriage license(s)
- A Divorce decree(s)
- A Military discharge information
- A Information on annuities, CDs, IRAs, etc

Be prepared with this information.

What about self-care?

Caregiving is difficult. Sometimes it seems like it will never end. It seems as we have lost our identity, our friends, our family, our way of life. Not that we would change what we're doing. Most of us provide care with love, and generously share our time, talents, and resources as we meet the needs of our care partners / receivers.

That doesn't mean that we don't have times of resentment, times when we would just like to run away, times that we yearn for how things used to be, and times that we question our ability to continue. Then we feel guilty about feeling that way. It's a natural part of being a caregiver. Be kind to yourself. It's hard.

So when you're working on Tips for Caregiving, don't forget about self-care. Self-care doesn't take away our situation but it allows us to refresh and re-energize. It allows us to take a moment and reframe our situation. It allows us a moment to take a deep breath and regroup. Although a week at the beach is ideal, even a few minutes of escape can offer a sense of renewal. Self-care is a must for getting through the caregiving journey.

We have to take care of ourselves in order to provide the best care we can.

- A Take care of your medical appointments: A1C, mammograms, PSA, routine labs, vaccinations
- A Take time for yourself: meditate, yoga, read, listen to music, have lunch with friends
- A Don't stop learning
- A Establish boundaries
 - o KNOW when to say NO
- A Be adaptable to change.
 - o The holidays may not include all the traditions you remember but adjust them to your well-being and that of the care partner / receiver. Assign tasks so you're not trying to do everything.
- A Practice an attitude of gratitude.
- A Accept the help of others. Allowing others to help us is a spiritual gift we can offer.
- A Remember the Serenity Prayer and use it as a mantra when most stressed. We cannot change some things. We can change how we look at those things. We can change how we react.

God, grant me the serenity to accept the things I cannot change,
Courage to change the things I can,
And wisdom to know the difference.

Reinhold Niebuhr

Caregiving is difficult. It can be a little less stressful if we've prepared as much as we can.

This has been a lot of information. The organization may seem overwhelming but take it a section at a time. Look at Section 1 and work on the Health Situation then move on to Section 2. You will soon have a fairly comprehensive picture of your care partner / receiver.

The tips in this guide come from years of geriatric social work, a lot of time spent with caregivers and older adults, time as a primary caregiver for my parents, and a "helper" to other caregivers.

I've had the opportunity to learn from the experts. The experts are the caregivers that have walked the caregiving journey and shared their experiences with me. The other experts are those who have worked in the field of aging and caregiving across the country.

For many of us, WE are becoming the experts as we provide care to our family and friends, and experts as we ourselves age. We are coming of age in an aging society. We're all learning. Ask questions. Take notes.

There is help out there.

For more Timely Resources Care Guides, check out our website at www.altenheimcommunity.com or email Ann Koegler, Resource Services Coordinator, at akoegler1995@gmail.com

The *Timely Resources Caregiver Guides*

Tips for Caring

Whether you are just starting the caregiving journey or you have been providing care for a while, this booklet can help you identify as a caregiver, gather your thoughts, and prepare for what may arise.

Planning for Long Term Care

What services and supports are available? There is help for older adults and caregivers although all services may not be available in all areas. Learn about resources that can help you remain independent or provide care.

When Placing a Loved One

Sometimes it is necessary to look at alternatives to staying in the home. It is a difficult decision for the caregiver and for the care partner / care receiver. What do you need to consider?

Caregiving: Coping with the Stress: An Informational Workbook and Think-book

Learn how to manage some of the stress of caregiving. Learn about stress and how important self-care is for our health.