CareFinder
Finding the care that’s right for you
How do I begin looking for care?

Living with the changes caused by Alzheimer’s disease and other dementias can bring about many unfamiliar emotions. It is common to have many conflicting feelings at the same time – relief, sadness, anger. This is a natural response to the disease.

Persons with dementia and their loved ones want to be prepared for the changes that lie ahead and to understand their options. This guide will help you in planning for and making the right care decisions based on your particular situation.

For more information about anything in this guide, resources in your community or personal support from professionals who understand the disease and its impact, call the Alzheimer’s Association 24/7 Nationwide Helpline. Get confidential care consultation from professional clinicians – toll-free, day or night, at 1.800.272.3900.
Start here.

Here’s where you can begin to figure out what is the best type of care for your situation, and how to get the information and support you need.

**How do I plan ahead?**
- What documents do I need?
- What will I need to pay for?
- Is payment help available?

**How do I know when to get help?**

**What kind of care is right for me?**
- Types of care available

**How do I choose a care service?**
- What do I ask when I’m choosing a service?

**How do I get ready?**
- Preparing the care provider
- Preparing the person with dementia

**How do I evaluate the service?**

**What if I’m still concerned?**

**Things to consider when choosing care**

**Care choices at a glance**
- Quick tips

**Important terms to know**
How do I plan ahead?

Alzheimer’s disease doesn’t mean a person can’t make decisions about the future. A person with Alzheimer’s should be involved in this planning as much as possible. Begin planning as soon as you get a diagnosis. You’ll need to make decisions about advance directives, health care planning, paying for care and long-term care planning.

What documents do I need?

Legal documents called advance directives enable you to document your preferences regarding treatment and care, including end-of-life wishes. Talk with your family and your doctor about your preferences for end-of-life care.

Your family won’t have to guess what decisions you would have made if you sign advance directives. These documents include:

- **Living will.** This document tells how much medical treatment you would like at the end of life.
- **Health care power of attorney.** This document names the person you choose to make health care related decisions on your behalf in the event you are unable to do so.

What will I need to pay for?

Paying for care is another concern after a diagnosis of Alzheimer’s. In order to plan for costs you might face in the future, create a long-term care budget. Possible expenses may include:

- Treatment for dementia
- Treatment for other medical problems, such as high blood pressure
- Prescription drugs
- Personal care items
- Adult day care
- In-home care
- Full-time residential care
In addition to planning a long-term budget, discuss how you will meet financial responsibilities, such as:

- Paying bills
- Managing medical bills and insurance coverage
- Making investments
- Preparing tax returns

**Is payment help available?**

Many different sources can help pay for dementia care and it is important to understand what services and types of care each one covers. These sources include insurance, retirement benefits, personal savings and government assistance programs like Medicaid, Medicare and Veterans Benefits Administration.

Making legal plans is very important for a person with dementia. The earlier you start, the more you can participate and get what you want.
How do I know when to get help?

It’s not always obvious when to ask for help, or when to make changes to the care that the person with dementia is getting. Providing good care means meeting the needs of the person receiving care, using one service or a combination of several. Depending on preferences, needs and abilities, it may be appropriate to look for different or more assistance.

How much care a person needs depends on how independently he or she can walk, eat, use the restroom and bathe. Ask your health care provider to help you gauge these abilities.

If you are not sure if it’s time to get additional help, ask yourself a few questions:

**Safety**
Is the person with dementia safe?

**Health**
Is the health of the person with dementia or the health of the caregiver at risk?

**Care needs**
Does the person with dementia need more care than he or she is receiving right now? Or is caring for the person becoming more difficult for the primary care provider?
What kind of care is right for me?

It’s often hard to decide what type of care is best. How much care someone needs depends on how independently he or she can do everyday things. For example, if you have dementia, you may need help with daily tasks, such as:

- Shopping
- Paying bills
- House cleaning
- Meals
- Using the phone
- Laundry
- Transportation

You may also need help with personal care, including:

- Bathing
- Dressing
- Toileting
- Getting into and out of bed
- Eating
- Taking pills

There are a number of different types of care. The following are descriptions of the most common types available.

To learn about care options available in your area, contact the Alzheimer’s Association.
In-home care

These care services are provided in the home to assist the caregiver and the person with dementia. Services vary in type and can include:

- **Companion services**
  Help with supervision, recreational activities or visiting

- **Personal care services**
  Help with bathing, dressing, toileting, exercising or other personal care

- **Homemaker services**
  Help with housekeeping, shopping or meal preparation

In-home aides can be employed privately, through an agency or as part of a government program. Be sure the aide and services are appropriate for your specific needs. Cost, level of training and specific services provided will vary among workers and agencies. Medicare does not pay for this type of help, but financial assistance may be available.

Some care aides are specially trained in caring for individuals with Alzheimer’s disease and their unique needs. It is important that the in-home aide is knowledgeable – or at least willing to learn – about Alzheimer’s disease and effective approaches to care.

Home health

Some home care can only be given by licensed health workers, such as skilled nursing care or other in-home services for the treatment of an illness or injury.

Skilled nursing care includes services that can only be performed safely and correctly by a licensed nurse (either a **registered nurse** or a **licensed practical nurse**) or a licensed therapist – including administering certain medications, like chemotherapy, or treatments, like physical therapy. Some nurses can also perform home safety evaluations. Medicare may pay for some home health care, but only if you meet certain qualifications and conditions.
**Adult day center**

An adult day center provides care outside the home and is designed to meet individual needs while supporting strengths, abilities and independence. Participants have the opportunity to interact with others while being part of a structured environment.

Daily activities may include music, recreation, discussion and support groups. A center may employ staff that includes a nurse, social worker and recreation or music therapist. However, staffing can vary across centers.

If the person with Alzheimer’s requires medical services (insulin shots, help with medication, blood pressure monitoring, etc.), be sure to ask if staff is available and qualified to provide medical assistance.

Many caregivers who work during the day find this type of center very helpful as they try to balance a job with caregiving duties. Hours of service vary at each center, but some are open from seven to 10 hours per day, five days a week. Some may even offer weekend and evening hours, and most centers provide a meal and snacks.

**Residential care**

Based on personal preferences and needs – for example, if the person with dementia prefers a community living environment, or if home care is no longer possible – residential care may be an option to consider. Residential care can be temporary – a few days or weeks after a hospital stay – or, if necessary, it can be long-term.

These residences offer different types of services. Understanding what they offer will help you decide which kind of care residence is best. Not all states use the same names to describe the types of care settings, and different states have different regulations. Contact the Alzheimer’s Association for more information about what is available in your community.
• **Independent living for seniors** is usually in a small, easy-to-maintain private apartment or house within a community of seniors. No personal care or medical care is available as part of the senior independent living community, but other services may be available for recreation or convenience, like transportation.

• **Board and care homes** provide meals and help with some daily activities (such as money management, scheduling transportation, reminders to take medication, laundry and housekeeping). Board and care homes may also be called adult foster care, elder care homes or residential care homes.

• **Assisted living residences** generally provide 24-hour staff, personal and supportive services, recreational activities, meals, housekeeping, laundry and transportation. Definitions of assisted living and the specific regulations differ from state to state. Residents may choose which services they receive from the residence such as house cleaning, help with grooming or medication reminders.

• **Continuing care retirement communities** provide different levels of care (independent, assisted living and nursing home) based on individual needs. A resident is able to move throughout the different levels of care within the community if his or her needs change.

These communities generally charge a large payment before you move in (called an entry fee), and then charge monthly fees.

• **Nursing homes**, sometimes known as **skilled nursing facilities**, may provide a full range of care needs, including acute care and long-term care.

**Acute care rehabilitation** is short-term care offered for people with injuries, illnesses or post-operative care needs who will eventually be able to recover in an environment outside a hospital.
**Long-term care** is provided to individuals who require longer stays. Medicare may pay for some nursing home care, but only if you meet certain qualifications and conditions.

A nursing home is not a hospital. For example, in a nursing home, most residents eat in a dining room. And, an activity director may plan activities for and with residents.

Every nursing home is unique: Different nursing homes have different staff-to-resident ratios, and the staff at one nursing home may have more experience with dementia than the staff at another.

**Informal care**

Many times, a family member, friend, neighbor or volunteer is willing to occasionally help with caregiving duties, giving the caregiver time to run errands or take a break. Caregivers should keep in mind people who have offered to help. Don’t hesitate to reach out and ask for assistance – identify your needs and ways in which others can help share in caregiving.

**Emergency care**

Accidents, surgery or unexpected trips can create a need for care in an emergency. In case an emergency does come up, it’s helpful to have done research and planning ahead of time about where you can turn for emergency care.
Respite care
Caregivers and individuals with dementia both need a break from daily routines. Respite care can help, by providing a new environment or time to relax. It can be for a few hours or several days or weeks, depending on needs and interests. Respite care can be provided at home, at an adult day center or in a care setting. Contact the Alzheimer’s Association to learn more about what is available in your community.

Hospice care
Hospice care is provided to individuals who are terminally ill in their homes or in a care setting, generally with an expected survival of six months or less. Hospice is a benefit of Medicare, most state Medicaid programs and many private health insurance plans. Members of hospice teams have special training in end-of-life care and can provide oversight of medical care, counseling services, medical equipment and supplies, planning for end-of-life needs and bereavement support.

Community services
Many communities provide services and programs to help seniors and people with disabilities with a variety of personal activities. These services are often available through the local Department on Aging and may include:

- **Senior centers** provide a wide array of services, including nutrition, recreation, health education and fitness activities.

- **Transportation services** are available in many communities through aging services programs, regional mass transportation systems and private sources. These services may include door-to-door taxicab services, public bus transportation or vans with wheelchair-accessible transportation.

- **Home repair programs** help keep housing in good repair and **home modification** includes renovations to increase
the use, safety, security and independence in the home.

- **State Health Insurance Counseling and Assistance Programs (SHIPs)** provide one-on-one counseling to assist Medicare beneficiaries understand their health insurance benefits and options.

- **Legal assistance** provides advice and representation for legal matters such as government program benefits, tenant rights and consumer problems.

- **Home-delivered meals** are provided to homebound seniors or adults with disabilities.

### How do I choose a care service?

Once you’ve evaluated your needs for type of care, skills, location and frequency, you can:

- Select a service that best meets these needs
- Prepare the provider and the person with dementia
- Evaluate the effectiveness or usefulness

In some areas, care options may be limited. Contact the Alzheimer’s Association to learn about the care services that are available in your area, and talk with people in your community to get additional information. Then, you can call these services with specific questions or inquiries.

Describe your situation and explain what you would like from a care service. Ask questions over the telephone regarding qualifications, types of services offered, cost and hours of availability. The more information you receive over the phone, the easier it will be to identify which service is best for you. You will also be able to limit the number of services you interview or visit.
Selecting the care you need

**In-home aide:** If you are selecting an in-home aide, arrange a time to meet with the person in your home. Ask plenty of questions; what is your impression of the aide and his or her skills?

Ask prospective aides about their availability, training, background, care philosophy and experience with Alzheimer’s disease.

Be specific about the needs and the characteristics of the person with dementia. If possible, it is a good idea for both the person with dementia and the caregiver to participate in the interview process.

If necessary, interview several aides to find the right person for your particular situation; don’t feel pressured to settle on someone who doesn’t make you feel comfortable. However, keep in mind that if the home care aide is coming from a government program, your choices may be limited.

**Home health:** If your doctor has ordered home health, a social worker, case manager or discharge planner can help you find the right agency for your particular needs.

**Adult day center:** If you are selecting an adult day center, arrange a meeting with the staff and take time to look around. Does the center look clean? Are individuals involved in activities? What is your overall feeling about the environment?

Get a feeling for the center by attending a function there or talking with staff. Ask if they provide personalized care, and find out about both the people who work there and those who attend the center. Be direct about the needs and characteristics of the person with dementia, and find a center that is able to
meet your needs.

**Residential care:** If you are selecting residential care, you will be faced with additional considerations. Since you will not be around 24 hours a day to observe care, it’s important to make sure that the environment and services will be a good fit.

It is also important to see the care firsthand. Ask to take a look around and talk with the staff, as well as residents and families who use the service. Again, examine the environment to see if it’s clean, if residents seem content and to gauge your general sense of the residence.

Stop by one evening or weekend and see if the residence is any different than during the day. You may even want to make an unannounced visit.

**Informal care:** If you are interested in knowing about informal care options, put together a list of the kind of help you need, and a schedule of times when others who have volunteered to help are available. It may be in the evenings, on the weekends or on special occasions. This can allow the caregiver some down time while the person with dementia spends time with someone else you both trust.

**Emergency care:** If you want to prepare for emergency situations, call home or residential care providers to find out which ones are able to respond during a critical time. Try out a service in a non-emergency situation and see how it works. Also, talk with family, friends and neighbors you trust about the possibility of asking for help in case of an emergency.

To learn more about these or other services available in your community, contact the Alzheimer’s Association.

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For a complete checklist of things to look for when selecting in-home care, adult day care and residential care, see **Things to consider when choosing care** on page 17.
How do I get ready?

Making the transition to more or different care requires planning and preparation. Both the care provider and the person with dementia need to be well-prepared to make this change.

Preparing the care provider
 Whatever type or combination of care options you choose, you will want to familiarize the aide or staff to the needs and characteristics of the person with dementia. Be honest in your discussions. Establish a relationship and learn from each other. If necessary, define the specific tasks the care provider should be responsible for.

Preparing the person with dementia
 The person with dementia will also need time to prepare for and adjust to a new care provider or setting. The person should receive as much information as is appropriate.

Some people with dementia may initially resist new situations; to help with a smooth transition, the caregiver may say someone is coming over to help around the house or refer to a day center as a social club or work. The service or aide may have valuable suggestions if the person with

Share a life story

Talk about yourself or the person you care about by sharing:

- Family and friends
- Sleep habits
- Childhood
- Occupation
- Significant events
- Unique characteristics
- Daily routine
- Likes and dislikes
- Life achievements
- Hobbies
- Favorite foods
How do I evaluate the service?

Good care includes ensuring safety and meeting basic needs, but it also means the person with dementia being involved in making decisions about his or her own care to the greatest extent possible. The best care environment is one that makes a person feel independent and safe.

Caregivers want to – and should – treat a whole person, not a patient. They should know about the person’s place of birth, childhood memories, family history, favorite hobbies, occupation and morning or evening routines.

It is important to periodically evaluate the service you use. Your needs may change and a particular type of care may no longer be suitable. In addition, the service may suggest they can no longer meet your needs.

In either case, you will want to find a different care option that can better meet your specific needs. If you do decide to change services, make a list of the limitations of the current service and compare it to other options.

When evaluating your current care, consider:

- Is the service meeting your needs?
- What is working best?
- What can be improved?
- What do you need that your current service doesn’t offer?
- Can you help the service recognize and address your needs?
- If not, where can you find what you need?
What if I’m still concerned?

It’s normal to be apprehensive about trying something new. You may want to know about:

**Cost**
You may be concerned about how to pay for care. Look into financial assistance such as scholarships, sliding scale fees or government programs. Contact the Alzheimer’s Association to learn what kind of financial assistance may be available to you.

**Reliability**
You may be concerned about the dependability of the aide or service. Those who work for an agency or residence should be reliable and well-trained, and are often certified. Ask each individual and residence about training and qualifications. If hiring someone independently, interview the person thoroughly and check references.

**Guilt**
Caregivers may believe that they should be able to “do it all.” Or, they may feel guilty for making changes to the type of care the person with dementia is receiving.

It’s important to remember that seeking additional help or looking into a different residential setting benefit the person with dementia as well as the caregiver.

If you continue to feel unsure, contact the Alzheimer’s Association for information about caregiver support groups or programs to help you adjust.
Things to consider when choosing care

Use the following checklist when you are screening different care options to find out if the provider, service or care setting will meet your needs. If it’s helpful, make copies of this list and use it to take notes about each option you plan to explore.

This list is not comprehensive, but may serve as a starting point for you to think of additional ideas, preferences and priorities.

Getting started

When contacting a provider or residential care setting, be prepared by having the following information available about the person seeking care:

- Name and Social Security number
- Physician’s name and number
- Diagnoses, other health and behavioral care needs
- Insurance coverage including Medicare, Medicaid and long-term care insurance
- Special care equipment required

Questions to ask after evaluating:

- Does the service/program meet my needs? How?
- Does the provider appear to be adequately trained? How?
- Is it convenient?
- Is it affordable?
Help in the home or home care provider

☐ **Offers the specific services you need**
  ☐ companionship: visiting, supervision and leisure activities
  ☐ personal care: help with bathing, dressing, toileting and exercising
  ☐ homemaking: housekeeping, shopping and cooking
  ☐ skilled care: help with medication and other medical needs

☐ **Provider is**
  ☐ trained in first aid and CPR
  ☐ trained in dementia care
  ☐ experienced in working with someone with dementia
  ☐ with an agency, if important
  ☐ bonded, if important (protects clients from potential losses caused by the employee)
  ☐ able to provide references
  ☐ available when you need them
  ☐ able to provide a back-up if they are sick
  ☐ able to manage your specific health and behavioral care needs

**List the needs you are most concerned about:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Additional concerns:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Adult day care center

☐ Able to provide respite care
☐ Convenient location
☐ Convenient hours
☐ Appropriate services and programming based on your specific health and behavioral care needs including:

_______________________________________________________
_______________________________________________________
_______________________________________________________

☐ Staff trained in dementia care
☐ Affordable
☐ Transportation available if needed
☐ Meals and snacks provided
☐ Able to dispense/monitor medications
☐ Registration in Alzheimer’s Association safe return program strongly encouraged

Nursing home, assisted living or other type of residential care

Family involvement

☐ Families are encouraged to participate in care planning
☐ Families are informed of changes in resident’s condition and care needs
☐ Families are encouraged to communicate with staff

Staffing

☐ Personal care and assistance is provided to the extent that it is needed
☐ Staff recognize persons with dementia as unique individuals, and personalize care to meet specific needs, abilities and interests
☐ Staff trained in dementia care
Programs and services

☐ Appropriate services and programming based on specific health and behavioral care needs, including:

☐ Planned activities (ask to see activity schedule; note if the activity listed at the time of your visit is occurring)
  ☐ Activities on the weekends or during evenings
  ☐ Activities designed to meet specific needs, interests and abilities

☐ Transportation available for:
  ☐ medical appointments
  ☐ shopping for personal items

Meals

☐ Regular meal and snack times
☐ Appetizing food (ask to see the weekly menu and come for a meal)
☐ Pleasant dining environment
☐ Family and friends able to join at mealtime
☐ Staff have a plan for monitoring adequate nutrition
☐ Staff provide appropriate assistance based on person’s abilities (for example, allow the person to drink independently, if able)
☐ No environmental distractions during meal time (noisy TV, etc.)

Environment

☐ Indoor space that promotes independence and allows for freedom of movement
☐ Safe and secure indoor and outdoor areas
☐ Easy to navigate
☐ Designated family visiting area

Policies and procedures

☐ Family and friends able to participate in care
☐ Visiting hours
☐ Discharge policy (learn about any situation or condition that would lead to a discharge from the facility)
☐ Registration in Alzheimer’s Association safe return program strongly encouraged
State inspection results
If the facility is licensed, ask for recent state inspection survey results – administrators are required to provide this information if asked.

Several things to note:
• Report should be dated within the last 9-15 months.
• Compare the number of deficiencies cited to the state average.
• If a facility has received a citation in a particular service area, be sure to ask questions about this area when you visit.
• Beware of choosing a facility with a very high number of deficiencies compared to other facilities in the area and the state average.

(Adapted from National Citizens’ Coalition for Nursing Home Reform: Consumer Guide to Choosing a Nursing Home)

If the facility is a nursing home, go to the Nursing Home Compare Web site to learn how it compares to the national average at www.medicare.gov/NHCompare/Home.
Care choices at a glance

Use this chart to help you evaluate care options. The tips included will remind you what to look for, and the space for notes gives you room to write questions or concerns you have about a particular service.
### Types of Care

#### In-home care (p. 6)

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Assistance Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Companion services</strong>: help with supervision, recreational activities and visiting</td>
<td>with tasks at left</td>
</tr>
<tr>
<td><strong>Personal care services</strong>: help with bathing, dressing, toileting, exercising and other daily activities</td>
<td>with tasks at left</td>
</tr>
<tr>
<td><strong>Homemaker services</strong>: help with housekeeping, shopping and meal preparation</td>
<td>with tasks at left</td>
</tr>
<tr>
<td><strong>Home health</strong>: care ordered by a physician and provided by a licensed health worker</td>
<td>no</td>
</tr>
</tbody>
</table>

#### Adult day center (p. 7)

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Assistance Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult day services</strong>: supervision of activities in a structured environment</td>
<td>some</td>
</tr>
<tr>
<td><strong>Adult day health services</strong>: supervision of activities and basic health needs in a structured environment</td>
<td>some</td>
</tr>
</tbody>
</table>

#### Residential care (p. 7–8)

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Assistance Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Independent living</strong>: private residence within community of seniors; no personal or medical care provided</td>
<td>some</td>
</tr>
<tr>
<td><strong>Board and care</strong>: group residence that provides help with some daily activities (laundry, housekeeping, money management, arranging transportation)</td>
<td>some to full</td>
</tr>
<tr>
<td><strong>Assisted living</strong>: staff-monitored residence that provides personal and supportive services</td>
<td>some to full</td>
</tr>
<tr>
<td><strong>Continuing care retirement community</strong>: varying levels of care based on individual needs</td>
<td>some to full</td>
</tr>
<tr>
<td><strong>Nursing home</strong>: full range of care; offers both short- and long-term care</td>
<td>full</td>
</tr>
<tr>
<td>Is personal care provided?</td>
<td>Is medication administered?</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>with tasks at left</td>
<td>no</td>
</tr>
<tr>
<td>with tasks at left</td>
<td>yes</td>
</tr>
<tr>
<td>with tasks at left</td>
<td>no</td>
</tr>
<tr>
<td>may be available if using a nurse aide</td>
<td>sometimes</td>
</tr>
<tr>
<td>some</td>
<td>no</td>
</tr>
<tr>
<td>some</td>
<td>yes</td>
</tr>
<tr>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>some</td>
<td>yes; varies by facility</td>
</tr>
<tr>
<td>some</td>
<td>yes; varies by facility</td>
</tr>
<tr>
<td>some to full</td>
<td>yes, depending on level of care required</td>
</tr>
<tr>
<td>full</td>
<td>yes</td>
</tr>
</tbody>
</table>
Keep in mind...

- Good dementia care includes ensuring safety and meeting basic needs – but it also means involving the person with dementia as much as possible.

- Caregivers should aim to treat a whole person, not a patient.

- When you look for a care provider, ask about special training in dementia care.

- Find out how care providers are supervised and supported in their daily work.

- A good long-term care facility should feel comfortable and homelike.

- People with dementia may be unable to express their feelings in words, and behaviors may speak for them. Care providers should try to understand a behavior’s cause and consider the best solution.

- And, remember: The Alzheimer’s Association is here for you 24 hours a day, seven days a week. Contact us at 1.800.272.3900, or visit us on the Web at www.alz.org.
Important terms to know

When choosing and evaluating care, there are plenty of legal, financial and medical terms that come up often. Here are a few that you may see.

**Acute care rehabilitation:** Short-term care for people with injuries, illnesses or post-operative care needs who will eventually recover outside a hospital.

**Advance directives:** Legal papers that specify the type of medical care a person wants to receive once he or she can no longer make such decisions due to incapacity.

**Care management:** Creating a plan of care that meets the needs of the person with dementia and explains what resources and options are available. Care management continues as the person’s needs change.

**Comfort care (also known as palliative care):** Refers to care that emphasizes quality of life and dignity by keeping a person comfortable and pain-free until life ends naturally.

**DNR or Do Not Resuscitate order:** Refers to a person’s instructions that, if his or her heart or breathing stops, the doctor should not try to restart it.

**Durable power of attorney for health care:** This document allows a person to choose a partner, family member or trusted friend to make his or her decisions about care and treatment when the person with dementia is no longer able.

**Hospice care:** A type of comfort or palliative care provided at home, a hospital or a residential setting. Hospice care is for an individual who has six or fewer months to live.

**Legal capacity:** The level of judgment and cognitive ability needed to make decisions and sign official documents. A person lacking legal capacity cannot, by law, make decisions about legal matters or his or her health care. It is especially important to complete advance directives so that someone you trust can make these decisions for you if you become unable.

**Living will:** Written instructions that provide specific preferences about the kind of medical treatment that a person would or would not want to receive.

**Long-term care:** Residential care provided at a nursing home or assisted living center designed for adults needing specialized care.

**Medicare:** A U.S. government-sponsored health insurance plan that covers people age 65 and over, as well as those who qualify under other special circumstances, such as disability.

**Medicaid:** A U.S. government-sponsored health insurance plan for low-income individuals and families.

**Proxy:** A person named in a durable power of attorney for health care or other legal document who is responsible for making medical decisions for the person who signed the document. Proxy can also mean a person who has knowledge of the patient’s values and preferences, and is both willing and able to fill this role.

**Respite care:** Temporary care that provides both caregivers and individuals with dementia with a break from the regular caregiving routine. Respite care can be provided in the home or outside the home, and can be for several hours or several days.
The Alzheimer’s Association is the leading voluntary health organization in Alzheimer care, support and research.

For reliable information and support, contact the Alzheimer’s Association

1.800.272.3900 | www.alz.org

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