Care Options and Cost Worksheet

Lining up the options and who pays

Date: _____ *Update this when care changes.*

Part 1: Care now and what it costs

Type of help	Hours or days per week	Cost per month	Who pays (parent, Medicare, Medicaid, VA, insurance, family)	Amount covered	What's left
Home care aide					
Adult day program					
Medicare home health					
Medicines					
Equipment and supplies					
Meals or other services					
Other:					
Total					

Part 2: Your parent's monthly picture

- Monthly income: $_____
- Other monthly costs (housing, utilities, food, insurance premiums): $_____
- Care costs left after other sources pay (Part 1 total, "What's left" column): $_____
- **Gap each month (all costs minus income):** $_____
- Savings available to cover the gap: $_____
- Estimated months savings would last (savings ÷ monthly gap): _____

If the gap is zero or less, savings are not being depleted by this monthly shortfall.

Count VA or other payments once, either as income or as an amount covered in Part 1, not both.

Part 3: Programs to check

Program	Who to call	Date called	Result or next step
SHIP (Medicare, Medigap, Medicare Advantage, Savings Programs, Extra Help)			
Medicare Advantage plan extra benefits (if any)			

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State Medicaid home care program			
PACE (if available in the area)			
VA health care or pension (if a veteran or surviving spouse)			
Long-term care insurance (if a policy exists)			
Area Agency on Aging			
Tax help (deduction or credit)			
Elder law attorney (before any gifts or transfers)			

Notes:

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