Living-Together Checklist

Deciding whether moving in together can work

Date: _____

1. What my parent wants

In my parent's words, what they hope for:

_____

_____

_____

What worries them most:

_____

_____

_____

2. Everyone in the household

Use one line for each person, including each child.

Person	What they're willing to do	What worries them	Agreed?
Me			☐
Spouse or partner			☐
Child:			☐
Child:			☐
My parent			☐

3. The home

☐ A bedroom without stairs (or can be arranged)

☐ A safe bathroom nearby. Changes needed: _____

☐ Smoke alarm in my parent's room

- Privacy for my parent and for us: _____

4. Care: who does what

Need	Family member	Paid help or program	Notes
Daytime company and supervision			
Bathing and dressing			

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Medicines			
Toileting or incontinence care			
Rides to appointments			
Nights and weekends			
Breaks for the caregiver (respite)			

5. Money (write down what you agree)

- My parent will contribute $_____ a month toward: _____
- Who pays for care, supplies and medicines: _____

☐ Any payment to a family caregiver is in writing

☐ Elder law attorney consulted before any gift, sale or deed change (or not needed)

6. Benefits and paperwork to check before the move

☐ SSI: if my parent gets it, called Social Security before the move

☐ Selling or leaving the home: checked effect on SSI or Medicaid

☐ Medicare Advantage plan or stand-alone drug plan: serves the new area, or new plan chosen

☐ Medigap: kept, or checked with the insurer (Medicare SELECT)

☐ Medicaid: if moving to a new state, applied there

☐ Legal papers: checked they work in the new state

☐ Address changed with Social Security

☐ New doctors and pharmacy lined up

7. Trial and check-in

- We'll check in on: _____ We'll try this until: _____

Signs it isn't working, for my parent:

_____

_____

_____

Signs it isn't working, for our family:

_____

_____

_____

What we'd do instead:

_____

_____

_____

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