



*Aging & Disability Resource Centers of Wisconsin*

# Considering a Move?

## The Cost Calculator Can Help



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# Introduction

You will make many important decisions throughout your lifetime. The decision to stay in your home to receive services, or move to another setting is an important one! There are many factors to consider. One of these factors is cost.

This tools in this booklet are designed to illustrate the variety of services that are available in the home and in other settings, as well as the estimated cost of these service options.

## Cost Calculator Long Form or Short Form: Your Choice!

Some people prefer to review costs considering each and every detail, while others choose to summarize or group information together. For that reason, there are two options:

- **Long Form:** Examine all the details on pages 5-6
- **Short Form:** Consider an overview of costs on pages 7-8

## Getting Started

In both the Long Form and the Short Form you will take the following steps:

- **In Step 1** you will examine the different services that might be helpful for you to remain in your current home.
- **In Step 2** of the cost calculator you will list estimates of **living expenses** in your current home, in a different independent residence, (like an apartment), or in an assisted living facility.



# Helpful Services

**A variety of services are available in the community. The following list describes the different types of services you may want to refer to when filling out the short form or the long form cost calculator.**

## Transportation

Transportation includes rides to the doctor, grocery store or other locations. Each unit generally refers to a round trip.

**Unit: round trip ride.**

## Housekeeping

Housekeeping includes tasks like doing laundry, dusting, vacuuming, and washing dishes or other household activities.

**Unit: hour of services.**

## Yard Work / Snow Removal

Yard work and snow removal includes lawn care, raking leaves and shoveling a driveway or sidewalk.

**Unit: hour of services.**

## Meal Preparation

Meal preparation includes making breakfast, lunch, dinner and occasional snacks.

**Unit: hour of services.**

## Grocery Shopping

Grocery shopping may involve someone taking you to the grocery store or having someone go to the store for you to get items on your list.

**Unit: round trip ride or number of hours.**

## Adult Day Care

Adult Day Care services are provided in a specific location. These services usually include socialization activities, supervision and may include a meal and/or personal care.

**Unit: half day or full day.**

## Bathing / Dressing

Bathing / Dressing includes help getting ready for the day, taking a bath or going to bed at night or when extra help may be needed to move from a mobility device like a wheel chair to the bed.

**Unit: hour of service.**

## Medication Set-up

Medication Set-up helps to organize your medication so you can easily and correctly take your medications as prescribed.

**Unit: hour of service.**

## Medication Reminder

Medication Reminder includes help to remind and make sure that medications are taken appropriately.

**Unit: hour of service.**

## Companion Care

Companion Care means having someone stay with you part or all of the day / night.

**Unit: hour of service.**

## Emergency Response System

Emergency Response Systems are designed to help people access emergency services when needed.

**Unit: one month.**



# Long Form Step 1: Help to Stay Home

A full list of descriptions of each service can be viewed on page 3

	<b>Need</b> <i>Indicate whether you have or need the service.</i>	<b>Amount of Unpaid Help</b> <i>List the number of hours, trips, etc., per month</i>	<b>Amount of Paid Service Needed</b> <i>List the number of hours, trips, etc., per month</i> $\times$	<b>Paid Help</b> <i>Insert cost per paid unit</i> $=$	<b>Sub Total</b> <i>Calculate the total cost for each service.</i>
Adult Day Care				\$	\$
Bathing / Dressing				\$	\$
Companion Care				\$	\$
Emergency Response System				\$	\$
Grocery Shopping (with ride)				\$	\$
Grocery Shopping (without ride)				\$	\$
Housekeeping				\$	\$
Meal Prep				\$	\$
Medication Set-Up				\$	\$
Respite				\$	\$
Taking Medications				\$	\$
Transportation				\$	\$
Yard Work / Snow Removal				\$	\$
Other				\$	\$
Other				\$	\$
Other				\$	\$
<b>Total In-Home Services Cost:</b>				\$	\$
<b>Monthly Income (optional):</b>				\$	\$
<b>Monthly Amount Remaining / Needed:</b>				\$	\$
<b>Annual Amount Remaining / Needed:</b>				\$	\$

## Step 2: Considering a Move

	<b>Option 1: Stay in Your Home</b> <i>Insert cost information for remaining in your current home.</i>	<b>Option 2: Different Residence</b> <input type="text"/> <i>List information about moving to a different independent residence.</i>	<b>Option 3: Assisted Living</b> <input type="text"/> <i>Add information about moving to an assisted living facility.</i>	<b>Option 4: Other Choice</b> <input type="text"/> <i>Considering another option? Calculate the costs for this choice.</i>
<b>Per Month</b>				
<b>Total In-Home Services Cost (from Step 1)</b>	\$	\$		\$
<b>Rent (or Mortgage)</b>	\$	\$		\$
<b>Property Tax</b>	\$	\$		\$
<b>Food</b>	\$	\$		\$
<b>Utilities (Gas, Electric, Heat, Water, Garbage, Sewer)</b>	\$	\$		\$
<b>Home Owners (or Renters) Insurance</b>	\$	\$	\$	\$
<b>Phone / TV / Cable / Internet</b>	\$	\$	\$	\$
<b>Car (Gas, Insurance, License)</b>	\$	\$	\$	\$
<b>Medical, Dental &amp; Prescription Drug Insurance</b>	\$	\$	\$	\$
<b>Medical, Dental &amp; Prescription Drug Insurance Co-pays and Deductibles</b>	\$	\$	\$	\$
<b>Credit Card Payments</b>	\$	\$	\$	\$
<b>Other Payments</b> <input type="text"/>	\$	\$	\$	\$
<b>Estimated Total Monthly Cost:</b>	\$	\$	\$	\$
<b>Estimated Total Annual Cost:</b>	\$	\$	\$	\$
<b>Monthly Income (optional):</b>	\$	\$	\$	\$
<b>Monthly Amount Remaining / Needed:</b>	\$	\$	\$	\$
<b>Annual Amount Remaining / Needed:</b>	\$	\$	\$	\$

# Short Form Step 1: Help to Stay Home

	<b>Amount of Paid Service Needed</b> <i>List the number of hours, trips, etc., per month</i>	<b>Paid Help</b> <i>Insert cost per paid unit</i>	<b>Sub Total</b> <i>Calculate the total cost for each service.</i>
Getting a Ride		\$	\$
Help In the House		\$	\$
Help Outside the Home		\$	\$
Other <input type="text"/>		\$	\$
Other <input type="text"/>		\$	\$
Other <input type="text"/>		\$	\$
Other <input type="text"/>		\$	\$
Other <input type="text"/>		\$	\$
<b>Total In-Home Services Cost:</b>		\$	\$
<b>Monthly Income (optional):</b>		\$	\$
<b>Monthly Amount Remaining / Needed:</b>		\$	\$
<b>Annual Amount Remaining / Needed:</b>		\$	\$



## Step 2: Considering a Move

Per Month	Option 1: Stay in Your Home <i>Insert cost information for remaining in your current home.</i>	Option 2: Different Residence <input type="text"/> <i>List information about moving to a different independent residence.</i>	Option 3: Assisted Living <input type="text"/> <i>Add information about moving to an assisted living facility.</i>	Option 4: Other Choice <input type="text"/> <i>Considering another option? Calculate the costs for this choice.</i>
	<b>Total In-Home Services Cost (from Step 1)</b>	\$	\$	
<b>General Household Expenses</b>	\$	\$	\$	\$
<b>Insurances</b>	\$	\$	\$	\$
<b>Other Bills or Expenses</b> <input type="text"/>	\$	\$	\$	\$
<b>Other Bills or Expenses</b> <input type="text"/>	\$	\$	\$	\$
<b>Other Bills or Expenses</b> <input type="text"/>	\$	\$	\$	\$
<b>Other Bills or Expenses</b> <input type="text"/>	\$	\$	\$	\$
<b>Other Bills or Expenses</b> <input type="text"/>	\$	\$	\$	\$
<b>Total</b>	\$	\$	\$	\$

# Your Decision

## My Choice Is:

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## Notes:

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# Next Steps

Add notes about next steps in your planning or decision-making process.

*What services may be helpful to look into?*

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*What types of assistance might you need?*

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*Do you need any more paid help?*

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*What type of unpaid help might be available?*

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*Other next steps?*

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**Wisconsin Department of Health Services**

Division of Long-Term Care

Office for Resource Center Development

**For more information, visit:**

<http://www.dhs.wisconsin.gov/ltcare/adrc>



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