

# Veteran Decision Aid for Care at Home or in the Community

- Consider your needs and preferences for long term services and supports.
- Visit [www.va.gov/Geriatrics](http://www.va.gov/Geriatrics) to learn more about long term services and supports in VA and the community.
- Talk with your caregiver or family support person about Advance Care Planning.
- Talk with your social worker and care team about the home and community services that are best for you.

**VA**



U.S. Department of Veterans Affairs

Veterans Health Administration  
Geriatrics and Extended Care

*Your eligibility is based on clinical need and service or setting availability.*

## Step 1. Consider Needs

**What do you need help with?**

**I need help to:** (Check any that apply)

- Eat, get dressed, bathe, go to the toilet or get around the house.
- Do chores such as fixing small meals, paying bills and shopping.
- Get care that requires a nurse or therapist.
- Check my blood pressure or blood sugar, keep track of medical visits, or fill my pill box.
- Deal with my drug or alcohol issues.
- Deal with my mental health concerns.
- Make decisions and remember things I need to do.
- Do social things with family or friends.
- Other: \_\_\_\_\_

**Who helps you?**

**I have help from:** (Check any that apply)

- My spouse or partner.
- Family member or friend who lives with me.
- Family members or friends who come over to help me.
- Paid caregiver.
- I do not have any regular help.

**Where do you want to live?**

**I want to live:** (Check only one)

- In my home because that is the most important thing to me.
- In my home, if my health needs are met.
- In my home, but it is not best for me now.
- In a different home, but closer to VA services and supports.
- In a different place where I can receive more care.

## Step 2. Explore Options

**Long term care options I would consider are:**

(Check your choices – to learn more go to [www.va.gov/Geriatrics](http://www.va.gov/Geriatrics))

### Options at my home

- Adult Day Health Care
- Home Based Primary Care
- Homemaker/Home Health Aide
- Hospice Care
- Palliative Care
- Respite Care
- Skilled Home Health Care
- Remote Monitoring Care
- Veteran-Directed Care

### Options in a residential setting

- Adult Family Home
- Assisted Living
- Community Residential Care
- Domiciliary Care (in a State Veterans Home)
- Medical Foster Home

### Options at a nursing home

- Community Living Center (VA Nursing Home, also called CLC)
- Community Nursing Home
- State Veterans Home

**I chose these options because it is important to:**

(Examples: stay at home, be close to friends/family, have help at night)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

## Step 3. Involve Others

**Who is involved in your long-term care planning?**

**People that help me make decisions about long term care are:** (Check any that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Spouse or partner                    | <input type="checkbox"/> Nurse care manager   |
| <input type="checkbox"/> Family member/friend                 | <input type="checkbox"/> Primary care provider (physician, nurse practitioner, assistant) |
| <input type="checkbox"/> Social worker/case physician manager | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Mental health provider               | _____   |

**People who agree with my care choices are:**

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**People who disagree with my care choices are:**

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**Long term care options we agree could be right for me are:**

(Check your choices – to learn more go to [www.va.gov/Geriatrics](http://www.va.gov/Geriatrics))

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## Step 4. Take Action

- Use the [www.va.gov/Geriatrics](http://www.va.gov/Geriatrics) website.
- Talk with my care team about my health needs.
- Talk with my mental health provider about my care needs.
- Talk with my social worker about home and community services and advance care planning.
- Get support from my family and friends.
- Write down my questions and bring them with me to my next visit.
- Other: \_\_\_\_\_

### Questions:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_

### Bring to your next visit:

- This Decision Aid after you fill it out.
- The Caregiver Self-Assessment if it applies.
- A list of your questions
- Someone who can support you, if available

### Care Team or Social Worker contact:

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_