## TO MOVE OR NOT TO MOVE CHECKLIST

Use this checklist to help you decide whether to remain living at home or to consider moving. Ideally, the senior will answer the questions, either in writing or in conversation with the family.

SAFETY	Is your home suitable and safe?	NOTES:
How difficult is it for How willing or able of the home? Do you have enou- during a short-terr Are you at risk for bathroom safety b Do you smoke? D Do your have a ho Do you have an e illness or injury?	br you to manage the stairs in your home? e are you to clean your home? e are you to maintain the yard and outside ugh help available when necessary: e.g. n illness? falls? Does your home have good lighting ears, handrails, and safe flooring? o you have and maintain smoke detectors of water safety valve on hot water taps? mergency response system in case of r emergency contact numbers by the	? e g,

### FINANCES

#### Is the choice to stay in your home economically sound?

What minor and major repairs must you make in the next few years? Would freeing up the cash in your home allow you to have a more enjoyable lifestyle? Are taxes, insurance, utilities, and other costs affordable for you? If not, do you have finances available for renovations or adaptations if they are necessary? Could you get financial assistance for renovations or adaptations?

LOCATION	Is the location of your home suitable?	NOTES:
appointments, soo family? Are stores and oth Is the neighbourho Do you value the n neighbours? Do you have adeo church activities?	oortation available for medical cial activities, and visiting friends and ner services within easy reach? ood safe and pleasing to you? relationships you have with your quate access to friends, and social and cal mobility or driving ability an issue?	

# Are necessary in-home support services available and/or affordable for you?

Do you need any of the following services? Can you find them and afford them?

- Household services (cleaning, yard work, minor repairs)
- Home-delivered meals, grocery delivery
- · Visitors, companions, drivers, etc., volunteer or paid
- Access to adult day programs (if required)
- Personal care services

SERVICES

• Professional services (physiotherapy, nursing)

After completing the checklist and talking to your loved ones or other support, determine your answer to the following question:

#### Is the decision to stay at home in your best interest?

Definitely yes Maybe Definitely not

Download this checklist and more helpful tools at: www.mysage.ca/help/housing

Permission granted to Sage to reprint this checklist in its modified form. Source: Chapter 9: The meaning of home. Maureen Osis, Judy Worrell 7 Dianne McDermid. Your Aging Parents: How to Prepare, how to Cope. 2nd ed. 2010. Elderwise Publishing.