



A Caregiver's Toolkit: What You Need to Know When Caring for Someone



**SUCCESSFULLY
AGING AND LIVING
IN SAN ANTONIO**

An Initiative of the San Antonio Area Foundation
John L. Santikos Charitable Foundation

Successful Aging and Living in San Antonio (SALSA) was created by the San Antonio Area Foundation to increase leadership, collaboration and funding to ensure older adults have access to necessary services, information and support systems. The initiative seeks to create a community where older adults are respected, thrive, and live connected lives.

SALSA is comprised of a multi-stakeholder, multi-sector steering committee and three focused workgroups. The workgroups are:

- Transportation
- Housing
- Socialization and Caregiver Support

The **Caregiver and Socialization Workgroup** works to ensure older adults and their caregivers are aware of and have access to available resources in the community. This caregiver toolkit was created by the Workgroup to offer resources to those spouses, family, and significant others who provide care for their loved ones. The success of most



care plans—from hospital discharge to everyday care in the home—often rests on the shoulders of the family caregiver. We hope this toolkit assists new or experienced home-based caregivers to understand their role and provides information about essential support for the challenges caregivers may face. We know that family caregiving impacts the

physical and mental health, finances, career and other family and social relationships of the caregiver.

A better-informed caregiver enhances quality of life of the person that they care for and the caregiver.



Table of Contents

CHAPTER

SECTION 1	Introduction: You are a caregiver.....	5
SECTION 2	Working Caregivers.....	9
SECTION 3	Aging in Place.....	11
SECTION 4	What kind of help is out there?.....	15
SECTION 5	Looking Ahead and Planning for the Future.....	19
SECTION 6	Legal and Financial Planning.....	23
SECTION 7	Caregiver’s Role in Discharge Planning.....	29
SECTION 8	Understanding Long Term Care.....	31
SECTION 9	Mental Health Related Services.....	35
SECTION 10	Self Care.....	39
SECTION 11	Caring for Someone with Dementia.....	43
SECTION 12	End of Life Care.....	47

APPENDIX

APPENDIX A	- Important Documents.....	52
APPENDIX B	- Definition of Terms.....	54
APPENDIX C	- Professionals Who Can Assist You.....	55
APPENDIX D	- Resources.....	56



SECTION 1 Introduction: You are a caregiver



Artwork provided by Bihl Haus GO!
Arts program participants at Grace Place Alzheimer's Activity Centers

Do you help someone with things like picking up groceries, driving to doctor appointments, or paying bills, or provide even more personal help like with bathing or dressing?

If you do any of these or many other tasks to help others, then you are a caregiver. Chances are that taking on these tasks is not something you planned on doing. However, you probably have found yourself taking on more and more of these jobs.



Caregiving can be very rewarding. However, the challenge is that when you don't have a plan to manage all that you do, these day-to-day activities quickly become overwhelming. And when you are overwhelmed, stress can get the better of you. Missing a doctor's appointment, not filling a prescription, skipping a meal, or not taking the time to meet a friend may seem like small things. But, when these things begin to happen a lot, they will wear you down. And when you are worn down, your mind and body suffer, making it hard to move forward and see the light at the end of the tunnel.

When you take care of another person, you are responsible for two people. Then, you may have a 24-hour a day job that will affect many parts of your life. Often you may feel alone, fighting an overwhelming condition by yourself. Be aware that caring for someone else may cause feelings of resentment and anger and guilt. That can be a natural reaction; there is nothing wrong if that is the way you feel. It is very important that you not become isolated, that you obtain help from other people. There is help out there, and you don't have to do this alone.

The purpose of this Caregiver Toolkit is to provide you with resources that can help you. The stressful situations are not going to go away. But learning to manage your stress and coming up with a plan to get things done will help you have more control of the situation.

The first step in managing your caregiving responsibilities is to take care of yourself. You can't provide the best care possible if you are stressed out and dealing with health issues of your own. Taking care of yourself doesn't have to take a lot of time, but it is necessary, and not a luxury, but essential. When you have a plan and are managing your stress, then you will be in a better position to help the other person. You are only human, be kind to yourself, and take care of yourself.

Here are some tips to manage your job as caregiver:

1. Take care of yourself

- Get some sleep
- Take a break
- Talk to a friend

2. Learn about the disease the person you are caring for has

- When you understand the disease and know what to expect, you can create a better plan. This gives you control!

3. Get connected with others

- Join a support group
- Reach out to a friend

4. Accept help with grace

- Let others help you do some of the things that need to be done
- Ask for help! Be specific in what you need
- Consider professional counseling



5. Nurture your faith and spirituality

- Seek out a trusted spiritual/faith advisor

6. Allow your care receiver independence

- Set boundaries if you need to so that you are not doing everything

7. Believe that laughter is the best medicine

- Find a funny movie or book
- Laughing feels good!

8. Let go of situations beyond your control

There are some things you simply can't change. Don't waste your time and energy trying to fight or change things you can't

9. Plan ahead

- Keep good notes
- Know where the important papers are
- Know how to get a hold of doctors or other medical professionals

10. Be a caregiver advocate

- Trust your instincts
- Speak up! Be assertive in letting people know what is needed

The rest of this Caregiver Toolkit is full of information about different things you need to be aware of or think about as a caregiver. Think of the topics as “tools” to help make your job a little bit easier. The resources listed in each section are not a complete list of all of the help available, but are meant to provide you a place to get started in your search.

In this Toolkit, we use inclusive language. When you see the word “caregiver,” we are referring to you! When you see the word “care receiver,” we are referring to the person you are caring for. You don’t have to be an expert in all of the areas discussed. We just want you to be aware of things that might come up so that you are prepared.

Agencies you can contact for more information (please see resource page in appendix for contact information):

- Alamo Service Connection
- Alzheimer’s Association of San Antonio and South Texas
- AARP
- Caregiver SOS through the WellMed Charitable Foundation
- Eldercare Locator
- Family Caregiver Alliance
- UT Health Caring for the Caregiver

SECTION 2 Working Caregivers



Artwork provided by Bihl Haus GO!
Arts program participants at Grace Place Alzheimer's Activity Centers



Caregivers often must continue to work while helping someone else. They are forced to try to find a balance between at-home responsibilities and their obligation to their employer. Trying to satisfy both commitments is very hard and creates a lot of stress.

Tell your supervisor what is happening, why you may need time off or a more flexible schedule. Ask for assistance—and hope for understanding.

You may want to find out from your employer whether you qualify for and/or the care receiver qualifies for employee assistance. It is possible that one of you works for an organization that offers such help to its employees. You also may want to ask whether one of you qualifies for time off under the Family Medical Leave Act (FMLA); maybe that program offers benefits for which you are eligible.

Some employers are more understanding than others and may attempt to help their employees. When employees cannot work regular hours, say 9 to 5, employers might allow them to work flexible hours or on weekends. Sometimes they will agree to a 4- day work schedule of 10-hours per day. When that is not possible, they might agree to having 2 people share one job, or to having someone work from home. Talk to your employer about it; you might be able to reach an agreement if you propose it.

Agencies you can contact for more information (please see resource page in appendix for contact information):

- Alamo Service Connection
- Benefits Check-up
- Caregiver SOS through the WellMed Charitable Foundation
- UT Caring for the Caregiver

SECTION 3 Aging in Place



Artwork provided by Bihl Haus GO!
Arts program participants at Grace Place Alzheimer's Activity Centers



When we talk about aging in place, we mean being able to choose to live at home—not moving into a facility like a memory care unit or a nursing home. When aging in place, the care receiver remains in his or her own room, apartment or house that may have to be modified to accommodate his or her needs. Examples include: building a ramp for a wheelchair, labeling different items within the house for easier identification, and lowering cabinets in the kitchen so that he or she can reach the cups and plates—in other words, making the kitchen easy to use and as safe as possible.

There are many things to think about when a care receiver stays in the home. To do so, he/she may need someone to help take care of his/her body (like taking a shower), assist with household chores (dusting and cleaning the floor), do the laundry, pay bills, shop for food and prepare meals, arrange transportation to clinics, and obtain and make sure medication is taken.

It is very important that a care receiver not become socially isolated. We all need to be with other people. Unfortunately, it often happens that a person who is aging in place loses contact with friends. For example, this can happen when one is in a wheelchair and it becomes difficult to go to church or to take part in the activities at a senior center. Therefore, plans have to be made to ensure the care receiver remains in contact with family and friends. And, for safety, that he or she has a way to call for help in case of an accident.

Some things to think about:

- Is the room, the hall and stairs clutter-free?
- Do the stairs have handrails? Will the care receiver be able to use them?
- Is the room, apartment or house adequately heated in the winter and cooled in the summer?
- Will the care receiver be able to use the shower? Are there grab bars in the shower? Can he or she step over the side of the bathtub?

- Is there space for equipment such as a hospital bed and oxygen tanks? Where can one get them? Who pays for them?
- Can area rugs and electric cords be removed to prevent accidents?
- Will supplies such as adult diapers, disposable gloves and skin care cream be needed? Where can you get them? Who pays for them? How do you get rid of them after use?
- If you need help but do not have enough money to hire someone, what can you do?
- If the care receiver needed to call for help from home, is there a way to do so?
- What plan will be in place in case the caregiver is sick or hospitalized; who will take over the caregiver's tasks or duties?



- In case of fire, does the care receiver or the caregiver have an exit plan in place? Or a plan for what happens after the fire?
- In case of a fall, is there a plan in place?

Check for Safety: A Home Falls Prevention checklist for Older Adults

https://www.cdc.gov/steady/pdf/check_for_safety_brochure-a.pdf. This list helps identify areas of the home that may present a risk of falling.

Agencies you can contact for more information (please see resource page in appendix for contact information):

1. Adult Protective Services
2. Alamo Service Connection
3. Benefits Check-up
4. City of San Antonio Senior Services
5. Meals on Wheels
6. Project MEND
7. San Antonio Lighthouse for the Blind
8. Texas Diaper Bank



SECTION 4 What kind of help is out there?



Artwork provided by Bihl Haus GO!
Arts program participants at Grace Place Alzheimer's Activity Centers

It is important to seek out help when you can. But knowing where to start can be pretty overwhelming! The first step is to identify what kind of help you or the care receiver needs. The second step is to find out if there are any organizations that can provide the help you need. Below are some of the more common things that many caregivers need as well as resources to call to start your search for help.

INFORMATION AND REFERRAL

Alamo Service Connection: 210-477-3275 <http://www.askasc.org>

- Aging and Disability Resource Center for the Area Agency on Aging.
- Information Center for Community Resources.
- Provides free, short-term services for people 60 years of age or older as well as for family or friends caring for someone 60 years of age or older.
- This is a good place to start. You can share what needs you have and will be provided information on local resources that may be able to help.

PRESCRIPTIONS at a REDUCED COST or for FREE

It is not unusual for older adults to be on a number of medications at one time. Because the cost of medication is high, it can be hard to be able to afford all that needs to be taken. The good news is that there is help out there for some of the costs of the medications. There are some agencies that can provide one-time assistance with the cost. Also, some of the drug makers may have programs that help people get their medication at a lower cost or even for free. There is usually an application that needs to be completed to determine eligibility.



- It is always very important to share with every doctor the list of medications that are being taken, both prescription drugs and over-the-counter drugs. Many times, one physician does not know what another one has ordered—and the patient ends up taking similar, if not duplicate medication.
- It is important to be on the lookout for drug interactions when taking more than one medication.
- Keep a full list of all of your care receiver's medications, with dosage and how often they are taken so that you can share this with their doctors and pharmacists.
- One pharmacy should be used at all times if possible.



RESOURCES

Alamo Service Connection: 210-477-3275 <http://www.askasc.org>

- Aging and Disability Resource Center for the Area Agency on Aging.
- Information Center for Community Resources.
- Provides free, short-term services for people 60 years of age or older as well as for family or friends caring for someone 60 years of age or older.
- May be able to provide one time assistance in cost of prescriptions

Family WIZE: 1-800 222-2818 <https://familywize.org/Advocates> for deep discounts on prescription medications.

Good RX: 1-855 268-2822 www.goodrx.com

- Good RX compares the prices charged by local pharmacies for prescriptions.

RESPITE

Respite care is a service that provides short-term relief for the main caregivers. The purpose of respite care is to keep you, the caregiver, healthy by allowing you to take a break. Respite care can be provided in the home, in an adult day care center, or in a long-term care facility. Depending on what you need, respite care may be for a few hours, all day or even up to a week.

RESOURCES

Note: Most insurance plans do not cover the cost of respite care. Caregivers may have to use their own funds to pay for respite care. The following agencies can assist you finding respite care.

Alamo Service Connection: 210-477-3275 <http://www.askasc.org>

- Aging and Disability Resource Center for the Area Agency on Aging.
- Information Center for Community Resources.
- Provides free, short-term services for people 60 years of age or older as well as for family or friends caring for someone 60 years of age or older.
- Can help identify Adult Day Care Centers and Home Health agencies that provide respite care.

TRANSPORTATION

The following service is for people who do not have or do not want to use their own car. The means of transportation provided range from buses to vans to cars. They can take you to the physician's office, daycare facilities, clinics and hospitals.

RESOURCES

Alamo Service Connection

VIA: 210 362-2000 www.viainfo.net/contact/

SECTION 5 Looking Ahead and Planning for the Future



Artwork provided by Bihl Haus GO!
Arts program participants at Grace Place Alzheimer's Activity Centers



Even though this is a hard topic to talk about, it is very important to think about what might happen in the future. This means that you and your care receiver have to talk about how to prepare for a number of possibilities. For example, in many cases, when you have to speak to a medical doctor or a bank, you will have to have written permission to represent the care receiver to get or give information. You also will have to find out where the care receiver keeps the documents that you will need. Are they kept at home, in a safe or somewhere else?

You (and possibly others) will need to speak to the care receiver about a number of serious issues, many of which are quite sensitive—and which the care receiver may not want to discuss. For example:

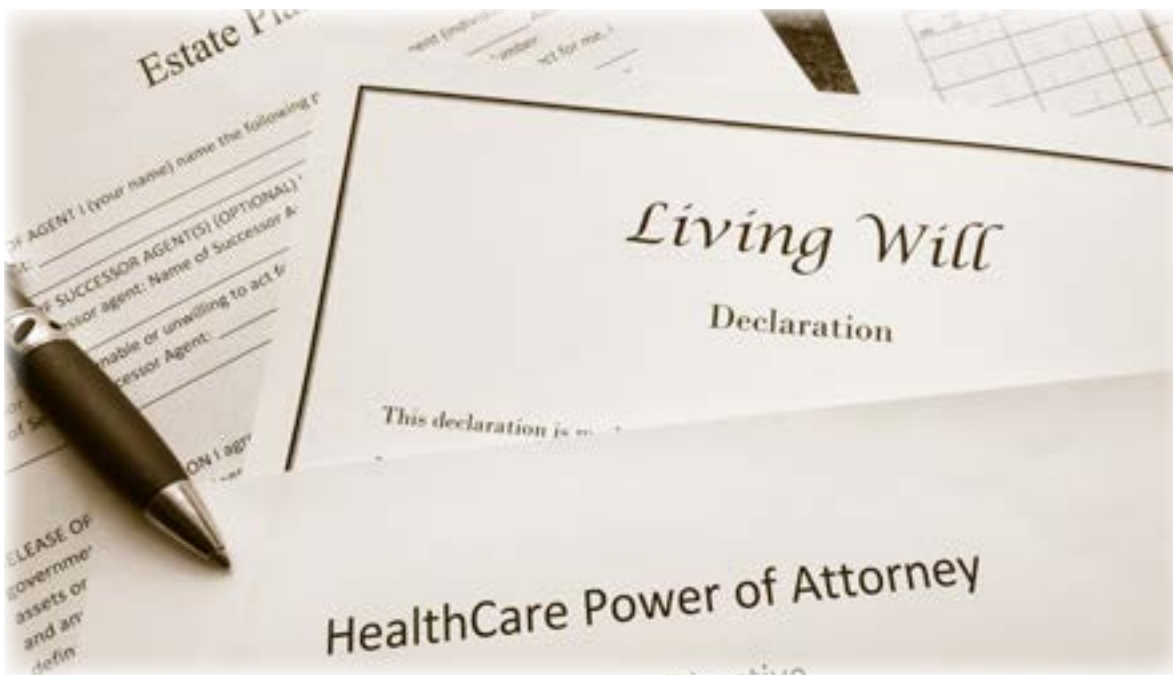
- Where does he or she want to reside?
- What medical care does the care receiver want to receive? Not want to receive?
- What financial arrangements has the care receiver made or wants to make now?
- Where are important documents such as birth certificate, military service and medical records, bank accounts, proof of ownership of a car and real estate, durable power of attorney and last will?
- Whom does the care receiver want to represent him/her legally in health and financial matters?

You may be able to talk about these questions with the care receiver alone, or you may have to ask a professional, such as a physician, elder-law attorney, or geriatric care manager for help to find out his or her wishes. You and the others will have to act as a team in order to prevent problems in the future, such as family fights and/or expensive legal disputes.

Below is a list of four basic legal documents that everyone should have. (For a more comprehensive list of documents that may be useful in the long run, please refer to Appendix A.) If these basic documents have not been prepared, or if you do not know where they are, make sure to get them as soon as possible. These documents have to be signed while the person is still capable of making valid legal decisions. The four basic documents are:

Durable Power of Attorney: This document, which remains in effect should the care receiver become incapacitated, names someone who will make financial and other decisions on behalf of the individual who signs it. The person given a Durable Power of Attorney has to act according to the wishes of the person who signed the document.

Last Will (or Testament): It expresses the wishes of the person who signs it. It identifies the “beneficiaries of the estate” or names the people who are to receive the belongings. Also, the Last Will appoints someone as the Executor who carries out the desire(s) of the writer of the Last Will.
Living Will: This is a written statement that identifies a person’s wishes in regards to “life sustaining treatments” when the person is no longer able to express his or her wishes.



Power of Attorney for Health Care: This document authorizes another person to make healthcare-related decisions on behalf of the person. The person given a Power of Attorney has to act according to the wishes of the person who signed the document.

Agencies you can contact for more information (please see resource page in appendix for contact information):

1. Alamo Service Connection
2. San Antonio Bar Association
3. Texas Legal Service Center



Artwork provided by Bihl Haus GO!
Arts program participants at Grace Place Alzheimer's Activity Centers

SECTION 6 Legal and Financial Planning



Artwork provided by Bihl Haus GO!
Arts program participants at Grace Place Alzheimer's Activity Centers

It is important to have a conversation about finances with the care receiver in case someone will have to make decisions on his or her behalf. To avoid problems, you have to find out about money, investments and property—and how to manage them in the future consistent with his or her wishes.



Unless you know what kinds of accounts there are, you will not be able to help. It is very important that you find out as much as possible about his or her finances and other matters while you are able to get that information.

Conversations about money are often difficult. Do talk about it when both of you are at ease. You may have to assure the care receiver that this discussion is for his or her good and that of the

people he/she cares about. (You may want to arrange for an elder law attorney to be present when you talk about finances.) Speak to the care receiver as soon as possible; it will save a lot of money and prevent many headaches for you.

Some important questions to discuss are:

- Does the care receiver have any bank accounts? Where? Who has access to them?
- Does the care receiver have credit cards and/or other lines of credit?
- Does the care receiver have an apartment or a house? Is there a mortgage? Where is the deed?
- Does the care receiver have property other than his or her residence? Where are the ownership documents? Who has access to them?
- Does the care receiver have investments? Who manages them? Where are the documents related to these investments?
- Does the care receiver have Medicare and Medicaid, medical insurance, life insurance, long-term care insurance and other insurance? Where are the policies? Who has access to them?
- Does the care receiver have a safe? Where? Who has access to it?
- Where is the care receiver's Social Security card?
- Does the care receiver have a car? Where? Is it paid off? Where is the title or proof of ownership? Where is the insurance policy? Who has access to it?
- Is there a pre-paid funeral plan? Any special wishes?
- What are the care receiver's monthly expenses? What bills need to be paid and when?
- What is the care receiver's annual income? Where does the money come from? (Work, savings, pension, Social Security) Where are the tax returns for the last five years?



If you are appointed the financial manager for the care receiver, be sure to record the reason for every expense and never borrow money from his or her account. To avoid serious legal problems, all expenditures must be only on the care receiver's behalf.

If possible, have your appointment as the care receiver's financial manager put in writing by an attorney. Because the relationship is complicated from a legal perspective, consult with an attorney about which of four ways would be best for the care receiver to name you as financial manager. The main possibilities involve creating one of the following documents:

- Durable power of attorney
- Trusteeship
- Representative Payee
- Court appointed guardian (last resort)



While it's always a good idea to consult with an attorney who specializes in family law, estate planning or elder-care law, there are some documents that you can create yourself. See AARP's Advance Directives guide to download your state's advance directives forms.

The care receiver may be reluctant or unwilling to discuss financial matters with you, family and/or friends. In that case, suggest that he or she talk to a third party, someone who does not stand to benefit from access to his or her information. For example, an attorney, a banker or a financial advisor.

The ill and the elderly often fall victims to financial scammers, strangers or family or friends who may take advantage of their loneliness to sell them items they do not need, or ask for money. It's good to always remain vigilant and review financial records such as checkbooks often.



The Consumer Financial Protection Bureau (CFPB) Office for Older Americans will walk financial managers (also called fiduciaries) through the job. It will show you how to spot scams and financial exploitation, and tell you what to do if the care receiver is a victim. Note: the CFPB partnered with the American Bar Association Commission on Law and Aging to produce a series of free booklets called *Managing Someone Else's Money* that can be helpful to you.

Warning: If you think that the care receiver has been or is being exploited or abused, call Adult Protective Services at 1-800-252-5400. This is the office that investigates abuse and exploitation. You also may call the police to report your suspicion whether the care receiver lives at home or in a memory care facility or a nursing facility.

A high percentage of people providing care use their own funds to help their care receivers financially. This often damages their long-term economic well-being. There are many governmental programs that make such a sacrifice unnecessary. You may want to talk to an elder-care attorney, a geriatric-care manager, a financial planner or a social worker about these and related financial matters.

There are federal, state and local programs with which you should become familiar. The most important ones are:

MEDICARE: 1-800-633-4227 www.medicare.gov

- Health insurance for persons 65 years of age or older.
 - Part A Hospital Insurance
 - Part B Medical Insurance
 - Part C Medicare Advantage, combining hospital, medical prescription and health-related aspects
 - Part D Pharmaceuticals (drug plans)
- Medicare only covers a very limited rehabilitation time in a long-term care facility. It does not pay for long-term nursing home care.
- Medicare requires co-pays and/or deductibles, and the plans change annually.

MEDICAID: 210 655-8760 <https://www.yourtexasbenefits.com/Learn/Home>

- Health Insurance for persons with low income. Must meet eligibility criteria based on income and assets.
- Apply for coverage through the Social Security Administration .
- People can have both Medicare and Medicaid (known as Dual-Eligible) coverage at the same time.
- There is a Medicaid program specifically for nursing home residents. The nursing home staff is able to assist with the paperwork, if eligible.



SOCIAL SECURITY ADMINISTRATION: 1-800-772-1213 www.ssa.gov

- The Social Security Administration's website has easy-to-understand information about benefits.
- There also are a number of interactive tools for planning purposes.

VETERAN'S ADMINISTRATION: 1-855 260-3274 www.caregiver.va.gov

- Offers information on benefits for eligible veterans and their families as well as support and services for families caring for veterans.
- Must call to inquire about program eligibility.

Agencies you can contact for more information (please see resource page in appendix for contact information):

1. Adult Protective Services
2. Alamo Service Connection
3. Center for Medicaid and Medicare Services
4. San Antonio Bar Association
5. Social Security Administration
6. TXServes
7. Texas Veterans Call Center
8. Veterans Serve Office



Artwork provided by Bihl Haus GO!
Arts program participants at Grace Place Alzheimer's Activity Centers

SECTION 7 Caregiver's Role in Discharge Planning



Artwork provided by Bihl Haus GO!
Arts program participants at Grace Place Alzheimer's Activity Centers

Having your care receiver in the hospital can be stressful. When it is time to start the discharge process, things can move pretty fast. You will most likely be talking to a number of people at different times. In order to keep everything straight and to make sure everything is covered, take the following steps:

- Take charge! Get to know the staff, so they know who you are.
- Become a transition “coach” or manager.
- Keep records of every event.
- Understand all directions and note medications provided at discharge—speak up if you don’t understand.
- Make sure follow-up care is received.
- Create a transition checklist:
 - Items to remember when a setting is changing:
 - Information about where and what care is needed after hospitalization
 - Is home health care necessary?
 - Will any adaptive equipment be needed?
 - Is there any lab work or are follow up appointments needed?
 - Is the home ready for the person to come back?
 - Are grab bars needed?
 - Will there need to be a ramp if steps become a problem?
 - Are there any medication changes (new medications, stopping a medication, change in dosage)?
 - Will there be any potential side effects from treatments or medications?
 - What kind of “red flags” should you be looking for? And who do you call if you see a problem?
 - Questions to ask regarding immediate future: follow-up appointments and treatments, equipment/supplies/home care.
 - Do you have food and other necessities at home?
 - Will help be needed for household chores like cooking and cleaning?
 - Is transportation from the hospital available?
 - Does the patient have to follow any special diet? Is there a way to obtain ready-made meals?
 - Let your pharmacist and doctor know that the person will be discharged, and make an appointment with the doctor before the discharge plan.



If your care receiver will be moved to an assisted living facility or nursing home for rehabilitation or more care, then it will be important to do your research on facilities in your area. The local Ombudsman at the Area Agency on Aging can help you understanding what choices you have.

Agencies you can contact for more information (please see resource page in appendix for contact information):

1. Alamo Service Connection
2. AARP

SECTION 8 Understanding Long Term Care



Artwork provided by Bihl Haus GO!
Arts program participants at Grace Place Alzheimer's Activity Centers



Over time, a person who suffers from long-term illness may become too difficult to care for at home. It may become unsafe to keep him or her there due to changed behavior or weakened condition. When that happens, the only choice left is to admit him or her to a facility that specializes in memory care or a nursing home. If the person is competent, he or she should be part of the decision process of where he or she should or would like to move.

TYPES OF LONG-TERM CARE FACILITIES.

There are at least five types of facilities that take care of people who have memory problems that range from mild to severe. These are:

- **Adult Day Care.** Their activities may include doing exercises, conducting programs to prevent the loss of mental abilities, and providing musical and other entertainment. They may serve snacks and/or full meals, usually lunch. Most are open only during daytime hours.
- **Assisted Living facilities.** These are for people who are relatively independent but no longer want to or can live at home alone. The services provided range from doing laundry to serving prescribed meals, from playing games to arranging local trips.
- **Memory Care.** Memory care residences are facilities for individuals suffering with dementia. They follow dietary orders, and offer nursing care and physical, occupational and speech therapies. They try to keep the residents engaged in as many activities of daily living as possible; for instance, washing hands and face, combing hair, getting dressed, walking, playing games, and listening to music. Memory Care facilities are typically private pay.

- **Nursing Homes.** Nursing homes are for people who require substantial nursing assistance, such as medication administration and wound care. They provide help with activities of daily living; for example, bathing and dressing. These services are considered to be “custodial.” Nursing home care is paid for by the resident or by Medicaid.
- **Skilled Nursing Facilities.** These are often part of nursing homes and are where someone will receive some sort of therapy (speech, occupational or physical). In general, admission to a skilled nursing facility follows a qualifying hospital stay, is short-term, and Medicare may pay for part of it. Residents are responsible for fees not covered by Medicare, such as a co-insurance.

PAYMENT.

Essentially, there are four ways to pay for long-term care:

- Private Pay, meaning an out-of-pocket expense.
- Long-term care insurance (which is costly and not readily available).
- Medicare. Medicare provides short-term coverage only if the person has a qualified hospital stay and is getting and benefiting from skilled nursing care or rehabilitation therapy. The care receiver is responsible for co-insurance payments.
- Medicaid. Must qualify based on income and asset eligibility and can be applied for once the person has moved to the facility.



CHOSING A LONG-TERM CARE FACILITY.

Some things to do and look for when choosing a long-term care facility:

- Visit a number of facilities at different times of the day: in the morning, afternoon and evening, including meal times. (Take notes and compare your findings).

- If you visit during a meal time, does the staff wash the hands of the residents before they eat? Do the employees relate to the residents with kindness? Does the staff wash the hands and clean the mouths of the residents after they have eaten? Do they change the residents' clothing if it gets dirty?
- Compare the menu to the food that is being served. Is it the same? Is the food hot? Is the food served in an appetizing manner?
- Is someone assisting the residents? Are the assistants standing or sitting while feeding the residents? Are there enough assistants for the number of residents who have to be fed?
- How does the staff relate to the residents? In a nice way? Ask the residents about the employees who take care of them. Are they afraid of their caretakers? Ask questions like these each time you visit the facility since there probably are 3 shifts of employees who take care of each patient every day.
- Is there a schedule of activities for the residents? Is it being followed? Does the facility (every so often) have evening programs, or are the patients just parked in front of a TV after dinner?



- In general, use your eyes, ears and nose when visiting a facility. Your eyes will tell you whether the residents, their belongings, their closets and the floor under their beds are clean. Your ears will tell you whether the environment is pleasant or uncomfortably loud. And your nose will tell you whether the building smells. These findings may indicate that the facility does not have enough employees to take care of its residents.
- Speak to the manager and the head of the nursing department. Ask questions about staffing, staff turnover, food, cleanliness and whatever you are interested in. For example, have there been any complaints to the Ombudsman's office? Are there any patients on precautionary measures due to infections? Has there been any facility-wide infections outbreak recently?
- Know that you have the right to see a copy of the most recent government inspection results. Ask for it; review it carefully.
- Try to make sure that the placement is sensitive to your care receiver's cultural background, faith-based, or sexual orientation.

Agencies you can contact for more information (please see resource page in appendix for contact information):

1. Alamo Service Connection
2. Center for Medicare and Medicaid Services

SECTION 9 Mental Health Related Services



Artwork provided by Bihl Haus GO!
Arts program participants at Grace Place Alzheimer's Activity Centers

Life has become very complicated, and taking care of another person only adds to the difficulties everyone has to face.

Unfortunately, caregivers and care receivers sometimes suffer from alcoholism, depression or loneliness, or are victims of domestic violence and/or substance abuse. They also might commit suicide. If you are dealing with any of these problems, know that you can get help.

Hospitals, clinics, physicians, nurses, social workers, clergy, and friends can direct you to nearby specialists and organizations for professional assistance. Nobody has to fight alone to regain his or her health.

What follows is a short list of services that deal with these problems on an individual basis or, usually, in a group setting.

ALCOHOLISM

The biggest substance abuse problem in the United States involves drinking alcohol. The problem is complicated because, on the one hand, alcoholic drinks are used to celebrate births, graduations, marriages and other important occasions and, on the other, they often harm the drinker, his family and friends, and society in general. Organizations that deal with this sickness include:

Alcoholics Anonymous: 210-828-6235(English) and 210-409-8524 (Spanish) www.aasanantonio.org

- The service is cost-free and confidential.

Al-Anon for Families of Alcoholics: 1-800-344-2666

Alcohol and Drug Helpline: 1-800-821-4357

DEPRESSION and LONELINESS

Depression and loneliness are silent conditions. They affect many, many people who choose not to talk about it. Some believe that those who are depressed and/or lonely are weak and do not deserve attention, but they are wrong. It is important to seek help if you experience strong feelings of sadness or isolation.

AARP Foundation: 1-888-687-2277

<https://connect2affect.org/about-isolation/>

Alamo Service Connection: 210-477-3275 <http://www.askasc.org>

- Aging and Disability Resource Center for the Area Agency on Aging.
- Information Center for Community Resources.



- Provides free, short-term services for people 60 years of age or older as well as for family or friends caring for someone 60 years of age or older.
- May be able to provide mental health counseling for family caregivers.

DOMESTIC VIOLENCE

The victims of domestic violence and abuse range from the very young to the very old, regardless of income, education, gender, social standing or any other classification. Because of the shame that can be attached, the problem has been more publicly discussed in the last few decades. Sometimes caregivers are the ones who are emotionally or physically abused by their care receiver. You need to reach out and get the help that you need as a caregiver. The following organizations help victims of abuse:

- Bexar County Family Justice Center 210-631-0010 www.bcfjc.org/
- Family Violence Prevention Services: 210-733-8810 <https://fvps.org/>
- National Domestic Violence Hotline: 1-800-799-7233
- National US Child Abuse Hotline: 1-800-422-4453



SUBSTANCE ABUSE

The misuse of pharmaceuticals and other drugs is in the news every day. It affects people of all ages, in small and large communities throughout the United States. The problem is getting worse, and often contributes to rapes, robberies, assaults and killings. Call one of the following numbers if you know someone who requires help:

- Alcohol & Drug Abuse Hotline: 1-800 729-6686
- National Council on Alcoholism and Drug Dependence Hopeline: 1-800 622-2255
- National Institute on Drug Abuse Hotline: 1-800 662-4357
- National Helpline for Substance Abuse: 1-800 262-2463

Texas Substance Abuse and Mental Health Services Administration: 1-877-726-4727
www.samhsa.gov/treatment/

Texas Department of State Health Services, Division of Mental Health /Substance Abuse Services: 1-800-252-8154 www.dshs.state.tx.us/mhse-rights/

- Provides services for persons with mental health and substance abuse issues.
- Extension #1 assists veterans who are deaf or hard of hearing.

SUICIDE PREVENTION

Thousands of people in the United States kill themselves every year, including veterans. People thinking of committing suicide can call one of the following numbers to request assistance:

- National Suicide Prevention Hotline: 1-800 273-8255 <https://suicidepreventionlifeline.org/>
- San Antonio Police Department, Crisis Intervention Team (CIT): 210-335-6000



SECTION 10 Self Care



Artwork provided by Bihl Haus GO!
Arts program participants at Grace Place Alzheimer's Activity Centers



When you are so busy doing all that you do as a caregiver, it is easy to let your own needs take a back seat. Too often as a caregiver, it is your doctor appointments that don't get scheduled; your meals that are eaten on the run and often the fastest option available; your medications not picked up so you can purchase the medications of the care receiver. The idea of taking a break for yourself is not even on your radar. While it is understandable that you want to do everything you can for the care receiver, it is equally important for you to take care of yourself. As a caregiver, you give and give and give. But if all you do is give and you don't take care of yourself, and 'refill your cup', then you may reach a point, both physically and mentally, where it will be hard to continue to help. Stress can have a very negative impact on your physical, mental and emotional health. The better you take care of your needs, the better position you will be in to provide care to someone else. It is not selfish to take steps to care for yourself, it is a necessity!

So what are some steps you can do to take care of yourself? Here are some ideas to get started:

- Exercise regularly:
 1. Take a walk.
 2. Work in the garden.
 3. Find a class, in person or online.
 4. Break the exercise up into manageable time frames.
- Seek and accept the support of others:
 1. This includes talking to a trusted counselor, friend, or pastor.
 2. Join a support group. You can find some that meet in person or online. Talking to others who are also providing care can really help.

- Identify and acknowledge your feelings, you have a right to ALL of them:
 1. Have someone you can talk to who will just listen.
 2. Write about your feelings in a journal.
 3. Join a support group.
- Change the way you view situations:
 1. When something unplanned happens or you respond to a situation in a way that you wish you hadn't, instead of focusing on the negative, take stock of all the good that you do.
- Incorporate stress management techniques into your daily routine:
 1. The stress you may be experiencing may not go away, but learning how to manage it is the key to making sure it doesn't overwhelm you.
 2. If you don't have a lot of time, even finding 10 or 15 minutes to practice a stress management technique can go a long way.



3. What works for one person may not work for you. Try different techniques until you find one or two that really help. Some examples are meditation, journaling, being creative, or imagery.
- Get proper rest and nutrition:
 1. Your body needs both of these to keep going!
 - Take a break (also known as respite):
 1. Can a friend or family member come stay with the care receiver for a couple of hours?
 2. Is there an agency that will provide respite care?
 3. Is Adult Day Care an option?
 - Practice pleasant and nurturing activities that bring you joy:
 1. Reading a good book.
 2. Get a massage.
 3. Connect with a friend or a group of friends.
 4. Play an instrument or take up a hobby.
 5. Take a drive.
 - Get help:
 1. You don't have to do everything on your own.
 2. Make a list of all that you do and determine if there are some tasks that others can do:
 - Take the care receiver to the doctor.

- Manage the finances of the care receiver.
 - Mow the lawn.
 - Run to the grocery store or pharmacy.
3. Are there any other family members that can help? If there are no family members available, are there friends/neighbors/church members that can help?
- Get organized:
 1. Develop a routine and stick to it as much as you can.
 2. Keep a notebook to have everything in one place.
 - Calendar of appointments.
 - List of medications.
 - Contact information of people you need to reach such as medical providers, pharmacies etc.
 - Important documents such as Power of Attorney, Advanced Directives.
 - Notepaper to keep track of what is said at appointments.

Agencies you can contact for more information (please see resource page in appendix for contact information):

1. Alamo Service Connection
2. Alzheimer's Association of San Antonio and South Texas
3. AARP
4. Caregiver SOS through the WellMed Charitable Foundation
5. Eldercare Locator
6. Family Caregiver Alliance
7. UT Caring for the Caregiver



SECTION 11 Caring for Someone with Dementia



Artwork provided by Bihl Haus GO!
Arts program participants at Grace Place Alzheimer's Activity Centers

Caring for someone with dementia is a full-time job (if not two or three jobs at once). As the disease progresses, the demands on you will also grow. While it may seem overwhelming at times, following these tips can help you keep some level of control over what is happening and what needs to be done.



Tips for caring for someone with dementia

1. Talk to your doctor about testing available for a diagnosis.
2. Learn as much as you can about the disease:
 - a. Contact the Alzheimer's Association or other community resources:
 - i. The Alzheimer's Association has a 24 hour/7 day a week hotline which is staffed by specialists and clinicians assisting with topics such as:
 1. Symptoms and stages of Alzheimer's and other dementias.
 2. Managing behaviors.
 3. Safety issues.
 4. Medication treatment options.
 5. Strategies to reduce caregiver stress.
 6. Legal and financial documents for future care.
 7. Local resources.
 - b. Talk to other caregivers who are caring for someone with dementia.
 - c. Join a support group.
 - d. Understand that there are some things you can change, and some things you cannot. Learning and accepting the difference can go a long way.
 - e. Read *The 36-Hour Day: A Family Guide* by Nancy L Mace MA and Peter V Rabins, MD, MPH. Please do not read this cover to cover. Instead, treat it as a reference book. Some of the topics may not apply to you or the care receiver.

3. Accept help or ask for help. Do not do this alone!
 - a. Get help from family and friends.
 - b. Reach out to community resources.
 - c. Talk to medical professionals.
 - d. Be specific as to what would be helpful.
4. Make a plan:
 - a. Know what living options are available in your area.
 - b. Make sure legal documents are up to date.
 - c. Determine if any home modifications need to be made.
5. Understand that the behaviors you are seeing are caused by the disease and not the person you are caring for. You will need to change your communication style with your care receiver. Be patient, try not to get angry, and remember it's the disease, not the person, that is causing the behavior.
6. Listen with your ears, eyes and heart:
 - a. It is not always possible for the person with dementia to tell you what is going on. Sometimes you have to be a detective to find out what is going on.



- b. Watch for body language and other cues.
 - c. Be ready to distract the care receiver with other activities in order to decrease agitation.
7. Keep things as simple as possible:
 - a. Too many things going on at one time can be confusing for the person with dementia and can cause frustration.
 - b. Keep the volume of TV or music low.
 - c. Keep areas well lit.
 - d. Label things if appropriate.
8. Take care of yourself:
 - a. Take a break .
 - b. Eat well, exercise, sleep.



- c. Take the time to do something you enjoy.
- d. If you feel depressed, this is not something that you can just 'snap out of'. Seek help from your doctor, nurse or social worker.
- e. Don't let yourself become isolated:
 - i. It is important to connect with others.
 - ii. Find a friend to talk to on a regular basis.
 - iii. Join a support group.

Agencies you can contact for more information (please see resource page in appendix for contact information):

1. Alamo Service Connection
2. Alzheimer's Association of San Antonio and South Texas
3. AARP
4. Caregiver SOS through the WellMed Charitable Foundation
5. Family Caregiver Alliance
6. UT Caring for the Caregiver

SECTION 12 End of Life Care



Artwork provided by Bihl Haus GO!
Arts program participants at Grace Place Alzheimer's Activity Centers



It is very hard to talk to people about the end of their lives. It is something most people don't want to think about. But it is an important conversation to have. Finding out the wishes of the person you are caring for will help you know how he or she would like to live and be treated towards the end of life. This conversation will be tough for both of you. The care receiver may not be able to nor want to face what is happening, neither his or her illness nor mortality. For you, it means losing the person that you care for. However, you want the person you are caring for to be comfortable and to have his or her wishes met.

There are different types of care someone can receive at the end of his or her life.

Palliative Care:

- Palliative care is the medical care for people living with a serious illness. The goal is to control pain and manage symptoms. You can have palliative care while you are being treated for the illness.
- The people working to provide palliative care include nursing aides, nurses, social workers, therapists, chaplains and other professionals. They work together to provide care according to the wishes of the patient. The team focuses on the physical, psychosocial, and spiritual distress of the dying person while also paying attention to his or her family and friends.
- You don't have to give up your doctor. The palliative care team provides an extra layer of support.
- If you are interested in this type of care, talk to your doctor about how to get started.

Hospice Care:

- Hospice care refers to the medical supportive care provided to someone who is in the final stage of a terminal illness. The purpose of hospice care is to keep the person comfortable and pain free rather than prolonging his or her life. This begins after the treatment of the disease stops.
- The people working for a hospice agency include nursing aides, nurses, social workers, therapists, chaplains and other professionals. They work together to provide care according to the wishes of the patient. The team focuses on the physical, psychosocial, and spiritual distress of the dying person while also paying attention to the patient's family and friends.
- Hospice services are provided wherever the care receiver is located, such as the home, nursing home or hospital.
- A doctor must determine if a person is eligible for hospice. Please speak to your doctor to learn more.

Agencies you can contact for more information (please see resource page in appendix for contact information):

1. American Academy of Hospice and Palliative Medicine
2. Hospice Foundation of America
3. National Association for Home Care & Hospice
4. National Hospice and Palliative Care Organization



Artwork provided by Bihl Haus GO!
Arts program participants at
Grace Place Alzheimer's Activity Centers



APPENDIX



Artwork provided by Bihl Haus GO!
Arts program participants at Grace Place Alzheimer's Activity Centers

APPENDIX A

IMPORTANT DOCUMENTS

It is important to have available the following documents in case of a severe illness or the death of the care receiver and even yourself. The list is long, and there may be other papers that you might require in the future. Please note: the documents are listed in alphabetical order, not according to their importance since that will depend on the person(s) in question:

- Adoption papers
- Agreement between parties who live together
- Bank accounts, both checking and saving. Also, depending on the bank, a power of attorney granting another person access to these accounts
- Birth certificate. Note, if it is written in a language other than English, you may be required to have a notarized translation of it
- Burial-related wishes, including documents, such as cemetery deeds
- Contracts, including rentals and agreements with residential facilities; for instance, memory care units and nursing homes
- Court documents appointing someone to make financial and health-related decisions for someone declared to be incapacitated
- Deeds to property for residences and summer homes and land
- Death certificate of a deceased spouse
- Driver's license/organ donation card
- Green card or US passport
- HIPPA form authorizing healthcare providers to give a specific party medical information about a patient
- Immigration documents. Note, if they are written in a language other than English, you may be required to have a notarized translation
- Income tax returns, both personal and business
- Information on debt such as loans outstanding and mortgages
- Investment information, including name(s) and number(s) of account(s)
- Last will
- Life insurance. Name(s), address, agent(s), policy number(s)
- List of persons and agencies involved in the care of a person who is unable to make decisions. For instance, family members and friends, attorney(s) and physician(s). [Include a note about their identity or role, complete addresses, e-mail address, and telephone number(s).]

- Long-term care insurance policies
- Marriage certificate(s)
- Membership in organizations that provide benefits, such as those related to burial
- Military records, especially DD form 214 Certificate of Release or Discharge from Active Duty. Veteran benefits
- Naturalization papers
- Pension or retirement information
- Personal Article Floaters (insurance) covering jewelry and other high-value items
- Powers of attorney to gain access to Social Security as a “payee” representing another person
- Power of attorney from a bank; some banks will not give access to someone else’s account unless the owner has signed an authorization, on the bank’s form, allowing a specific third-party access.
- Power of attorney naming another person to make financial and other decisions when the signer is no longer able to decide. The power of attorney should be “durable” or valid after the person granting such power is no longer able to make judicious (or responsible) choices.
- Power of attorney for health-related decisions. It authorizes an agent to make healthcare decisions on behalf of the grantor when that person has become unable to decide. Health-related powers of attorney deal, among others, with treatment desired and unwanted, ranging from surgery to feeding.
- Retirement account(s)
- Safety boxes: access codes and location
- Separation and divorce papers
- Social Security number
- Title(s) to motorized vehicles and boats
- Trusteeship(s) that name another person to manage one’s estate

APPENDIX B

DEFINITIONS OF TERMS

ASSISTED LIVING COMMUNITIES: offer help with activities of daily living (or ADL), such as bathing and dressing.

DAYCARE: services to keep clients busy doing, among other activities, exercises, puzzles, and singing. Snacks and one or two meals are also offered.

HOME HEALTH CARE AGENCIES: offer nursing services such as wound care, medication administration, and physical and occupational therapies.

HOSPICE: provides care to patients (and families) facing a life-threatening illness. Hospice emphasizes palliative care rather than curative treatment; the focus is on symptom relief rather than healing. It provides comfort to the dying as well as to their family and friends. Hospice care is offered in the person's residence, be it at home or in a residential facility.

MEMORY CARE facilities: provides residential care for individuals suffering progressive cognitive disorders, such as Alzheimer's and Lewy Body Dementia.

NURSING HOMES: provide nursing care around the clock. Some offer specialized or rehabilitative treatment.

OCCUPATIONAL THERAPY: small-muscle rehabilitation treatment to improve skills used daily at home and at work.

PERSONAL CARE: the caregiver provides assistance with activities of daily living (ADL) such as bathing, dressing, and transferring from bed to chair.

PHYSICAL THERAPY: large-muscle rehabilitation treatment to strengthen muscles to improve balance, coordination, and mobility.

RESPIRATORY CARE: services for people with cardiopulmonary problems who have difficulty breathing.

RESPIRE CARE: gives a brief time off to the caregiver during which an agency provides hands-on services to the patient. The relief is short-term.

SPEECH THERAPY: treatment of cognitive skills, language, speech and swallowing difficulties.

TRANSPORTATION: refers to taking the patient to and from medical appointments and other necessary errands.

NOTE: for specific information about these services in San Antonio, contact ASKASC. The Alamo Service Connection is an Aging and Disability Resource Center, 210 477-3275 www.askasc.org The Alamo Service Connection is funded through the Alamo Area Council of Governments (AACOG).

APPENDIX C

PROFESSIONALS WHO CAN ASSIST YOU

PHYSICIANS of VARIOUS SPECIALTIES, such as neurologists and psychiatrists, who establish a plan of care

NURSES of VARIOUS SPECIALTIES, such as practitioners

SOCIAL WORKERS, complete paperwork, decide on appropriate placement, obtain equipment, and modify the patient's home according to need

DIETITIANS, provide assistance regarding diets and meal preparation

SPEECH THERAPISTS, provide assistance with problems swallowing and talking

OCCUPATIONAL THERAPISTS, offer assistance regarding maintaining skills and acquiring adaptive equipment

PHYSICAL THERAPISTS, provide assistance regarding moving and exercise

PODIATRISTS, provide assistance regarding comfort standing and walking

OPHTHALMOLOGISTS, OPTICIANS AND OPTOMETRISTS, offer assistance regarding eyesight

PSYCHOLOGISTS, deal with relationships and emotions

AUDIOLOGISTS, provide assistance regarding hearing problems

AIDES, assist with dressing, buying supplies, preparing food, and keeping the premises clean

DAYCARE CENTERS and RESPITE CARE offer support, opportunities for a patient to interact with others, and allow you to take a break for a few hours or a couple of days

PLUMBERS, ELECTRICIANS, CARPENTERS, and MOVERS, may change the room(s) of the patient according to need

NOTE: the personnel listed above may be employed by the government, private and non-profit agencies, and/or by you.

APPENDIX D

RESOURCES

Adult Protective Services: 1-800-252-5400 www.txabusehotline.org

- Adult Protective Service investigates allegations of abuse, neglect, and financial exploitation. One of their goals is to keep the person in his/her own home safely.
- When maltreatment is confirmed APS provides or arranges services to resolve the situation.
- These services may include case management, homecare, social services, arranging healthcare and other resources.
- Must be 65 or older or an adult with a disability.

Alamo Service Connection: 210-477-3275 www.askasc.org

- Aging and Disability Resource Center for the Area Agency on Aging.
- Information Center for Community Resources. This is a good place to start your search for available help in the community.
- Provides free, short-term services for people 60 years of age or older as well as for family or friends caring for someone 60 years of age or older.
- Family Caregiver Support program that may be able to provide minor home modifications, durable medical equipment, limited in home services and respite
- Legal Awareness Program that can provide assistance with basic legal documents
- Ombudsman Program is an advocacy program for residents in assisted living and nursing homes in the area. The Ombudsman can answer questions about local long-term care facilities as well as assist in what to look for when choosing a facility.

Alzheimer's Association of San Antonio and South Texas: 1-800-272-3900 www.alz.org/sanantonio

- Provides education and support groups to care receiver and providers.
- There is a 24-hour helpline where you can talk to an expert on any topic related to Alzheimer's Disease or a related dementia
- The Community Resource Finder allows you to search for local resources online alz.org/crf

AARP www.aarp.org/caregiving

- Provides information on a variety of topics about caregiving as well as national resources
- Discharge planning guide "Prepare to Care" <https://www.aarp.org/caregiving/prepare-to-care-planning-guide/>

American Academy of Hospice and Palliative Medicine: www.aahpm.org

Benefits Check-up: www.benefitscheckup.org/

- The site is a screening tool for federal and state programs that help pay for utility bills, meals, and prescriptions. Some benefits are income-related.
- Demographic and income/asset information is entered into a screening tool and a report on potential benefits and services for which you or the care receiver may be eligible is provided.

Caregiver SOS through the WellMed Charitable Foundation: 1-866-390-6491 www.caregiversos.org

- Provides education, information and support to family members and friends providing care to an older person.
- Caregiver Specialists are available to provide information and support on how to manage caregiving responsibilities.
- Teleconnection program that offers one hour learning sessions over the phone.

Center for Medicaid and Medicare Services: 1-800-632-2273 www.medicare.gov

- The following site can help you find and compare nursing homes in your area: <https://www.medicare.gov/nursinghomecompare/search.html?>

City of San Antonio Senior Services: 210-207-7172 www.sanantonio.gov/humanservices/forseniors

- The programs offered deal with fitness, health and wellness, nutrition, personal improvement, and transportation for residents of San Antonio.

Eldercare Locator: 1-800-677-1116 www.eldercare.acl.gov/public/index.aspx

- Connects caregivers to local services by city, topic, or ZIP code.

Family Caregiver Alliance: 1-800-445-8106 www.caregiver.org

- Offers information and resources to caregivers. You will find a number of tip sheets on how to manage a range of issues many caregivers face.

Hospice Foundation of America: www.hospicefoundation.org

Meals on Wheels: 210-735-5115 www.mowsatx.org/get-meals

- Delivers meals to adults unable to leave their homes.
- National Association for Home Care & Hospice: www.nahc.org
- Offers information on selecting a homecare provider and hospice.

National Hospice and Palliative Care Organization: 1-800-658-8898 www.nhpco.org

- Provides free resources, like advance directives, to help decide the services one wants.

Project MEND: 210-223-6363 (MEND) www.projectmend.org

- Provides refurbished medical equipment and other assistive technology at no cost
- Some examples include wheelchairs, power scooters, hospital beds, tub transfer benches and walkers.

San Antonio Bar Association: 210-227-8822 www.sanantoniobar.org

- Voluntary professional association for attorneys in the San Antonio area
- Lawyer Referral Service
- Elder Law Attorneys

San Antonio Lighthouse for the Blind: 210-533-5195 www.salighthouse.org

Social Security Administration: 1-800-325-0778 www.ssa.gov

Texas Diaper Bank: 210-731-8118 www.texasdiaperbank.org

Texas Legal Service Center: 1-800-622-2520 www.tlsc.org

- Non-profit organization of attorneys, paralegals and partner organizations who provide legal advice, referrals, counseling and advocacy to those in need.
- Services are free, but there are eligibility requirements.

Texas Veterans Network: 1-888-724-8387 www.aacog.com/495/Veteran-Programs

- Connects Veterans to a network of providers of a wide range of services.

Texas Veterans Call Center: 1-800-252-8387

UT Caring for the Caregiver: 210-450-8862 www.utcaregivers.org/

- Provides support, education and information about resources to caregivers of persons with dementia.
- Classes are available to learn about various aspects of dementia as well as how to provide hands on care.

Veterans Service Office: 210-335-6775 www.bexar.org/509/Military-and-Veterans-Services-Center

- The VSO assists veterans and their dependents with applications for compensation, pensions and other benefits.

Acknowledgements

Special thanks to the San Antonio Area Foundation for supporting and providing funding for this project.

Special thanks to the SALSA Caregiver/Socialization Committee for their guidance and support towards putting the Caregiver Toolkit together:

Cyndee Pierce*	AACOG
Gloria Vasquez*	AACOG
Ginny Funk*	Alzheimer's Association
Dianne Teran*	Alzheimer's Association
Saul Levenshus	Barshop Jewish Community Center
Kellen McIntyre	Bill Haus Arts
Yolanda Perez	City of San Antonio
Laura Mata-Delgado	Family Service Association
Ellie Saucedo	Good Samaritan Community Services
Vonna Smith	Jewish Family and Children Service
Christina Avena	Meals on Wheels
Heather Finerghy**	Meals on Wheels
Maria Wellisch	MLW Training
Nina Guerra	Morningside Ministries
Darryl Greer	OATS
Tiffany Walker	San Antonio Lighthouse for the Blind
Brenda Schmachtenberger	San Antonio Oasis
DeAnne Cuellar	Senior Planet/OATS
Lisa Senteno	Texas Department of Protective and Regulatory Services
Maddie Kennedy	Texas Diaper Bank
Carole White**	UT Health Caring for the Caregiver
Debbie Billa	WellMed Charitable Foundation
Tina Smith*	WellMed Charitable Foundation
Elsa Guerra Williams	YMCA

* Denotes member of Caregiver Toolkit committee

** Denotes Caregiver/Socialization Committee Co-Chair

Special thanks to Bil Haus Arts for contributing beautiful artwork displayed throughout the Caregiver Toolkit.





The Caregiver Toolkit
made possible by a grant from the

