Guinea Pig Warning: This is an early draft.

Solo Aging Readiness Checklist

Your Personal Emergency Binder — Advance Care, Finance, Home & Community

Prepared by: _____ **Date:** _____ **Review Date:** _____

PRIORITY TIERS: **P1 — Immediate** (Within 30 Days) • **P2 — Near-Term** (Within 6 Months) • **P3 — Ongoing** (Review Annually)

This checklist is designed specifically for **solo agers** — adults living without a spouse, partner, or nearby adult children who would typically provide support during a health crisis or end-of-life transition. Complete each section and store this document in a clearly labeled folder in your emergency binder. Share the location with at least one trusted person.

QUICK REFERENCE: MY CARE TEAM

Fill out now and keep current

PRIMARY CARE PHYSICIAN

Name: _____ **Phone:** _____

Email: _____ **Role:** _____

Address: _____

_____

HEALTH CARE AGENT / PROXY

Name: _____ **Phone:** _____

Email: _____ **Role:** _____

Address: _____

_____

FINANCIAL POWER OF ATTORNEY

Name: _____ **Phone:** _____

Email: _____ **Role:** _____

Address: _____

_____

ESTATE / ELDER LAW ATTORNEY

Name: _____ **Phone:** _____

Email: _____ **Role:** _____

Address: _____

_____

EMERGENCY CONTACT #1

Name: _____ **Phone:** _____

Email: _____ **Role:** _____

Address: _____

_____

EMERGENCY CONTACT #2

Name: _____ **Phone:** _____

Email: _____ **Role:** _____

Address: _____

_____

TRUSTED NEIGHBOR / KEY HOLDER

Name: _____ **Phone:** _____

Email: _____ **Role:** _____

Address: _____

_____

EMERGENCY BINDER LOCATION

Store original documents in a fireproof/waterproof safe or emergency binder. Give copies to your health care agent and estate attorney.

Please send comments and error corrections to Jim @ Schultz7900@gmail.com

SECTION 1: ADVANCE CARE PLANNING

Legal documents that speak for you when you cannot speak for yourself

1A Durable Power of Attorney for Health Care (Health Care Proxy / Agent)

- ☐ **Identify your health care agent** — *Someone you fully trust; discuss your wishes with them in detail*
- ☐ **Identify a backup/alternate health care agent in case primary is unavailable** — *Name a second person who could step in; confirm their willingness*
- ☐ **Execute the Durable POA for Health Care** — *Arizona: DPAHC must be signed, dated, witnessed by 2 adults, or notarized*
- ☐ **Provide signed copies to: your agent, your doctor, your hospital, your attorney** — *Keep original in emergency binder; digital backup in secure cloud folder*
- ☐ **Discuss your wishes verbally with your agent — don't rely on the document alone** — *Have the conversation at least annually and after any major health change*
- ☐ **Register with your state's advance directive registry (if available)** — *Arizona offers a voluntary registry through ADHS: azdhs.gov*

Agent Name: _____ **Agent Phone:** _____

Agent Email: _____ **Relationship:** _____

Alternate Agent Name: _____ **Alternate Agent Phone:** _____

Document Location (binder/safe/attorney): _____

1B Living Will (Advance Directive / Directive to Physicians)

- ☐ **Understand the difference: Living Will = instructions; DPAHC = who decides** — *Both documents work together; having only one leaves gaps*
- ☐ **Draft or update your living will addressing CPR, mechanical ventilation, feeding tubes** — *Be specific about conditions under which you would/would not want each intervention*
- ☐ **Address artificial nutrition and hydration preferences explicitly** — *One of the most common gaps in standard advance directives*
- ☐ **Include your goals of care: life prolongation vs. comfort/quality of life priorities** — *Use values-history language: What makes life meaningful to you?*
- ☐ **Consider a POLST / MOST form if you have serious illness (physician-signed)** — *Portable Medical Order — takes effect immediately; different from an advance directive*
- ☐ **Review your living will after any major diagnosis, hospitalization, or life change** — *Outdated documents may not reflect current wishes*
- ☐ **Review annually — sign and date the updated version each year** — *Note the date of last review on the document itself*

Living Will Location: _____ **Date Last Updated:** _____ **Attorney Who Prepared It:** _____

1C Additional Advance Care Decisions

- ☐ **Organ and tissue donation: register at DonateLifeArizona.org or with your DMV** — *Carry a donor card; inform your agent of your decision*
- ☐ **Brain donation: register with a research institution if interested** — *Supports dementia research; must be registered in advance — cannot be arranged after death*
- ☐ **Mental health advance directive: document psychiatric treatment preferences** — *Especially important if you have a history of mental health conditions*
- ☐ **HIPAA authorization form: authorize agent/trusted contacts to access medical records** — *Without this, providers may refuse to share information even in emergencies*
- ☐ **Document your funeral and burial/cremation preferences in writing** — *Pre-arranging or at minimum documenting preferences relieves others of guessing*
- ☐ **Store all health care documents together in one clearly labeled section of your binder**
- ☐ **Verify your agent knows how to locate all documents in an emergency** — *Annual walkthrough of your binder with your agent is recommended*

SECTION 2: FINANCIAL ORGANIZATION

Asset mapping, beneficiaries, automation, and financial decision-making

2A Legal Financial Documents

- ☐ **Execute a Durable Power of Attorney for Finances** — *Names someone to manage financial affairs if you become incapacitated*
- ☐ **Create or update your will with a licensed estate attorney** — *Without a will, Arizona intestacy law controls who receives your assets*
- ☐ **Consider whether a revocable living trust makes sense for your situation** — *Avoids probate; names a trustee to manage assets if you become unable to*
- ☐ **Store originals in a fireproof safe; give copies to attorney and financial agent**
- ☐ **Review will and POA documents every 3–5 years or after major life changes**

Financial Agent / POA Name: _____ **Agent Phone:** _____

Attorney Name: _____ **Attorney Phone:** _____

Will / Trust Document Location: _____

2B Asset Mapping — Complete One Row Per Account

Tip: Create a master asset list in a secure document; note only the account institution and type here.

Account Type	Institution	Acct # (last 4)	Beneficiary on File?
Checking Account	_____	_____	[ ] Yes [ ] No
Savings Account	_____	_____	[ ] Yes [ ] No
Investment / Brokerage	_____	_____	[ ] Yes [ ] No
IRA / Roth IRA	_____	_____	[ ] Yes [ ] No
401(k) / 403(b)	_____	_____	[ ] Yes [ ] No
Life Insurance	_____	_____	[ ] Yes [ ] No
Long-Term Care Insurance	_____	_____	N/A
Home / Real Estate	_____	N/A	[ ] Yes [ ] No
Vehicle	_____	N/A	N/A
Other: _____	_____	_____	[ ] Yes [ ] No

2C Beneficiary Designations

- ☐ **Confirm beneficiaries are current on ALL accounts listed above** — *Beneficiary designations override your will — they must be intentional and up to date*
- ☐ **Remove deceased or estranged individuals from all accounts**
- ☐ **Name a contingent (secondary) beneficiary on every account** — *If primary beneficiary predeceases you and no contingent is named, assets may go through probate*
- ☐ **Review beneficiary designations after any divorce, death, or major relationship change**
- ☐ **Consider naming a charitable organization as a contingent beneficiary if no family** — *This is especially relevant for solo agers without children*
- ☐ **Verify beneficiaries annually — request updated confirmation from each institution**

2D Bill Automation & Financial Continuity

- ☐ **Set up automatic payments for: mortgage/rent, utilities, insurance premiums** — *Prevents service interruption during a health crisis or hospitalization*
- ☐ **Create a complete list of all recurring bills and subscriptions with due dates** — *Include: utility providers, insurance, HOA fees, subscription services, loan payments*
- ☐ **Ensure your financial agent knows how to access your accounts and bill list** — *Walk them through the process; a binder section for this is highly recommended*
- ☐ **Set up online account access for all financial institutions** — *Paper statements alone create barriers in an emergency*
- ☐ **Create a secure digital backup (encrypted) of all financial account credentials** — *Options: password manager (NordPass, Bitwarden, 1Password), trusted attorney safe custody*
- ☐ **Review and cancel unnecessary subscriptions or duplicate coverage**
- ☐ **Monitor accounts monthly for unauthorized transactions** — *Financial elder abuse is common; alert your bank to unusual transaction patterns*
- ☐ **File taxes on time; keep last 3 years of returns in your binder**

Location of Bill/Account Master List: _____

Bank / Primary Financial Institution: _____ **Bank Contact Phone:** _____

Financial Advisor Name: _____ **Financial Advisor Phone:** _____

SECTION 3: HOME ADAPTATIONS & SAFETY

Aging-in-place modifications, fall prevention, and emergency preparedness

3A Fall Prevention (Leading Cause of Injury in Older Adults)

- ☐ **Remove all throw rugs and loose floor mats throughout the home** — *Throw rugs are #1 trip hazard — replace with non-slip mat alternatives*
- ☐ **Install grab bars in all bathrooms: toilet, shower, tub** — *Must be anchored to wall studs; use a licensed installer or certified aging-in-place specialist*
- ☐ **Add non-slip strips or mat to shower floor and bathtub**
- ☐ **Ensure all stairways have secure handrails on both sides**
- ☐ **Improve lighting: replace all dim or burned-out bulbs; add nightlights in hallways/bathrooms** — *Motion-activated nightlights recommended for nighttime bathroom trips*
- ☐ **Install a shower seat or walk-in bench if shower balance is a concern**
- ☐ **Clear all pathways of clutter, cords, and obstacles** — *Path from bedroom to bathroom must be unobstructed and lit*
- ☐ **Have a vision and hearing check — both affect balance and fall risk**
- ☐ **Ask your doctor or pharmacist to review medications for fall-risk side effects** — *Blood pressure meds, sleep aids, and anti-anxiety medications are common culprits*
- ☐ **Participate in a falls prevention exercise program (e.g., Tai Chi, Otago)** — *YMCA, senior centers, and Area Agencies on Aging often offer free programs*

3B Bathroom, Mobility & Accessibility

- ☐ **Raise toilet seat height if needed (comfort height toilet or raised seat adapter)**
- ☐ **Assess doorway widths — standard wheelchair requires 32" clear; 36" is ADA preferred** — *Lever door handles are easier than knobs for arthritis or limited grip*
- ☐ **Ensure at least one bedroom and full bathroom on the main floor (zero-step entry)** — *Planning to 'age in place' long-term may require a first-floor living setup*
- ☐ **Replace round door knobs with lever-style handles throughout**
- ☐ **Evaluate kitchen: can you access all items without reaching overhead or bending?** — *Pull-out shelving, Lazy Susan turntables, and front-mounted controls improve accessibility*
- ☐ **Schedule an occupational therapist home assessment for personalized recommendations** — *AOTA-certified occupational therapists specialize in aging-in-place assessments*

3C Emergency & Safety Systems

- ☐ **Install and test smoke detectors on every floor; replace batteries annually** — *Fire Department may be able to help*
- ☐ **Install carbon monoxide detectors near sleeping areas**
- ☐ **Purchase and wear a personal emergency response system (PERS / medical alert device)** — *Examples: Life Alert, Medical Guardian, Apple Watch Fall Detection, Bay Alarm Medical*
- ☐ **Program emergency contacts into your phone with ICE prefix (In Case of Emergency)** — *Example: 'ICE – Jane Smith (Health Care Agent)'*
- ☐ **Post emergency numbers and your address on the refrigerator and near the main phone** — *Neighbors, home aides, or first responders may need this quickly*
- ☐ **Create a 72-hour emergency kit: water, 3-day food supply, medications, flashlight** — *Arizona-specific: include summer heat supplies — electrolytes, cooling towels*
- ☐ **Give a trusted neighbor or friend a key to your home** — *Inform them of your emergency contacts and health agent*
- ☐ **Sign up for local emergency alert systems** — *AZ: AlertSense, county notifications*
- ☐ **Test smoke/CO detectors and PERS device monthly**
- ☐ **Rotate emergency food and medication supply every 6–12 months**

PERS Device Provider: _____ **PERS Device Phone #:** _____

Trusted Key Holder Name: _____ **Key Holder Phone:** _____

Emergency Kit Location: _____

3D Home Infrastructure & Maintenance

- ☐ **Organize and document all utility accounts, service providers, and appliance warranties** — *Include: electric, gas, water, internet, HOA, home security provider*
- ☐ **Establish a relationship with a trusted handyman or home maintenance service** — *Having a pre-vetted person reduces vulnerability to predatory contractors*
- ☐ **Consider smart home technology: smart thermostat, voice-activated lights, video doorbell, Electronic Doorlock** — *Technology can extend independence and provide safety monitoring*
- ☐ **Schedule annual HVAC, plumbing, and electrical safety inspections** — *Critical in Arizona — HVAC failure is a heat emergency for older adults*
- ☐ **Verify home insurance coverage is adequate and current** — *Review annually; ensure replacement value, not just actual cash value, is covered*

SECTION 4: SOCIAL & SUPPORT NETWORKS

Non-family advocates, community resources, and your personal care team

4A Identifying Non-Family Care Advocates

As a solo ager, your care team is a chosen network — not an assumed one. Each role below should be consciously identified, confirmed, and documented.

- ☐ **Identify a Primary Care Advocate — someone who will accompany you to medical appointments** — *This person should know your health history, medications, and care preferences*
- ☐ **Identify a Financial Oversight Contact — someone who can monitor accounts with you** — *Not the same as your financial POA; this is a trusted friend who checks in regularly*
- ☐ **Have the 'conversation' — tell your advocates what you want, in detail** — *Use The Conversation Project guide at theconversationproject.org*
- ☐ **Consider hiring a professional Aging Life Care Manager (geriatric care manager)** — *Certified professionals who coordinate care, manage crises, and advocate for you*
- ☐ **Identify at least 2 people who will do regular wellness check-ins** — *Weekly calls or visits; establish a protocol for what happens if you don't respond*
- ☐ **Establish a 'buddy system' with another solo ager in your community** — *Mutual accountability and support — you check on each other*
- ☐ **Revisit and update your care team list annually**

PRIMARY CARE ADVOCATE

Name: _____ **Phone:** _____

Email: _____ **Role:** _____

Address: _____

_____

AGING LIFE CARE MANAGER / CARE COORDINATOR

Name: _____ **Phone:** _____

Email: _____ **Role:** _____

Address: _____

_____

4B Community Resources — Connect and Enroll

- ☐ **Contact your local Area Agency on Aging (AAA) — find at eldercare.acl.gov or 1-800-677-1116** — *AAAs connect you to: transportation, meal delivery, in-home services, caregiver support*
- ☐ **Research local senior centers and programs for social engagement** — *Pima Council on Aging (PCOA) serves the Tucson/Catalina Foothills area: pcoatucson.org*
- ☐ **Explore Village Network membership if one exists in your area** — *Village-to-Village Network connects neighbors for mutual support: vtvnetwork.org*
- ☐ **Investigate PACE program eligibility (Program of All-inclusive Care for the Elderly)** — *Comprehensive care for those who qualify; allows continued independent living*
- ☐ **Research home-delivered meal programs (Meals on Wheels, senior nutrition programs)** — *Nutrition programs also provide regular social check-ins by volunteers*
- ☐ **Identify local volunteer transportation options for medical appointments** — *PCOA, faith-based organizations, and NEMT programs may be available*
- ☐ **Connect with a faith community, book club, or recurring social group** — *Social isolation is a major risk factor for cognitive decline and poor health outcomes*
- ☐ **Attend at least one community program or group activity monthly**
- ☐ **Stay current on Arizona senior benefit programs (AHCCCS, Medicare Savings Programs)** — *Benefits.gov and SHIP offer free guidance*

Local Area Agency on Aging: _____	**AAA Phone:** _____
Senior Center Name: _____	**Senior Center Phone:** _____
Meals on Wheels / Nutrition Program: _____	**Phone:** _____
Transportation Service Name: _____	**Transportation Phone:** _____

Print, laminate, and keep this section in your wallet and on your refrigerator for first responders.

MY PERSONAL EMERGENCY INFORMATION CARD

Full Legal Name: _____	**Date of Birth:** _____
Home Address: _____	**Phone:** _____
Primary Physician: _____	**Physician Phone:** _____
Health Care Agent: _____	**Agent Phone:** _____
Critical Medical Conditions: _____	**Blood Type / Allergies:** _____
Current Medications: _____	**Insurance / Medicare #:** _____

SECTION 5: ANNUAL REVIEW & NOTES

Track your review history and record important updates

Review Date	Sections Updated	Changes Made / Notes	Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IMPORTANT NOTES / UPDATES

_____

_____

_____

_____