

My Ageing Well Plan



EasyRead Version



My name is



Date this plan was written



These people helped me to write this plan



My Home

At the moment I live in a:



house



bungalow



flat



somewhere else



My Home

I may need these adjustments to my home to help me:



accessible bathroom



hoist



stair lift



something else



My Home

If I can no longer live at my house the best alternative for me would be:



a nursing home



a care home



supported living



somewhere else



My Home - Things to Do



If I need adjustments to my house I will need an assessment with an Occupational Therapist (OT).

This person will arrange an OT assessment.



If I can no longer live in my own home I will need to find an alternative that meets my needs.

This person will help me to find the best alternative home.



My Health

As I get older I will need more support because I have:



dementia



diabetes



arthritis



another health condition



My Health - Things to Do



I will need a Health Action Plan to help keep me healthy for as long as possible.

This person will help me write my Health Action Plan.



I will need Annual Health Checks so that any changes to my health are found early.

This person will make sure that I have my Annual Health Check.



I will need a Baseline chart to tell people who support me what a good day looks like for me.

This person will help me to write my baseline chart.



My Support

I have help and support from these people:



members of my family



friends



paid carer



other people



My Support - Things to Do



If my family and friends can no longer care for me I will need someone else to support me.

This person will help me find new support.



I might need help to make new friends so that I do not become lonely.

This person will help me to find ways to make new friends.



My Money

I have help managing my money from these people:



members of my family



friends



Court appointed Deputy



other people



My Money - Things to Do



If I can no longer look after my money I might need someone to act as my Deputy.

This person will apply to become my Court appointed Deputy.



I might need someone to make decisions about money for me.

This person will apply for Power of Attorney



Support I give

I have give care and support for these people:



parents



brother or sister



my children



other people



Support I give - Things to Do



If I can no longer provide support for other people someone else will need to do this.

This person will provide support for the people I care for.



My Future Needs

I use Technology Enabled Care (TEC)



Yes



No



Not sure



If no, this person will help me to find the right TEC for my needs.



I have an emergency plan in place for when things change or go wrong.



Yes



No



Not sure



If no, this person will help me to write an emergency plan.



My Future Needs



I have an end of life plan to tell people what I want to happen when I die.



Yes



No



Not sure



If no, this person will help me to write an end of life plan.

