

Aging in Place: Making the Dream a Reality

The people of South Dakota report they would like to remain in their home and community as they age. SDSU Extension and Active Generations overwhelmingly supports this goal. As a result, we have partnered together to create this checklist to help spark a conversation between family and friends about resources in their community.

What do you like about your home? Check all that apply

- | | | |
|--|---|---|
| <input type="checkbox"/> Location | <input type="checkbox"/> Family/Friends | <input type="checkbox"/> Memories |
| <input type="checkbox"/> Size of community | <input type="checkbox"/> Amenities | <input type="checkbox"/> Access to services |
| <input type="checkbox"/> Others (please describe): _____ | | |

What is your current living situation?

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Living alone | <input type="checkbox"/> Living with my family | <input type="checkbox"/> Living with roommates |
|---------------------------------------|--|--|

Do you own your home?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Does your home include any of the following accessibility features?

- | | | |
|---|---|---|
| <input type="checkbox"/> Ramps | <input type="checkbox"/> Wider doors/entries | <input type="checkbox"/> Bathroom grab bars |
| <input type="checkbox"/> Hand held shower | <input type="checkbox"/> Bedroom on main floor | <input type="checkbox"/> Laundry on main floor |
| <input type="checkbox"/> Wheel chair accessible bathroom | <input type="checkbox"/> Handrails on both sides of stairs | <input type="checkbox"/> Lever style door knobs |
| <input type="checkbox"/> Flush door thresholds | <input type="checkbox"/> Easy to operate locks | <input type="checkbox"/> Good lighting |
| <input type="checkbox"/> Carbon monoxide detectors for hearing impaired | <input type="checkbox"/> Smoke detectors for hearing impaired | |
| <input type="checkbox"/> Others (please describe): _____ | | |

Would you like to stay in your own home?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Have you included home modifications in financial planning for retirement?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

What would motivate you to move? Check all that apply

- | | | |
|--|---|---|
| <input type="checkbox"/> Location | <input type="checkbox"/> Family/Friends | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Size of community | <input type="checkbox"/> Amenities | <input type="checkbox"/> Access to services |
| <input type="checkbox"/> Smaller home (downsizing) | <input type="checkbox"/> More affordable | <input type="checkbox"/> Weather |
| <input type="checkbox"/> Health | <input type="checkbox"/> Financial strain | <input type="checkbox"/> Loneliness |
| <input type="checkbox"/> Others (please describe): _____ | | |

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Community Resources:

Service/Resource	Available in Community				Distance to Closest Provider
Adult Foster Care	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Assisted Living	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Congregate Meal	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Dental Clinic	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Health Clinic	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Home Health	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Homemaker	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Hospital	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Hospice	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Meal Delivery	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Medical/Emergency Alert	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Mental Health	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Nursing Home	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Rehab Facility	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Respite/Adult Day	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Senior Apartments	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Support Group	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Transportation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____
Department of Social Services	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____

What's next?

- Contact local church or volunteer organization to see if they can help fill a need.
- Contact Active Generation or SDSU Extension for additional information on aging in place.
- Set up a community meeting to discuss community options for aging in place.

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