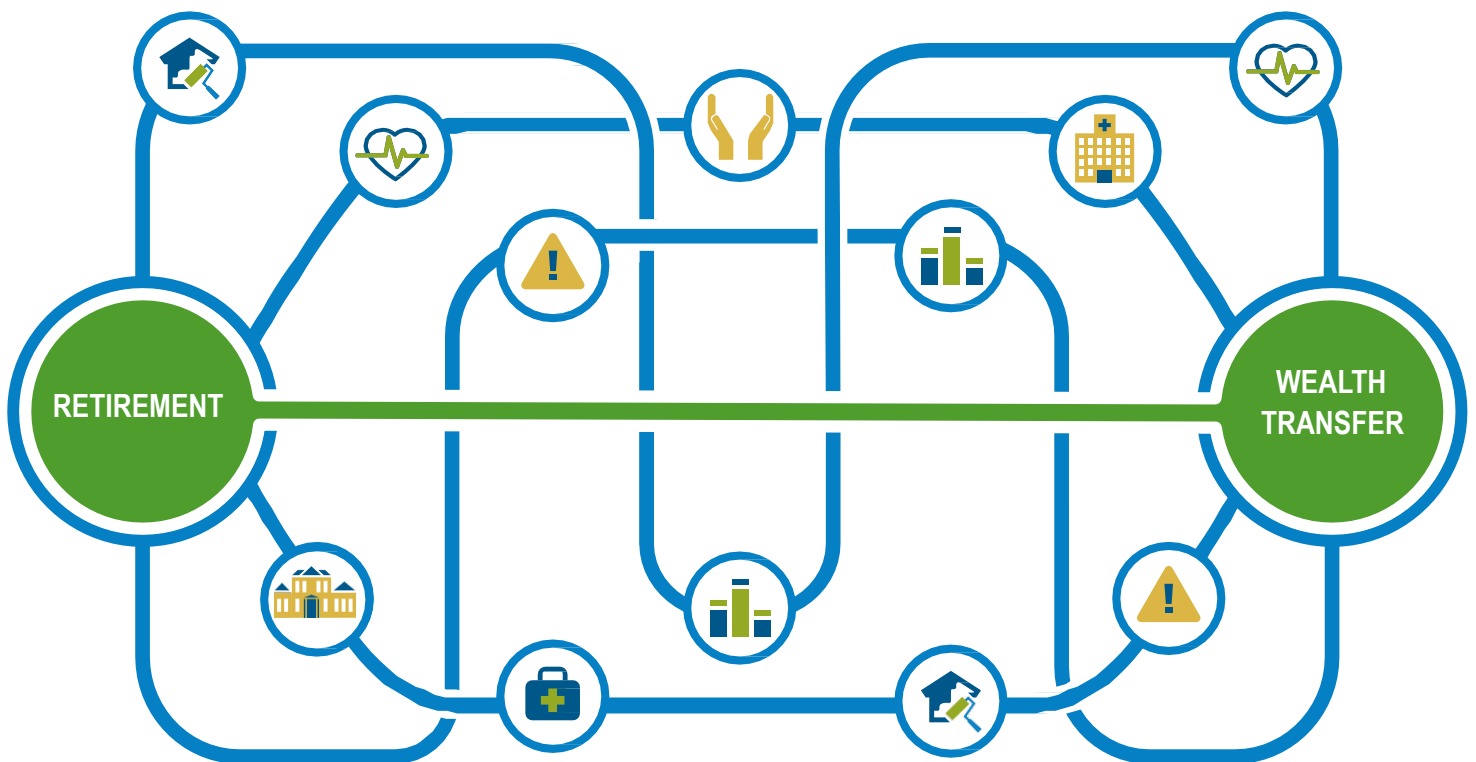


Planning for housing workbook

THE HIDDEN COSTS OF AGING

Comprehensive tools designed to help you thoroughly evaluate your care and housing options and start the conversations you need to have now.



WHAT'S INSIDE



If you are trying to decide whether you should stay or move from your current residence to a new location (either now or in the future), make sure you understand what different living arrangements offer and the costs involved — even if you decide to stay put. Given the wide range of housing choices available, you will want to take your time to think about, and financially prepare for, the option that is most appropriate for you and your family. **Your Financial Professional can help.**

Inside you will find



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ASSESSING YOUR HOUSING NEEDS

Discussion guide



It is important to be prepared for all scenarios, so that if an event such as an injury (major or minor) or something else occurs, existing plans can be simply and quickly put into motion. Having options in place can ease stress and reduce the risk of making hasty decisions that can have adverse financial implications in the future.

This discussion guide has been designed as a conversation starter for you, your financial professional and your family members to prepare for your future housing plans.

Use this worksheet to kick off a conversation with your financial professional to assess your future housing needs.

Topics to Address:

Level of care

Neighborhood considerations

Happiness/Comfort

Pets

Social support

Security Costs

Release from liability: Any selections the individual or family makes in terms of care are the sole responsibility of the decision maker. The Financial Professional, Franklin Templeton, and The Center for Innovative Care in Aging at the Johns Hopkins University School of Nursing are held harmless and released from any liability that may occur from selecting a care center, caregiver, community or facility.

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Level of care

If a medical condition or physical ailment is the impetus for the move, it is important to identify the type and level of support that will be needed now and in the future.

If you were to fall or encounter a serious or chronic health issue, would family members be available to help you? Yes No

Would family members be available to provide sustained care? Yes No

Have you discussed having family members provide sustained care? Yes No

If family assistance is not an option, how will you handle the need for help with the activities of daily living (e.g., bathing, dressing, eating, toileting, transferring, incontinence, etc.)?

Will you be able to hire and bring in caregivers to assist you, if needed? Yes No

If you begin to experience memory loss or other cognitive impairment, have you designated a family member to assist you with decision making? Yes No

Neighborhood considerations

Neighborhood considerations refer to characteristics of the neighborhood or community, such as location and security, that can support you as you age.

Do you want your residence to be easy for family and friends to get to? Yes No

Do you want the care and services you will need to be easily available? Yes No

Do you want doctors' offices, hospitals and pharmacies conveniently located within walking distance? Yes No

Do you want shops, restaurants and other entertainment conveniently located within walking distance? Yes No

Neighborhood considerations (continued)

How far do you want to be from shopping, medical facilities and other services you might need?

How far do you want to be from hobbies and interests such as theaters, museums, restaurants or other entertainment and social events?

What kinds of transportation would you like available to you?

Happiness/Comfort

Contentment is tied to physical and emotional well-being. The comforts of home are uniquely identified by the resident or prospective resident.

What type of home or community would you be happy living in?

What type of amenities would be most important to you (e.g., dining, fitness center, etc.)?

What social, educational and spiritual activities would you like to continue to enjoy (e.g., book clubs, cards, religious services, etc.)?

Is it important to you to leave your residence or facility to visit family and friends?

Yes No

Pets

Do you currently have a pet?

Yes No

Do you plan to get one? If so, what is the plan for pet care if your mobility decreases?

Yes No

Social support

As you age, your competence in driving may decrease and you may need to discontinue. Given that being with others and having regular social interaction is important throughout one's life, consider the options available now and into the future for leaving your residence and socializing with others.

If it becomes difficult or impossible for you to leave your residence, what will your options be for social engagement, so you do not become isolated or depressed?

Social support (continued)

How easy would it be for you to visit family, friends or neighbors, or engage in hobbies and cultural activities that you enjoy?

How will you connect with your peers and feel comfortable in the community?

Security

Security is a concern for people as they get older, whether they are healthy or frail. Some people may feel especially vulnerable.

What key security features do you want to have in place (e.g., home security system, neighborhood watch, gated community, security guard, etc.)?

Do you feel safe coming and going from the residence at different hours of the day?

Yes No

How can you improve your sense of security now and in the future?

Costs

Making a budget with anticipated expenses can help you weigh each housing option. Alternate arrangements like assisted living can be expensive. Extensive in-home help can also rapidly mount in cost, especially at higher levels of care and 24-hour coverage.

How prepared are you for a household move to increase the lifestyle support and services available to you?

Have you budgeted for a range of possible outcomes for long-term care and assistance?

Yes No

If you were healthy and your spouse required a move to assisted living or a skilled nursing facility, have you considered the impact on your retirement assets?

Yes No

What are your longevity-related financial concerns?

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HOME SAFETY ASSESSMENT

Checklist



As physical abilities change with age, it may become more difficult to manage a home safely. It is very important to evaluate your home and whether it supports your ability to carry out everyday activities safely.

This easy-to-use checklist provides a guide to the features of your home that may pose risk. To learn about possible home modifications that can make your home safer, you may want to consult with a health professional such as an occupational therapist. Any home modifications you decide to make should be conducted by licensed and bonded contractors who are familiar with Universal Design principles.

To use this checklist, walk through your home and consider each of the features listed. The first step is for you to evaluate whether your home is safe for you now. This list is a recommendation, there may be other things to consider.

Topics to Address:

Safety assessment of the entry to the home

Safety assessment of the inside of the home

Specific safety considerations for people with Alzheimer's disease, dementia or other cognitive impairments

Release from liability: Any modifications the individual or family makes to the home are the sole responsibility of the homeowner. The Financial Professional, Franklin Templeton, and The Center for Innovative Care in Aging at the Johns Hopkins University School of Nursing are held harmless and released from any liability that may occur from making a home modification.

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Entry to the home

Adequate lighting

	Yes	No	If no, plan of action
Driveway	<input type="checkbox"/>	<input type="checkbox"/>	
Garage	<input type="checkbox"/>	<input type="checkbox"/>	
Walkways	<input type="checkbox"/>	<input type="checkbox"/>	
At all doors	<input type="checkbox"/>	<input type="checkbox"/>	
Near the trash area	<input type="checkbox"/>	<input type="checkbox"/>	
Any other areas of the yard that are used after dark?	<input type="checkbox"/>	<input type="checkbox"/>	

Driveway

	Yes	No	If no, plan of action
Is the driveway smooth and evenly paved?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the transition between the driveway and surrounding surfaces (such as the yard) smooth and even, free of ruts and other things (rocks) that could cause tripping?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the slope of the driveway low enough that it does not cause a problem?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you shovel your own driveway if/when it snows?	<input type="checkbox"/>	<input type="checkbox"/>	

Walkways to and around home

	Yes	No	If no, plan of action
Are walkways smooth and level (no cracks, gaps or other tripping hazards)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are steps along walkways clearly visible?	<input type="checkbox"/>	<input type="checkbox"/>	
Do they have handrails?	<input type="checkbox"/>	<input type="checkbox"/>	
Are transitions between different surfaces even and level?	<input type="checkbox"/>	<input type="checkbox"/>	
If there are steeply inclined walkways, do they have sturdy, easy-to-grasp handrails?	<input type="checkbox"/>	<input type="checkbox"/>	
Are shrubs, bushes and yards trimmed back or removed so they do not obstruct the walkway (potential tripping hazard)?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you shovel your own walkways if/when it snows?	<input type="checkbox"/>	<input type="checkbox"/>	

Steps to the doors

	Yes	No	If no, plan of action
Do all steps have sturdy, easy-to-grasp (cylindrical) rails on both sides?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the stairs and multiple steps of equal height?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the stair treads sturdy, level and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	

Entry to the home (continued)

Garage

	Yes	No	If no, plan of action
Are there adequate overhead lights in the garage?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a clear pathway to walk through?	<input type="checkbox"/>	<input type="checkbox"/>	
Do entry stairs or ramps to the house have railings?	<input type="checkbox"/>	<input type="checkbox"/>	
Are ramps rising at a minimum slope of 12:1? (12 inches of ramp length for every one inch of height is standard; however, 16:1 is recommended.)	<input type="checkbox"/>	<input type="checkbox"/>	

Ramps (if applicable)

	Yes	No	If no, plan of action
Do ramps have sturdy rails on both sides?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the rails cylindrical for easy grasping?	<input type="checkbox"/>	<input type="checkbox"/>	
Do ramps have smooth transitions from ramp surface to ground surface?	<input type="checkbox"/>	<input type="checkbox"/>	
Do ramps have non-skid surfaces or have non-skid strips been added?	<input type="checkbox"/>	<input type="checkbox"/>	
Do ramp railings extend beyond the ramp to help people transition off the ramp?	<input type="checkbox"/>	<input type="checkbox"/>	
Do ramps have sufficient width of at least 36 inches between handrails?	<input type="checkbox"/>	<input type="checkbox"/>	

Entry porches/decks/landings

	Front		Rear		If no, plan of action
	Yes	No	Yes	No	
Have all potential tripping hazards, such as clutter and overgrown bushes, been removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the landing wide and deep enough to safely open the door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a clearly visible, easily reachable doorbell?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do porches and decks have railings or barriers to prevent someone from falling off?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the railings securely fastened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the decking have secure, even floorboards with no protruding nails?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a non-skid surface on the porch/deck/landing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do doormats have non-skid backing with no upturned corners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Entry to the home (continued)

Exterior doors

	Front		Rear		If no, plan of action
	Yes	No	Yes	No	
If necessary, are doorways wide enough to accommodate wheelchairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is a lock or deadbolt present on interior of door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are latches, door handles in good condition and easy to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If someone has trouble turning a doorknob, are there lever handles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do the doors open and close easily without sticking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do doors on springs close slowly enough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the threshold at the door less than one inch high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do glass sliding doors have decals at eye level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Other outdoor area concerns

	Front		Rear		If no, plan of action
	Yes	No	Yes	No	
If there is a patio or deck, is it level, smoothly surfaced and free of tripping hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do these areas have safe, accessible stairs and railings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have working chimneys been professionally inspected and cleaned within the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Inside the home

Entryways and vestibules

	Front		Rear		If no, plan of action
	Yes	No	Yes	No	
Have throw rugs (potential tripping hazards) been removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a clear pathway (devoid of clutter) through the entry hall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all cords and wires out of the pathway?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are thresholds low enough (less than 1 inch) so someone does not trip over them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there adequate lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the light switch at the entrance to the room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the entryway wide enough for a wheelchair/walker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Inside the home (continued)

Hallways

	<u>#1</u>		<u>#2</u>		<u>#3</u>		If no, plan of action
	Yes	No	Yes	No	Yes	No	
If people need support, are there handrails along the hall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are halls free of clutter and other tripping obstacles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are carpet runners tacked down or have anti-skid backing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are thresholds less than one inch, so they are not tripping hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are halls wide enough for a wheelchair/walker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there adequate lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a light switch at both ends of the hall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Doors and doorways

	Yes	No	If no, plan of action
Do all doors open easily?	<input type="checkbox"/>	<input type="checkbox"/>	
Are thresholds less than one inch?	<input type="checkbox"/>	<input type="checkbox"/>	
Are latches, door handles in good condition and easy to use?	<input type="checkbox"/>	<input type="checkbox"/>	
If someone has trouble turning a doorknob, are there lever handles?	<input type="checkbox"/>	<input type="checkbox"/>	

Interior stairs

	<u>2nd floor</u>		<u>Basement</u>		<u>Other</u>		If no, plan of action
	Yes	No	Yes	No	Yes	No	
Do stairs have sturdy rails on both sides that are securely fastened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do rails continue onto the landings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the stair treads sturdy, not deteriorating or broken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are edges of stair treads clearly visible (no dark, busy patterns)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are stair pads in good repair (tacked down, in one piece)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are stair treads slip-resistant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(If carpeted) Is carpet securely attached, not worn/frayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are top and bottom steps highlighted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are stairs free of clutter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If stairs have a low, overhanging beam that people could bump their heads on, has it been padded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are stairs and landings well lit, with light switches at both top and bottom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Inside the home (continued)

Living room (LR), dining room (DR), family room (FR) and other

	LR		DR		FR		Other		If no, plan of action
	Yes	No	Yes	No	Yes	No	Yes	No	
Is the lighting adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a light switch at the entrance to the room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a clear, unobstructed path through the room (no clutter, cords, wires or other things to trip over)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are thresholds minimal and carpet binders tacked down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are carpets in good condition (not frayed or turned up, torn, or with worn spots that someone could trip over)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are plastic runners/carpet protectors tacked down (not folded or turned up at edges)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do throw rugs have anti-skid backing and no upturned corners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is tile/linoleum free of chips or tears and not slippery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are bare wood floors slip-resistant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there at least one comfortable chair people can get in and out of safely and easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is furniture stable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do tables have rounded edges that are clearly visible (no sharp edges, not made of glass)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do windows open easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are shades and blinds easy to open and securely attached?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are electrical cords run behind furniture and not across the floor or under the rug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Bathrooms

	Bath #1		Bath #2		If no, plan of action
	Yes	No	Yes	No	
Sinks					
Is the sink wheelchair-accessible or can someone sit at the sink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are mirrors at an appropriate height?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tub/shower					
Are there sturdy grab bars in the tub and/or shower, if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the shower curtain bottom a tripping hazard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are toiletries in the tub easily reached from sitting and standing positions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a non-skid bathmat in the bathtub?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a hand-held shower head?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Inside the home (continued)

Bathrooms (continued)

	<u>Bath #1</u>		<u>Bath #2</u>		If no, plan of action
	Yes	No	Yes	No	
Are tub/shower/faucets easy to use and read (hot/cold clearly marked)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If needed, is there a tub or shower seat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If shower/tub doors are present, are they made of a non-shattering material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toilet					
Are there sturdy grab bars at the toilet (or toilet arms and a raised seat)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is toilet paper easily reachable from the toilet seat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the toilet seat in good condition and securely fastened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a night-light in the bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Kitchen

	Yes	No	If no, plan of action
Are frequently used items visible and easily reached (front of pantry and refrigerator)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are sink faucets easy to reach?	<input type="checkbox"/>	<input type="checkbox"/>	
Is it easy to determine where the hot and cold areas of the faucet are?	<input type="checkbox"/>	<input type="checkbox"/>	
If necessary, have anti-scald or hot-water temperature devices been installed?	<input type="checkbox"/>	<input type="checkbox"/>	
Have timers been installed on the oven and cooktop?	<input type="checkbox"/>	<input type="checkbox"/>	
Are burners and control knobs clearly labeled and easy to use?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the controls on the front of the stove, not the back?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a close resting place nearby for hot vessels coming out of the oven?	<input type="checkbox"/>	<input type="checkbox"/>	
Is glass cookware being used so the person can see the food being cooked?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the microwave easy to read, reach and operate?	<input type="checkbox"/>	<input type="checkbox"/>	
Are towels, curtains, potholders and other objects that might catch fire located away from the range?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a step stool that is stable nearby?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the kitchen ventilation system or range exhaust functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there good lighting over work areas?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a fire extinguisher nearby?	<input type="checkbox"/>	<input type="checkbox"/>	

Laundry

	Yes	No	If no, plan of action
Is there a light switch at the entry?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there sufficient lighting?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the route to the laundry safe (including all stairs and railings)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the appliances at the right height, so it is easy to get clothes in/out of the washer and dryer?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the control knobs easy to reach, read and operate?	<input type="checkbox"/>	<input type="checkbox"/>	
Are laundry supplies easy and safe to reach?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a non-slip floor surface?	<input type="checkbox"/>	<input type="checkbox"/>	
Are tripping hazards off the floor (laundry basket or dirty clothes)?	<input type="checkbox"/>	<input type="checkbox"/>	

Bedroom(s)

	<u>Bed #1</u>		<u>Bed #2</u>		If no, plan of action
	Yes	No	Yes	No	
Is there a light at the entrance to the room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is a light reachable from the bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can bureau drawers be reached (best height of the drawer) and opened easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a clear, unobstructed path through the room (clutter and furniture are out of the way)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are cords and wires off the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do throw and area rugs have non-slip backing and no upturned corners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are wood and linoleum floors non-skid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is carpet smooth (no folds or holes) and tacked down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are curtains and bed coverings off the floor, so they are not tripping hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there support for getting in and out of bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a place to sit and get dressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are windows easy to open and close?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are window blinds and shades working properly and easy to open?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are blinds and shades properly secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a telephone within reach of the bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are any assistive walking devices (cane/walker/wheelchair) within reach of the bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a flashlight or some other form of non-electric lighting within reach of the bed in case of a power outage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are electric blankets dangerously folded, covered by other objects or tucked in when in use? Is the power cord pinched or crushed by the bed, between a wall or the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Closet(s)

Closet #1 Closet #2

Yes No Yes No If no, plan of action

	Yes	No	Yes	No	If no, plan of action
Are shelves and clothes easy to reach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have closet organizers been installed to maximize use of space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are closets organized so clothes are easy to find?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is clutter or other tripping hazards off the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do closets have lights that are easy to find and reach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are closet doors easy to open?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If a closet has sliding doors, do they stay on track?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Specific safety considerations for people with Alzheimer's disease, dementia or other cognitive impairments

General considerations

Yes No If no, plan of action

	Yes	No	If no, plan of action
Is there a safe outdoor area that the person with dementia can use without wandering away (escape-proof porch or deck, fenced-in yard with locked gate)?	<input type="checkbox"/>	<input type="checkbox"/>	
Have poisonous plants and shrubs/plantings with berries been removed?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there security locks on all exterior doors (double keyed and installed out of sight, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
Is a key hidden outside in case the person locks out the caregiver?	<input type="checkbox"/>	<input type="checkbox"/>	
Are exterior and other doors to off-limits areas alarmed?	<input type="checkbox"/>	<input type="checkbox"/>	
Is access to stairwells, storage areas, basements, garages and other off-limits areas controlled (with locks, secure gates, Dutch doors, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
Has access to home offices and computer/home finance areas been controlled?	<input type="checkbox"/>	<input type="checkbox"/>	
If necessary, can all doors to off-limits areas be secured or disguised?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there eye-level decals on all glass doors and large picture windows?	<input type="checkbox"/>	<input type="checkbox"/>	
Can all windows be securely locked?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a drawing, picture or short instruction list for tasks or daily schedule?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there use of colors or color contrast to highlight an object?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a safe, clear pathway through the house where the person can walk or wander safely without tripping, knocking into or damaging something?	<input type="checkbox"/>	<input type="checkbox"/>	
If necessary, are childproof plugs in all unused electrical outlets?	<input type="checkbox"/>	<input type="checkbox"/>	
Are radiators and hot-water pipes that the person might touch covered?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all prescription medications and over-the-counter medicines locked up?	<input type="checkbox"/>	<input type="checkbox"/>	

Specific safety considerations for people with Alzheimer’s disease, dementia or other cognitive impairments (continued)

General considerations (continued)

	Yes	No	If no, plan of action
Is alcohol out of sight and locked up?	<input type="checkbox"/>	<input type="checkbox"/>	
Are plastic/dry cleaner bags out of reach (could cause choking or suffocation)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all weapons locked up or removed from the house (guns, knives, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	

Orientation considerations

	Yes	No	If no, plan of action
Are there signs, arrows and/or photographs pointing to the bathroom, bedroom and other places the person needs to find?	<input type="checkbox"/>	<input type="checkbox"/>	
Are doors that the person needs to use highlighted (signs, color)?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a photo or memento on the door to help someone find his/her bedroom?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there night-lights or light strips leading to the bathroom from the bedroom?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the bathroom door left open when not in use to serve as a visual cue?	<input type="checkbox"/>	<input type="checkbox"/>	
Are closets, drawers and cabinets that hold things the person can use labeled?	<input type="checkbox"/>	<input type="checkbox"/>	

Hallucinations/misrecognition considerations

Are light levels even so that shade and shadows are kept to a minimum?	<input type="checkbox"/>	<input type="checkbox"/>	
Has ominous-looking artwork been removed (masks, distortions, abstract work)?	<input type="checkbox"/>	<input type="checkbox"/>	

Considerations if the person gets upset by his/her or another person’s image

Are windows covered at night so the person cannot see his/her reflection?	<input type="checkbox"/>	<input type="checkbox"/>	
Are mirrors covered?	<input type="checkbox"/>	<input type="checkbox"/>	
Have portraits and large photographs of people been removed or covered?	<input type="checkbox"/>	<input type="checkbox"/>	

Bathroom safety checklist

	<u>Bath #1</u>		<u>Bath #2</u>		If no, plan of action
	Yes	No	Yes	No	
Have all medicines and razors been put away?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have all cleaning agents been put away?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are other harmful objects removed from the cabinets and fixtures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are sink faucets easy to reach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is it easy to determine where the hot and cold areas of the faucet are?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is a shower or bath seat accessible, allowing a person to direct desired water flow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Bathroom safety checklist (continued)

	Bath #1		Bath #2		If no, plan of action
	Yes	No	Yes	No	
Is it easy to mix the water temperature?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have anti-scald devices been installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the color of the toilet fixture and/or seat contrast with the wall and floor for easy identification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have all trash cans been removed if the person uses them as a toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there night-lights/signs giving directions to the bathroom and fixtures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are instructions posted by the toilet, sink and shower/tub?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Kitchen safety checklist

	Yes	No	If no, plan of action
Are all drawers and cabinets with only safe objects labeled?	<input type="checkbox"/>	<input type="checkbox"/>	
Are childproof locks on drawers and cabinets that are off-limits?	<input type="checkbox"/>	<input type="checkbox"/>	
Has access to the stove been controlled (knobs removed, lock on oven door, stove connected to hidden circuit breaker or gas valve)?	<input type="checkbox"/>	<input type="checkbox"/>	
If necessary, has access to the refrigerator and freezer been controlled with a refrigerator lock?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a night-light in the kitchen (for safe midnight snacking)?	<input type="checkbox"/>	<input type="checkbox"/>	
Have sharp knives and other dangerous implements been removed or locked up?	<input type="checkbox"/>	<input type="checkbox"/>	
Has excess clutter been removed from countertops and tables?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the temperature for the hot-water tap been reduced to avoid scalding?	<input type="checkbox"/>	<input type="checkbox"/>	
Have all vitamins, sweeteners, over-the-counter medicines and prescription drugs been removed (or left out in limited quantities)?	<input type="checkbox"/>	<input type="checkbox"/>	
Have all poisonous cleaning agents and hazardous materials been removed or locked up?	<input type="checkbox"/>	<input type="checkbox"/>	
Have all "fake" food items been removed (wax/ceramic fruit, food-shaped magnets)?	<input type="checkbox"/>	<input type="checkbox"/>	
If necessary, has the kitchen been closed off?	<input type="checkbox"/>	<input type="checkbox"/>	

Bedroom safety checklist

	Yes	No	If no, plan of action
Are there night-lights (and signs, if necessary) along the path to the bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a monitor/intercom between the person's and the caregiver's areas?	<input type="checkbox"/>	<input type="checkbox"/>	

Bedroom safety checklist (continued)

	Yes	No	If no, plan of action
Have clutter and other potentially dangerous items (cologne, after-shave lotion, deodorant, etc.) been removed from dresser tops and floors?	<input type="checkbox"/>	<input type="checkbox"/>	
Are drawers organized simply and labeled?	<input type="checkbox"/>	<input type="checkbox"/>	
Are hazardous items removed, such as electric blankets and hot-water bottles?	<input type="checkbox"/>	<input type="checkbox"/>	

Specific safety considerations for people with Alzheimer's disease, dementia or other cognitive impairments (continued)

General home safety concerns

	Yes	No	If no, plan of action
Is emergency contact information easily accessible and ready to use?	<input type="checkbox"/>	<input type="checkbox"/>	
Are smoke detectors installed and working on every level of the home, outside sleeping areas and inside bedrooms?	<input type="checkbox"/>	<input type="checkbox"/>	
Are carbon monoxide (CO) alarms installed and working on every level of the home (outside sleeping areas and inside bedrooms)?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a safe place outside to hide a key to the house for emergency entry?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all portable space heaters and wood-burning heating equipment at least three feet from walls, furniture, curtains, rugs, newspapers or other flammable materials?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all medications in child-resistant containers clearly marked with the medication name and dose?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the area well lit where medications are kept?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the water heater set to no more than 120 degrees Fahrenheit?	<input type="checkbox"/>	<input type="checkbox"/>	
Are containers of flammable and combustible liquids stored outside of the house?	<input type="checkbox"/>	<input type="checkbox"/>	
Are portable generators not operating in the basement, garage, or anywhere near the house?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there an emergency exit plan?	<input type="checkbox"/>	<input type="checkbox"/>	
Are small appliances, such as hair dryers, toasters, etc., unplugged when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	
Are electrical outlets or switches in good working order and not unusually warm or hot to the touch?	<input type="checkbox"/>	<input type="checkbox"/>	
Do all electrical outlets and switches have cover plates installed so no wiring is exposed?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all Ground-Fault Circuit Interrupter (GFCI) receptacles working properly?	<input type="checkbox"/>	<input type="checkbox"/>	

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SELECTING A GERIATRIC CARE MANAGER



A geriatric care manager, also known as an aging life care professional, is a specialist in the care of older adults who can guide and advocate for families caring for older relatives or disabled adults. The geriatric care manager can bring a wealth of resources to the family and help to address a wide variety of care issues. They often have backgrounds or specialized training in nursing, public health and social work. Some of the certifications and appropriate educational credentials include:

- BA - Bachelor of Arts
- BSN - Bachelor of Science in Nursing
- RN - Registered Nurse
- MPH - Master of Public Health
- C-ASWCM - Certified Advanced Social Work Case Manager
- CMC - Care Manager, Certified
- CHP-SW - Certified Hospice and Palliative Care Social Worker
- MSN - Master of Science in Nursing
- SW-G - Social Worker in Gerontology
- CCM - Certified Case Manager

Many people find it helpful to work with a life care professional in making decisions. Use this worksheet to help you determine which geriatric care manager is best for you and your family.

Use this worksheet to assist you in selecting a geriatric care manager.

Topics to Address:

Geriatric care manager profile

Evaluating a geriatric care manager

Scope of responsibilities

Memory care considerations

Costs

Release from liability: Any selections the individual or family makes in terms of care are the sole responsibility of the decision maker. The Financial Professional, Franklin Templeton, and The Center for Innovative Care in Aging at the Johns Hopkins University School of Nursing are held harmless and released from any liability that may occur from selecting an agency, care center, care manager, caregiver, community or facility.

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Geriatric care manager profile

Name of geriatric care manager

Date reviewed

Sponsoring organization

Phone number

Email address

Evaluating a geriatric care manager

Consider engaging a geriatric care manager in conversation around the questions suggested below. Listen for cues that demonstrate knowledge and experience, patience and tenacity, as well as the kindness you would like to see extended to your loved one.

How long have you served as a geriatric care manager?

Do you have a specific focus on aging and elder care?

Yes No

Do you have experience dealing with care for people who have Alzheimer's disease, dementia or other cognitive impairments?

Yes No

Do you have experience dealing with care for people with infectious diseases or viruses?

Yes No

What is your educational background?

Do you have any special licenses or professional designations in gerontology, nursing or social work?

Yes No

How many individuals and families have you worked with?

Which of your personal qualities make you well-suited to this line of work?

Have you worked with someone like my _____ who has the following issues/conditions? Yes No

What makes you uniquely qualified to help us?

Scope of responsibilities

When are your services typically sought? Can you please provide some specific examples?

Can you provide an example of a special challenge you've addressed for one of your clients?

What are some examples of things you can do for older adults and their families that they could not do for themselves?

Have you coordinated local patient resources when families live far away from their parents? Yes No

What processes are in place for communication and for staying in touch with me and my family?

After the initial assignment, how long do you typically stay involved?

How familiar are you with Medicare, Medicaid and private insurance coverage and limitations of the coverage?

Are you familiar with long-term care coverage and what is required for a policy to begin coverage? Yes No

What is your availability and what role will you have during emergency situations?

Memory care considerations

What experience do you have working with people who have Alzheimer's disease, dementia or other cognitive impairments?

What are your qualifications/credentials?

Costs

Is there a fee for your initial assessment? If so, what is that fee?

Yes No

How do you charge for your services: by the hour, day or month?

Do you require a deposit? If so, how much?

Yes No

After the initial assessment, are you able to assist with monitoring ongoing care?

Yes No

How do you monitor that care, and will you report back directly to family members, as needed?

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EVALUATING ADULT DAY SERVICES



Adult day services are provided through centers that serve as community-based programs that provide assistance such as personal care, social integration and companionship in a group setting, usually during the workweek. In general, there are three types of adult day centers. Not all are available in all housing options.

- **Adult day services**
Provide activities, social interaction, recreation and meals.
- **Adult day health care**
Provide physical, occupational and speech therapy based on a health assessment. They are often staffed with a registered nurse or health professional.
- **Adult day care services**
Typically support people with Alzheimer’s or dementia. They provide socialization, recreational exercise, counseling, meals and health monitoring. They are often staffed with a registered nurse or health professional.

This worksheet will help you determine which adult day care options are best for you and your family.

Use this worksheet to assess the fit of a center’s resources with the needs of you and/or your family member.

Topics to Address:

Center profile	Staff
General information	Management
General services	Safety and security
Transportation	Memory care considerations
Medical and therapeutic services	Costs
Site visit checklist	

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Center profile

Name of center

Date visited

Address

Phone no.

City

State

Zip code

Contact name

Your rating 1–5 (5 being the highest)

General information

How long has the center been in existence?

What are the days and hours of operation?

What type of scheduling is available (full-day, half-day, hourly)?

Are there any age or other restrictions?

Yes No

What conditions are accepted (e.g., memory loss, limited mobility, incontinence)?

What is the primary type of care provided? Check all that apply.

Social and recreational Medical and health support Specialized care (e.g., dementia, or clients with disabilities)

General services

Is the location convenient?

Yes No

Is there adequate socialization/activities?

Yes No

What is the schedule of daily activities (e.g., arts and crafts, mental stimulation, games and local outings)?

General services (continued)

Is there assistance with basic functions (e.g., walking and eating)? Yes No

Are there exercise and recreational activities? Yes No

Are meals and snacks offered? Yes No

Is a caregiver permitted to accompany the participant? Yes No

Transportation

Does the center have an emergency policy to determine when to call 911? Yes No

Is transportation offered to and from the center? Yes No

Did you see the vehicle and meet the driver? Yes No

Is there a charge for transportation? Yes No

Does the center offer transportation for appointments (e.g., doctor appointments)? Yes No

Is transportation accessible for wheelchairs and walkers? Yes No

Does the driver assist the client when getting in and out of the vehicle? Yes No

What is the policy for late pickup at the end of the day? Yes No

Medical and therapeutic services (if applicable)

What emergency services are available (staff trained in first aid/CPR)?

How is staff trained to handle emergencies (e.g., fire/outbreak/quarantine)?

How often do medical assessments take place (e.g., blood pressure, weight, sugar/glucose levels, etc.)?

What kind of medical treatment is available?

What medication management services are in place?

What kind of music therapy is available?

What kind of nursing (coordination with a personal physician to provide health monitoring and medication administration) is available?

What kind of physical therapy is available?

What kind of speech therapy is available?

What kind of occupational therapy is available?

Is a social worker (coordination of services and referrals to outside services and groups) available? Yes No

Site visit checklist

Once you determine that the center has the services you are looking for, and serves adults with similar needs, it's time for a site visit. Here are some considerations for your visit.

What is your first impression of the center?

Did someone greet you and explain the center services and activities? What did you learn about staffing, scheduling and costs? Yes No

Is the center licensed or certified (if required in your state)? Yes No

Site visit checklist (continued)

How are shared objects managed to prevent the spread of germs?

Is the building clean, amply furnished and free of odor?

Yes No

Are the building, transportation and grounds wheelchair-accessible?

Yes No

Are there sturdy loungers and chairs with arms for relaxation?

Yes No

Does the staff seem cheerful, encouraging and competent?

Yes No

Are the participants at a similar stage of life to your family member?

Yes No

Staff

What is the ratio of staff to residents?

What is the staff turnover rate?

Management

How is management staffed?

What feedback mechanisms exist for participants?

Safety and security

How does the facility communicate when an outbreak of any type occurs?

Are emergency exits clearly marked and unobstructed?

Yes No

Are there fire safety systems (smoke detectors, fire extinguishers and sprinklers)?

Yes No

Safety and security (continued)

Does the center post an evacuation plan? Yes No

Are there safety procedures in place to prevent residents from wandering? Yes No

Memory care considerations

Does the center have experience with people with Alzheimer's disease, dementia or other cognitive impairment? Yes No

What qualifications are met by staff?

What training is provided to staff?

Costs

In general, Medicare does not cover adult day care services. Costs will vary depending on the type of services you need. Some of the costs may be covered by Medicaid for those who qualify. Check with your local area agency on aging for what is covered in your area. Additionally, the VA may help cover some costs for veterans. Contact your local VA social worker for more information.

What is the fee? (hourly, daily or monthly)?

Is a deposit required? If yes, how much? Yes No

What is the cost of other typical charges (e.g., meals, snacks, transportation, outings, health care services)?

What types of payments are accepted (check/credit card/direct withdrawal from checking account)?

What is the policy for missed time/days?

Is any of the cost covered by Medicare or private insurance? Yes No

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HIRING A HOME CARE AGENCY



If someone is recovering from surgery or needs long-term care for a chronic illness or disability, in-home care may be an option. Home care services range from household support, such as cleaning, cooking and running errands, to skilled care provided by nurses or therapists. There are two types of home care agencies.

- Non-medical or companion agencies**
 Provide non-medical care, are not licensed, and are typically not covered by insurance. Companion or home helper services include keeping the person company and doing light chores like helping with cleaning or picking up prescriptions from the pharmacy. Workers have varying levels of experience and training. Frequently these agencies are small, locally run businesses that are franchises of larger, national companies.
- Licensed home care agencies**
 Typically licensed by the state and can provide skilled nursing and personal care services. Some provide long-term personal care to patients through contracts with Medicaid. Most services, however, are paid for by the patient or the family.

Once you have researched home care agencies in your area and are ready to conduct an interview with a representative from an agency, this worksheet will provide you with sample questions to ask, which in turn will help you find the appropriate caregiver for you and your family member.

When evaluating home care, the first step is to understand the type of help available and what you or your loved one may need for emotional care, household care, personal care and health care.

Topics to Address:

Agency background and policy

Caregiver training and availability

Memory care considerations

Costs

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Agency background and policy

How long has your agency been in existence?

How many caregivers are in your network?

What process do you use to onboard caregivers? Do you interview everyone in person?

Do you perform background checks? Can you share background checks on a specific caregiver upon request? Yes No

What are the procedures for overseeing the hours that a caregiver works and whether or not they have performed their duties?

What licensing or insurance is used to ensure that caregivers are covered?

Is your agency or the caregiver held liable if something were to happen to a client under his/her care? Yes No

Have you had instances in the past year where a caregiver was accused of elder abuse or another form of negligence? Yes No

What do you do with negative feedback you receive from clients about a particular caregiver?

Do you have reviews/comments from clients that you can share about your agency, your caregivers and/or the type of care provided? Yes No

What are the processes in place for communication and staying in touch with me and my family?

How are problems addressed and resolved? Whom can I contact with requests, questions or complaints, and is there someone available to speak to 24 hours a day?

When can services begin?

Caregiver training and availability

When are caregivers available (days, nights, weekends)?

Caregiver training and availability (continued)

What training or continuing education is required for the caregivers?

How are the caregivers trained to handle emergencies (e.g., fire/outbreak/quarantine)?

What is the protocol for contacting my family should the need arise?

Can I expect to work with a particular caregiver on an ongoing basis? Yes No

Do you have a vacation policy for caregivers? If so, what is the policy? Yes No

How are you staffed to cover caregiver illnesses, emergencies or vacations so that there are no gaps in care?

Are there any limitations on how long a caregiver can stay or work with us? Yes No

Do you allow for a trial period with a caregiver? If so, what is that trial period? Yes No

Do you have a caregiver who can help with the following (list any items that you, your family member or loved one may need help with)? Yes No

Are caregivers asked to provide status updates to your agency and perform periodic check-ins? Yes No

Memory care considerations

Does your agency have experience helping people with Alzheimer's disease, dementia or other cognitive impairment? Yes No

What qualifications are met by caregivers?

Memory care considerations (continued)

What training is provided for caregivers?

Other important questions

Will nutritionists, dietitians, counselors, therapists or other specialists consult with me, as needed? Yes No

Can you provide a copy of any/all legal documents (e.g., a patient's "bill of rights") for review? Yes No

How are shared objects managed to prevent the spread of germs?

Costs

What does the care we discussed cost? What are the hourly, weekly, monthly and annual costs?

What would it cost if we needed care during evenings or weekends?

What would it cost if we needed care overnight?

Are any services charged at an "ad hoc" rate? Do you have a rate sheet or a document that details the costs? Yes No

Do costs vary based on the types of skills needed (e.g., home care vs. skilled nursing)? Yes No

Are any costs covered by insurance, Medicare or Medicaid? Yes No

Would financial assistance be available, if needed? Yes No

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INTERVIEWING A CAREGIVER



Caregivers are responsible for the care and well-being of others. Some might demonstrate exceptional empathy, patience and kindness, while others have more experience in caring for people who are physically vulnerable and need help navigating the activities of daily living.

The goal of this worksheet is to help you determine the best caregiver for you or your loved one.

As you read through the questions in this worksheet, you may wish to think about specific scenarios to help determine how a caregiver would handle them. For example, “What would you do if my mother falls, seems confused, doesn’t recognize you and won’t let you help her?” or “How would you address my father running a fever and acting lethargic?”

Topics to Address:

Caregiver profile

Background

Hours/Schedule

Transportation

Core responsibilities

Attitude and trustworthiness

Memory care considerations

Costs

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Caregiver profile

Full name (first, middle, last)

Date interviewed

Address

Phone no.

City

State

Zip code

Email Address

Name of previous employer

Can we contact
your last employer?

Yes

No

Previous employer's phone no.

Previous employer's email address

Background

How long have you been doing this type of work, and how many people have you cared for?

Tell me about your past work experience.

Where was your last job? How long were you there?

Why did you leave?

What type of people do you usually care for? What type of assistance have your clients typically needed?

Have you ever cared for someone with the following (list conditions related to needs, such as memory problems, wheelchair use, etc.)?

Yes No

What languages are you fluent in (aside from English)?

What is your educational background?

What is your training background?

What specific certifications do you have?

Do you have any CPR or first-aid training?

Yes No

If I paid for it, would you be willing to undergo additional training? (Note: If the caregiver works for an agency, you may need to go through the agency to get an answer for this question.)

Yes No

How are you trained to handle an emergency (e.g., fire/outbreak/quarantine)?

Background (continued)

Have you had to handle an emergency while caring for a client? Please describe what happened and what you did to handle the situation.

What is the protocol of contacting family should the need arise?

Hours/Schedule

We are hoping to have someone at the home from _____ to _____ each day. Are you available to work those hours? Yes No

If there is an issue, can you work longer hours when asked? Yes No

Would you be willing to stay overnight if there is an emergency at work or a need for me to travel for business? Yes No
How much advance notice would you need?

Do you have other responsibilities aside from this job, including care for your own family? Yes No

What are your expectations for vacation time? And are you willing to help find coverage for the days that you need to take off?

When would you be able to start work?

After a trial period of _____ (insert time period — typically 2–4 weeks), would you be willing to commit to a _____ (insert time period — typically 6–12 months) working engagement? Yes No

Transportation

How do you typically get to work?

How far do you live from here?

Do you have a driver's license, car insurance and a clean driving record? Yes No

Do you have access to a car or public transportation? (If you do not live near public transportation, determine if the caregiver needs to be dropped off or picked up.) Yes No

Would you be comfortable driving one of our cars, or using your own car to run errands, if we request that? Yes No

Core responsibilities

Attached is a list of job responsibilities. Can you handle the duties required for this position? Yes No

Do you have any physical or medical conditions that may prevent you from performing these duties? Yes No

Do you have experience cooking for others? What type of food do you cook? Yes No
Would you be able to accommodate dietary restrictions or allergies?

Attitude and trustworthiness

What attracted you to this profession?

How would you describe yourself?

How would your friends or family members describe you?

Are you willing to sign an agreement that you will not have guests come into our home unless I have given prior approval? Yes No

Memory care considerations

What experience do you have helping people with Alzheimer's disease, dementia or cognitive impairment?

How comfortable are you working with people who need memory care?

What are your qualifications?

How do you care for a person who needs memory care?

Other

Do I have your permission to run a background check? (Would be applicable if an agency did not provide a background check, or you are doing your own sourcing.) Yes No

Do you smoke? (Regardless of the answer, you should indicate that any smoking must be done outside in a designated area.) Yes No

Costs

What does the care we discussed cost?

What are the hourly, weekly, monthly and annual costs?

What would it cost if we needed care during evenings or weekends?

What would it cost if we needed care overnight?

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55+ INDEPENDENT LIVING COMMUNITIES



55+ independent living communities offer more autonomous, relatively maintenance-free living, often with services and amenities specific to the needs of engaged older adults. These communities, which may include homeowner communities or high-end rental apartments, do not provide any medical care. Housing options include single-family homes, condominiums, townhomes, apartments and high-rise buildings. Many lifestyle communities have an attractive vacation/resort environment offering residents a robust variety of social and cultural activities.

This worksheet is designed to familiarize you with the types of services offered by 55+ independent living communities.

Consider reviewing this guide in advance of your visit, and bring a copy to take notes when you evaluate the community.

Topics to Address:

Community profile

Community basics

Location

Parking/Storage/Transportation

Community environment

Community services

Activities and amenities

Staff

Management

Contracts and fees

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Community profile

Name of community

Date visited

Address

Phone no.

City

State

Zip code

Contact name

Your rating 1–5 (5 being the highest)

Community basics

Number of total residents

Number of total units

Number of available residences

What is the setting (e.g., in-town, suburban, country)?

What is the average age of the residents?

What is the name of developer/sponsor?

Is the sponsor for-profit not-for-profit (Affiliated with: _____)?

What is the financial position of the sponsor? (Request financial statements.)

Is there debt? If yes, how is it structured?

Yes No

How many years has the community been in business?

What is the history of any parent company or sponsor?

What is the occupancy rate (%)?

Is there a waiting list?

Yes No

Community basics (continued)

What is the cost to join the waiting list?

Is the cost refundable?

Yes No

How long is the waiting list?

How is the waiting list managed?

What is the percentage of residents from the local area?

What is your model unit preference?

What are the admissions criteria?

Health _____

Financial _____

Location

Is it convenient to family?

Yes No

Is it convenient to friends?

Yes No

Is it convenient to shopping/restaurants/entertainment (e.g., movies)?

Yes No

Is it convenient to medical care (e.g., doctors, specialists, hospitals, specialized rehabilitation facilities)?

Yes No

Parking/Storage/Transportation

What are the parking accommodations for residents (e.g., garage, driveway, on-street)?

Is resident parking free?

Yes No

Parking/Storage/Transportation (continued)

Is parking assigned? Yes No

Is there visitor parking? Yes No

Are there additional storage units? Yes No

Does the community offer transportation to shopping, doctors, etc.? Yes No

Is scheduled transportation or public transportation offered nearby? Yes No

Community environment

Does it feel welcoming? Yes No

Do the residents appear happy and engaged? Yes No

Does the facility appear well maintained? Yes No

Is there a commons or gathering location? Yes No

How are shared areas managed to prevent the spread of germs?

Is there a secure outside area for the residents to walk in? Yes No

Are pets allowed? Policies/rules/restrictions? Yes No

What is the size of the pet owner community?

Community services

What types of services are available?

What type of care (e.g., home health aides or skilled nursing care) can be brought into the residence if additional support is required?

Is there a 24/7 concierge system? Yes No

Community services (continued)

Is there a security system? Yes No

Is there an emergency response system? Yes No

How is staff trained to handle emergencies (e.g., fire/outbreak/quarantine)?

Are community events well organized? Yes No

Activities and amenities

How are new residents welcomed to the community?

What types of activities and events (e.g., book clubs, bingo nights, holiday events, etc.) are offered?

What amenities (e.g., pool, tennis, fitness, dining, golf, etc.) are offered?

What dining options are available?

If meals are provided, how many are available each day?

Is there a cost associated with the meal service? Yes No

Can specific dietary needs be accommodated? Yes No

Staff

Is the staff available 24 hours a day? Yes No

Is the staff friendly, respectful and personable? Yes No

What is the ratio of staff to residents?

What is the staffing level on weekdays, weekends and evenings?

Staff (continued)

What is the staff turnover rate?

Management

Who determines the management of the community?

How is the management supervised?

What feedback mechanisms exist for residents and their families?

Contract and fees

What is the purchase price (if applicable) and what are the monthly fees? Detail all costs, including the purchase price or rent, homeowners association (HOA) fees and real estate taxes.

What do the HOA fees cover (e.g., club membership, lawn care, snow removal)?

How often are HOA fees increased and by how much? For what reasons, and how much notification is given?

What is the financial position of the developer/sponsor? (Request the financial statement.)

What is the current capital balance?

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CONTINUING CARE RETIREMENT COMMUNITIES (CCRCs)



Continuing care retirement communities (CCRCs), or life care communities, offer maintenance-free housing and a multi-dimensional lifestyle along with a contract for health care services. A CCRC is distinct in three important ways from other types of retirement communities:

- Offers a combination of living accommodations and a “continuum of care” for the remainder of the resident’s life.
- The continuum of care encompasses different levels of service all at one location, from independent living to assisted living and skilled nursing. These services are either pre-funded or provided on a fee-for-service basis for the remainder of the resident’s lifetime.
- CCRC residents sign a contract that involves the right to live in a specific place and the intent to purchase services.

This worksheet is designed to familiarize you with the types of services offered by CCRCs.

Consider reviewing the guide in advance of your visit and bring a copy to take notes when you evaluate the community.

Topics to Address:

Community profile	Activities and amenities
Community basics	Staff
Location	Management
Parking/Storage/Transportation	Contract and fees
Community environment	Assisted living considerations
Community services	Skilled nursing considerations
Health and medical care	Memory care considerations

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Community profile

Name of community

Date visited

Address

Phone no.

City

State

Zip code

Contact name

Your rating 1–5 (5 being the highest)

Community basics

Number of total residents

Number of skilled nursingbeds

Number of assisted living residents

Number of independent residents

Number of available units

What is the average length of stay?

What is the setting (e.g., in-town, suburban, country)?

What is the average age of the residents?

What is the name of the developer/sponsor?

Is the sponsor for-profit not-for-profit (Affiliated with: _____)?

What is the financial position of the sponsor? (Request financial statements.)

Is there debt? If yes, how is it structured?

Yes No

How many years has the community been in business?

What is the history of any parent company or sponsor?

What is the occupancy rate (%)?

Is there a waiting list?

Yes No

What is the cost to join the waiting list?

Is the cost refundable?

Yes No

How long is the waiting list?

Community basics (continued)

How is the waiting list managed?

What is the percentage of residents from the local area?

What is your model unit preference?

What are the admissions criteria?

Health _____

Financial _____

Location

Is it convenient to family?

Yes No

Is it convenient to friends?

Yes No

Is it convenient to shopping/restaurants/entertainment (e.g., movies)?

Yes No

Is it convenient to medical care (e.g., doctors, specialists, hospitals, specialized rehabilitation facilities)?

Yes No

Parking/Storage/Transportation

What are the parking accommodations for residents (e.g., garage, driveway, on-street)?

Is resident parking free?

Yes No

Is parking assigned?

Yes No

Is there ample visitor parking?

Yes No

Are there additional storage units?

Yes No

Does the community offer transportation to shopping, doctors, etc.?

Yes No

Is scheduled transportation or public transportation offered nearby?

Yes No

Community environment

Does it feel welcoming?

Yes No

Do the residents appear happy and engaged?

Yes No

Does the facility appear clean?

Yes No

Community environment (continued)

How are shared areas managed to prevent the spread of germs?

Can residents bring personal items from home? Yes No

Is there a secure outside area for the residents to walk in? Yes No

Are pets allowed in independent living? Policies/rules/restrictions? Yes No

Are pets allowed in assisted living? Policies/rules/restrictions? Yes No

Community services

Is there a 24/7 concierge system? Yes No

Is there a security system? Yes No

Is there an emergency response system? Yes No

How is staff trained to handle emergencies (e.g., fire/outbreak/quarantine)?

How does management communicate when an outbreak of any type occurs?

What security measures are in place to keep residents with Alzheimer's disease from wandering out of the building (the assisted living facility or the skilled nursing facility)?

How do you accommodate a couple if one spouse needs a higher level of care?

Health and medical care

What type of health care and medical care services are available during each phase — independent, assisted living and skilled nursing?

	Phase of Care					
	Independent		Assisted living		Skilled nursing	
	Yes	No	Yes	No	Yes	No
In-house physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse/medic on call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellness care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-site pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health and medical care (continued)

Is there an on-site pharmacy? Yes No

Are residents required to use the on-site pharmacy? Yes No

How are emergency health problems handled?

What is the protocol for contacting family members should an emergency or another important issue arise?

Is short-term skilled nursing and rehabilitation available if someone requires them after an illness or surgery? Yes No

Is there someone on staff to help arrange doctor appointments? Yes No

Are there doctors on site on certain days? Which specialists? Yes No

What is the lead time to be seen by a doctor?

Is there a social worker on staff for help with care and resources, if needed? Yes No

What type of care (e.g., home health aides or skilled nursing care) can be brought into the residence if additional support is required?

What happens if there is a short-term need for hospitalization?

How often do residents return to the residence after a stay at rehab or a hospital?

What health setbacks would trigger a move from independent living (e.g., mobility, incontinence, oxygen, cognitive decline or dementia)?

Who makes the decision to move the resident to a higher level of care?

What happens if assisted living or skilled care is needed and there is no available space (i.e., unit/bed)?

Who is the contact when the family has questions about patient care?

Activities and amenities

How are new residents welcomed to the community?

Optional services:

- | | |
|--|--|
| <input type="checkbox"/> Housekeeping _____ | <input type="checkbox"/> Storage _____ |
| <input type="checkbox"/> Handyman _____ | <input type="checkbox"/> Visitor parking _____ |
| <input type="checkbox"/> Salon _____ | <input type="checkbox"/> Guest rooms for visiting families _____ |
| <input type="checkbox"/> Linen/Laundry _____ | <input type="checkbox"/> Other _____ |

Activities and amenities (continued)

What types of activities and events (e.g., book clubs, bingo nights, holiday events, etc.) are offered?

What amenities (e.g., pool, tennis, fitness, dining, golf, etc.) are offered?

Are there dining options available?

Yes No

Are meals part of the service provided in every phase — independent, assisted living and skilled nursing?

Yes No

Are the costs for meals included in the monthly fee?

Yes No

What meals are provided each day (e.g., breakfast, lunch, dinner and/or snacks)?

Can specific dietary needs be accommodated?

Yes No

If meals are not included in the monthly fee, how much do they cost?

How would the process work if one needed to have meals arranged for them?

Staff

Is the staff available 24 hours a day?

Yes No

Is the staff friendly, respectful and personable?

Yes No

What is the staffing level on weekdays, weekends and evenings?

What is the staff turnover rate?

Management

Who determines the management of the community?

How is the management supervised?

What feedback mechanisms exist for residents and their families?

Contract and fees

What services are included in the care agreement/service contract?

What types of contracts are offered (e.g., Type A, B, C, D, etc.)? Attach the community's fee schedule to this page after your visit.

By what percentage have the monthly fees increased over each of the last five years?

How often are fees increased and by how much?

For what reasons and how much notification is given?

What happens if a resident can no longer cover their monthly fees?

What happens if a resident wants to leave after a month, year or several years?

What happens if a resident dies? What portion of the entrance fee will be refunded to the estate?

Could the community discharge a resident? If so, for what reason? Please provide some examples.

What would the financial implications of a discharge be?

Check with local regulatory agencies and the Better Business Bureau to confirm compliance and see if any complaints have been filed.

CCRC housing options

Residents of CCRCs have the certain knowledge that as they age and their health care needs grow, they can access additional levels of care in the community. Though the need for care may not be immediate, be sure to explore the breadth of quality of that care and the process by which decisions will be made that may affect your quality of life.

Assisted living considerations

What level of care is provided in assisted living? For example, what health setbacks would surpass its capabilities?

Is there a written plan for the care of each resident, and is there an ongoing process for assessing changing needs? Yes No

What is the ratio of staff to residents?

How difficult is it to secure an assisted living space (when necessary)?

Who makes the final decision about a long-term move to or from assisted living?

What health setbacks would trigger a move from assisted living to skilled nursing?

Skilled nursing considerations

What types of health care and personal care services are available?

Is there a written plan for the care of each resident, and is there an ongoing process for assessing changing needs? Yes No

What is the ratio of staff to residents?

Who makes the final decision about a long-term move to or from skilled nursing?

How are medical problems handled?

What is the overall Medicare rating?

Memory care considerations

Does the facility have a special wing or floor for residents with dementia or cognitive impairment? Yes No

What type of training has the staff received in caring for residents with dementia or cognitive impairment?

Who does the training?

How does the staff handle behaviors such as wandering and agitation?

What security measures are in place to keep residents with Alzheimer's disease, dementia or cognitive impairment from wandering out of the building?

Is the staff available 24 hours a day? Yes No

Who makes the final decision about a long-term move to memory care?

For facilities without specific memory care units, what training has the staff received to care for people with memory-related issues?

Who is the contact when the family has questions about patient care?

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ASSISTED LIVING FACILITIES (ALFS)



Assisted living facilities are designed for individuals who want to be as independent as possible but may need help with some of the activities of daily living.

Assisted living facilities provide social and community interaction and will monitor residents' activities to ensure health, safety and well-being. They do not provide 24-hour medical or skilled care. Instead, assistance is provided primarily by health aides and nurses' aides. Some ALFs offer specialized round-the-clock supervision and therapeutic activities for residents who have Alzheimer's disease, dementia or cognitive impairment.

Medicare does not cover assisted living expenses. In some cases, Medicaid may provide for limited services. Some long-term care insurances will cover some of the costs, but this varies by policy. Each state has its own licensing requirements for assisted living, and it is important to check to see what services can be provided.

This worksheet is designed to familiarize you with the types of services offered by assisted living facilities.

Consider reviewing the guide in advance of your visit and bring a copy to take notes when you evaluate the facility.

Topics to Address:

Community profile	Activities and amenities
Community services	Staff
Location	Management
Transportation	Contract and fees
Community environment	Dedicated memory care
Health and medical care	

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Community profile

Name of community

Date visited

Address

Phone no.

City

State

Zip code

Contact name

Your rating 1–5 (5 being the highest)

What is the average length of stay?

What is the setting (e.g., in-town, suburban, country)?

What is the average age of the residents?

What is the name of the developer/sponsor?

Is the sponsor for-profit not-for-profit (Affiliated with: _____)?

What is the financial position of the sponsor? (Request financial statement.)

Is there debt? If yes, how is it structured?

Yes No

How many years has the community been in business?

What is the history of any parent company or sponsor?

What is the occupancy rate (%)?

Is there a waiting list?

Yes No

What is the cost to join the waiting list?

Is the cost refundable?

Yes No

How long is the waiting list?

How is the waiting list managed?

What is the percentage of residents from the local area?

What is your unit preference?

What are the admissions criteria?

Health _____

Financial _____

Community services

What types of services (e.g., activities, personal care, snacks, etc.) are available?

What kinds of meals are normally served, and when?

Can they provide for special dietary needs?

Yes No

What type of help is available at mealtime?

Is there a security system?

Yes No

Is there an emergency response system?

Yes No

How is staff trained to handle emergencies (e.g., fire/outbreak/quarantine)?

How does management communicate when an outbreak of any type occurs?

Are there bed alarms?

Yes No

Location

Is it convenient to family?

Yes No

Is it convenient to friends?

Yes No

Is it convenient to shopping?

Yes No

Is it convenient to medical care (e.g., doctors, specialists, hospitals, specialized rehabilitation facilities)?

Yes No

Transportation

Does the community offer transportation to shopping, doctors, etc.?

Yes No

Is scheduled transportation or public transportation offered nearby?

Yes No

Community environment

Does it feel welcoming?

Yes No

Do the residents appear happy and engaged?

Yes No

Does the facility appear clean?

Yes No

How are shared areas managed to prevent the spread of germs?

Can residents bring personal items from home?

Yes No

Do you smell urine or strong deodorizers that may be covering up the smell of urine?

Yes No

Community environment (continued)

Is there a secure outside area for the residents to walk in? Yes No

Are pets allowed? Policies/rules/restrictions? Yes No

Health and medical care

Is there a written plan for the care of each resident, and is there an ongoing process for assessing changing needs? Yes No

What type of health care and personal care services are available?

What is the protocol for contacting family members should issues arise?

Is there an on-site pharmacy? Yes No

Are residents required to use the on-site pharmacy? Yes No

Who is the contact when family members have questions about patient care?

How are emergencies handled after hours?

Is there someone on staff to help arrange doctor appointments? Yes No

Are there doctors on site on certain days? Which specialists? Yes No

What is the lead time to be seen by a doctor or specialist?

Is there a social worker on staff for help with care and resources, if needed? Yes No

What happens if there is a short-term need for hospitalization?

How often do residents return to the residence after a stay at rehab or a hospital?

What health setbacks or clinical needs would trigger a move to skilled nursing (e.g., mobility, oxygen, dementia or cognitive impairment, need for in-house physician, need for nurse/medic on call, or need for other specialists)?

Who makes the decision to move the resident to a higher level of care?

What happens if there is no unit/bed available in a higher level of care?

What level of care is provided in assisted living? For example, what health setbacks would exceed its capabilities?

What is the relationship between monthly costs and level of care?

What options are available if a resident needs more care?

Health and medical care (continued)

How much notice is given when a transition is necessary?

Who makes the final decision about a long-term move to a higher level of care?

Activities and amenities

How are new residents welcomed to the community?

What types of activities and events (e.g., book clubs, bingo nights, holiday events, etc.) are offered?

What types of amenities (e.g., pool, fitness, dining, etc.) are offered?

Optional services:

- | | | | |
|--|-------|--|-------|
| <input type="checkbox"/> Housekeeping | _____ | <input type="checkbox"/> Storage | _____ |
| <input type="checkbox"/> Handyman | _____ | <input type="checkbox"/> Visitor parking | _____ |
| <input type="checkbox"/> Salon | _____ | <input type="checkbox"/> Guest rooms for visiting families | _____ |
| <input type="checkbox"/> Linen/Laundry | _____ | <input type="checkbox"/> Other | _____ |

Staff

Is the staff available 24 hours a day? Yes No

Is the staff friendly, respectful and personable? Yes No

What is the ratio of staff to residents?

What is the staffing level on weekdays, weekends and evenings?

What is the staff turnover rate?

Management

Who manages the facility?

Is the management supervised? Yes No

What feedback mechanisms exist for residents and their families?

Contract and fees

What are the monthly fees and what is included?

What services are included in the care agreement/service contract? (Ask to see the care agreement/service contract.)

If a service is not covered, what is the fee for that service?

Contract and fees (continued)

Is there a different fee for memory care?

Yes No

By what percentage have the monthly fees increased over each of the last five years?

What happens if a resident can no longer cover the monthly fees?

What would make the facility discharge a resident?

What dispute procedures are in place?

Dedicated memory care

Does the facility have a special wing or floor for residents with Alzheimer's disease, dementia or cognitive impairment?

Yes No

What type of training has the staff received in caring for residents with Alzheimer's disease, dementia or cognitive impairment?

Who does the training?

How does the staff handle behaviors such as wandering and agitation?

What security measures are in place to keep residents with dementia or cognitive impairment from wandering out of the building?

Is the dedicated staff available 24 hours a day?

Yes No

Who makes the final decision about a long-term move to memory care?

For facilities without specific memory care units, what training has the staff received to care for people with memory-related issues?

Who is the contact when the family has questions about patient care?

Do not hesitate to ask any facility what kind of procedures and inspection policies they have in place to ensure that residents are safe and receive a good quality of care. Check with local regulatory agencies and the Better Business Bureau to confirm compliance and see if any complaints have been filed.

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SKILLED NURSING FACILITIES



Skilled nursing facilities are medical facilities that offer on-site nurses, nurse practitioners, social workers and dietitians. These facilities, also known as nursing homes, provide a higher level of medical care, with 24-hour nursing for residents with serious medical conditions and/or advanced Alzheimer’s disease, dementia or cognitive impairment.

At a skilled nursing facility, a licensed physician supervises each patient’s care, and a nurse or other medical professional is always on the premises. In addition to nursing care, skilled nursing facilities may offer rehabilitation, medical services and protective supervision, as well as assistance with activities of daily living.

Medicaid may cover most of the costs, but only for those with very limited income. Also, not all skilled nursing facilities accept Medicaid. Medicare covers only a limited amount of the costs, typically up to 100 days after a hospitalization. Coverage by long-term care insurance varies by policy.

This worksheet is designed to familiarize you with the types of services offered by skilled nursing facilities.

Consider reviewing the guide in advance of your visit and bring a copy to take notes when you evaluate the facility.

Topics to Address:

Community profile	Activities and amenities
Community basics	Staff
Location	Management
Community environment	Contract and fees
Community services	Dedicated memory care
Health and medical care	

Release from liability: Any selections the individual or family makes in terms of care are the sole responsibility of the decision maker. The Financial Professional, Franklin Templeton, and The Center for Innovative Care in Aging at the Johns Hopkins University School of Nursing are held harmless and released from any liability that may occur from selecting a care center, caregiver, community or facility.

Community profile

Name of community

Date visited

Address

Phone no.

City

State

Zip code

Contact name

Your rating 1–5 (5 being the highest)

Community basics

Number of total residents

Number of total units/beds

What is the average length of stay?

What is the setting (e.g., in-town, suburban, country)?

What is the average age of the residents?

What is the name of the developer/sponsor?

Is the sponsor for-profit not-for-profit (Affiliated with: _____)?

What is the financial position of the sponsor? (Request financial statement.)

Is there debt? If yes, how is it structured?

Yes No

How many years has the facility been in business?

What is the occupancy rate (%)?

Are there semi-private or private rooms?

Yes No

Is there a waiting list?

Yes No

What is the cost to join the waiting list?

Is the cost refundable?

Yes No

Community basics (continued)

How long is the waiting list?

How is the waiting list managed?

Location

Is it convenient to family? Yes No

Is it convenient to friends? Yes No

Is it convenient to medical care (e.g., doctors, specialists, hospitals, specialized rehabilitation facilities)? Yes No

Community environment

Does it feel welcoming? Yes No

Do the residents appear happy and engaged? Yes No

Does the facility appear clean? Yes No

How are shared areas managed to prevent the spread of germs?

Can residents bring personal items from home? Yes No

Do you smell urine or strong deodorizers that may be covering up the smell of urine? Yes No

Is there a secure outside area for the residents to walk in? Yes No

Community services

What types of services are available (e.g., activities, personal care, snacks)?

What kinds of meals are normally served, and when?

Can they accommodate special dietary needs? Yes No

What type of help is available at mealtime?

Is there visitor parking? Yes No

Community services (continued)

Is there a security system? Yes No

Are there bed alarms? Yes No

How is staff trained to handle emergencies (e.g., fire/outbreak/quarantine)?

How does management communicate when an outbreak of any type occurs?

Is there an emergency response system? Yes No

Health and medical care

Is there a written plan for the care of each resident, and is there an ongoing process for assessing changing needs? Yes No

What type of health care and personal care services are available?

What is the protocol for contacting family members should issues arise?

Is there an on-site pharmacy? Yes No

Are residents required to use the on-site pharmacy? Yes No

Who is the contact when family members have questions about patient care?

How are emergencies handled after hours?

Is there someone on staff to help arrange doctor appointments? Yes No

Are there doctors on site on certain days? Which specialists? Yes No

What is the lead time to be seen by a doctor or specialist?

Is there a social worker on staff for help with care and resources, if needed? Yes No

What happens if there is a short-term need for hospitalization?

Health and medical care (continued)

How often do residents return to the residence after a stay at rehab or a hospital?

What health setbacks or clinical needs would trigger a move to skilled nursing (e.g., mobility, oxygen, dementia or cognitive impairment, need for in-house physician, need for nurse/medic on call, or need for other specialists)?

Who makes the decision to move the resident to a higher level of care (hospital)?

What if there is no unit/bed available in a higher level of care?

What is the relationship between monthly costs and level of care?

What options are available if a resident needs more care?

How much notice is given when a transition is necessary?

Who makes the final decision about a long-term move to a higher level of care?

Activities and amenities

How are new residents welcomed to the community?

What types of activities and events are offered?

Is there a central community room for activities and events?

Yes No

Staff

Is the staff available 24 hours a day?

Yes No

Is the staff friendly, respectful and personable?

Yes No

Staff (continued)

What is the ratio of staff to residents?

What is the staffing level on weekdays, weekends and evenings?

What is the staff turnover rate?

Management

Who manages the facility? Is the management supervised?

How is the management supervised?

What feedback mechanisms exist for residents and their families?

Contract and fees

What are the monthly fees and what is included?

What services are included in the care agreement/services contract? (Ask to see the care agreement/services contract.)

If a service is not covered, what is the fee for that service?

Is there a different fee for memory care?

Yes No

Dedicated memory care

Does the facility have a special wing or floor for residents with Alzheimer's disease, dementia or cognitive impairment?

Yes No

What type of training has the staff received in caring for residents with dementia or cognitive impairment?

Who conducts the training?

Dedicated memory care (continued)

How does the staff handle behaviors such as wandering and agitation?

What security measures are in place to keep residents with Alzheimer's disease, dementia or cognitive impairment from wandering out of the building?

Is the dedicated staff available 24 hours a day? Yes No

Who makes the final decision about a long-term move to memory care?

For facilities without specific memory care units, what training has the staff received to care for people with memory-related issues?

Who is the contact when the family has questions about patient care?

By what percentage have the monthly fees increased over each of the last five years?

What happens if a resident can no longer cover their monthly fees?

What would make the facility discharge a resident?

What dispute procedures are in place?

What is the state rating and incident report?

Is the facility Medicaid-certified? Yes No

Do not hesitate to ask any facility you visit what kind of procedures and inspection policies they have in place to ensure that patients are safe and receive a good quality of care. Check with local regulatory agencies and the Better Business Bureau to confirm compliance and see if any complaints have been filed.

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