



Legacy Navigation Needs Assessment

A calm, unhurried worksheet to help us understand your situation and identify the next right step. Nothing here is sold, and nothing is decided today.

Please protect your information. Do not write Social Security numbers, Medicare or Medicaid identification numbers, bank or investment account numbers, passwords or medical records on this form. We only need enough information to understand your situation.

STEP 1

About You

Your name

Date

Person needing assistance

Their age

Phone

Email

City / area

Relationship to them

Who are you seeking help for?

- | | | | |
|---------------------------------|---|---------------------------------------|--|
| ☐ Myself | ☐ Spouse/Partner | ☐ Parent | ☐ Family Member |
| ☐ Friend | ☐ Client | ☐ Someone Else | |

Preferred way to be contacted

- | | | |
|--------------------------------|-------------------------------|--------------------------------|
| ☐ Phone | ☐ Text | ☐ Email |
|--------------------------------|-------------------------------|--------------------------------|

STEP 2

What's Happening Right Now

In your own words, what prompted you to reach out?

How soon would you like help?

- | | |
|---|--|
| ☐ I'm planning ahead | ☐ I'd like help within the next few weeks |
| ☐ We need help soon | ☐ Something needs to change immediately |



Legacy Navigation is not an emergency response service. If someone is in immediate danger or experiencing a medical emergency, contact the appropriate emergency service.

STEP 3

Where You'd Like Guidance

Select everything that feels relevant — there are no wrong answers.

Care & Living

- ☐ Staying safely and independently at home
- ☐ Family caregiver support
- ☐ Assisted living
- ☐ Memory care
- ☐ Skilled nursing/rehabilitation
- ☐ Unsure what level of care is appropriate
- ☐ In-home caregiving
- ☐ Respite care
- ☐ Independent living
- ☐ Adult foster homes
- ☐ Hospice/palliative-care resources

Oregon Programs & Community Resources

- ☐ Oregon Project Independence - Medicaid (OPI-M)
- ☐ Aging & Disability Resource Connection
- ☐ Transportation
- ☐ Community resources
- ☐ Other assistance programs
- ☐ Medicaid long-term care
- ☐ Veterans resources
- ☐ Meal programs
- ☐ Home-safety resources
- ☐ I'm not sure what programs might be available

Legacy & Life Planning

Where these services require an attorney or another licensed professional, Legacy Navigation connects you with the appropriate qualified professional.

- ☐ Estate planning education/resources
- ☐ Power of attorney
- ☐ Legacy organization
- ☐ Funeral/final arrangement resources
- ☐ Wills & trusts
- ☐ Advance directives
- ☐ End-of-life planning resources

Medicare & Financial Pathways

Legacy Navigation does not provide licensed financial, insurance, legal or Medicare services. Where those services are needed, we connect you with the appropriate professional.

- ☐ Medicare questions
- ☐ Retirement/financial-resource questions
- ☐ Life insurance
- ☐ Other financial concerns
- ☐ Medicare review
- ☐ Long-term care planning
- ☐ Understanding how care may be paid for



Practical Support

- | | |
|---|--|
| ☐ Mobile/in-house notary resources | ☐ Transportation assistance |
| ☐ Home modifications/accessibility | ☐ Home maintenance |
| ☐ Moving/relocation | ☐ Downsizing/organizing |
| ☐ Real estate resources | ☐ Meal support |
| ☐ Technology assistance | |

STEP 4

Current Situation

Where is the person currently living?

- | | | |
|---|---|--|
| ☐ Own home | ☐ Apartment | ☐ With family |
| ☐ Independent living | ☐ Assisted living | ☐ Memory care |
| ☐ Adult foster home | ☐ Skilled nursing facility | ☐ Hospital/rehabilitation |
| ☐ Other | | |

What would they prefer?

- | | |
|---|---|
| ☐ Remain at home | ☐ Remain where they currently live |
| ☐ Explore another living arrangement | ☐ Family isn't sure yet |

Is the current situation safe and sustainable?

- | | | | |
|------------------------------|---------------------------------|-----------------------------|---------------------------------|
| ☐ Yes | ☐ Mostly | ☐ No | ☐ Unsure |
|------------------------------|---------------------------------|-----------------------------|---------------------------------|

STEP 5

Support & Daily Living

Where is support needed day to day?

Select all that apply.

- | | | |
|---|---|---|
| ☐ Bathing | ☐ Dressing | ☐ Grooming |
| ☐ Toileting | ☐ Eating | ☐ Meal preparation |
| ☐ Walking/mobility | ☐ Transfers | ☐ Medication routines |
| ☐ Transportation | ☐ Shopping/errands | ☐ Housekeeping |
| ☐ Laundry | ☐ Appointments | ☐ Memory/cognitive support |
| ☐ Companionship | ☐ Home safety | ☐ Other |

Who is helping now?

- | | | | |
|---|---|--|---|
| ☐ Spouse/partner | ☐ Adult child/family | ☐ Friend/neighbor | ☐ Paid private caregiver |
| ☐ Home-care agency | ☐ Facility staff | ☐ No regular help | ☐ Other |

Does the caregiver need more support?

- | | | | |
|------------------------------|-----------------------------|---------------------------------|---|
| ☐ Yes | ☐ No | ☐ Unsure | ☐ Not applicable |
|------------------------------|-----------------------------|---------------------------------|---|



STEP 6

What's Already in Place

Which of these already exist?

- | | |
|--|---|
| ☐ Will | ☐ Trust |
| ☐ Financial power of attorney | ☐ Healthcare/medical power of attorney |
| ☐ Advance directive | ☐ POLST |
| ☐ Medicare | ☐ Medicaid/Oregon Health Plan |
| ☐ Long-term care insurance | ☐ Life insurance |
| ☐ Veterans benefits | ☐ Paid caregiver |
| ☐ Home-care agency | ☐ Current senior-living community |
| ☐ Estate-planning attorney | ☐ Financial professional |
| ☐ None/very little is currently organized | ☐ I'm not sure |

STEP 7

Priorities & Preferred Outcome

If everything went well over the next few months, what would that look like?

What worries you most right now?

STEP 8

The Next Step You'd Like

How can we help?

- | | |
|--|---|
| ☐ Help me understand my options | ☐ Help me figure out where to start |
| ☐ Help me create a plan | ☐ Connect me with trusted resources |
| ☐ Help me navigate OPI-M | ☐ Help me explore caregiving |
| ☐ Help me explore senior living | ☐ Connect me with estate/legacy resources |
| ☐ Connect me with Medicare resources | ☐ Connect me with a trusted local professional |
| ☐ I'd like a comprehensive Legacy Navigation consultation | ☐ I'm not sure — please guide me |

Preferred consultation format

- | | | | |
|------------------------------------|--------------------------------|----------------------------------|--|
| ☐ In-office | ☐ Phone | ☐ Virtual | ☐ Home visit — if available |
|------------------------------------|--------------------------------|----------------------------------|--|



STEP 9

Consent & Acknowledgement

- ☐ I understand that Legacy Navigation provides education, resource navigation, organizational assistance and connections, and that completing this assessment does not constitute an eligibility determination, professional legal/medical/tax advice or enrollment in any government program.
- ☐ I agree to receive follow-up communications from Legacy Navigation regarding my inquiry.

Signature

Date

COMPLIANCE

Important Disclosures

Legacy Navigation is an independent resource navigation service. We help individuals and families understand options, organize next steps and connect with appropriate community resources and qualified professionals.

Legacy Navigation does not provide legal, tax or medical advice and does not determine eligibility for government benefit programs.

Certain services referenced through Legacy Navigation may be provided by independent third parties or appropriately licensed professionals. Eligibility, availability, pricing and services are determined by the applicable provider, professional or government agency.

Legacy Navigation is not affiliated with or endorsed by Oregon DHS, OHA, Medicare, Medicaid or any other government agency.

Return this form or bring it to your consultation — (541) 613-7386 • rachel@mylegacynavigation.com • mylegacynavigation.com