

Business Name: FootPrints Home Care

Address: 4811 Hardware Dr NE d1, Albuquerque, NM 87109

Phone: (505) 828-3918

FootPrints Home Care

FootPrints Home Care offers in-home senior care including assistance with activities of daily living, meal preparation and light housekeeping, companion care and more. We offer a no-charge in-home assessment to design care for the client to age in place. FootPrints offers senior home care in the greater Albuquerque region as well as the Santa Fe/Los Alamos area.

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4811 Hardware Dr NE d1, Albuquerque, NM 87109

Business Hours

- Monday thru Sunday: 24 Hours

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Families frequently reach me when they are straddling a tough choice: keep Mom at home with support, or move her into assisted living. The care concerns generally come wrapped in the exact same concern, how will we pay for it, and for how long. The ideal answer is rarely one-size-fits-all. It depends on health requirements, the home's design, household bandwidth, location, and, naturally, financial resources. Getting clear on financing and planning puts the choice on firmer ground.

This guide unloads what home care service and assisted living generally expense, where the money comes from, and how to build a monetary strategy that holds up under tension. I will weave in a few real-world examples and risks I see families come across. If you are weighing at home senior care against a relocation, the objective here is easy, figure out which path uses the best worth for your circumstance and how to spend for it sustainably.

What you are actually buying: apples-to-apples on care scope

Home care, often called senior home care or elderly home care, means assistance brought into the client's home. It ranges from buddy care to hands-on care like bathing, dressing, toileting, meal prep, and light housekeeping. Many companies likewise offer transportation to appointments and medication pointers. Care is billed per hour, often with a minimum shift length. You manage the schedule, which is the most significant lever for cost.

Assisted living is a residential setting where staff offer personal care, meals, housekeeping, activities, and 24-hour oversight. Residents live in their own homes **elder care albuquerque nm** or suites. Consider it as a mix of real

estate, hospitality, and care. Nursing services are restricted. If medical intricacy goes up, memory care or a knowledgeable nursing center might be necessary.

This distinction matters for budgeting. Home care is extremely flexible, more hours equals more expense, less hours equals less cost. Assisted living is semi-fixed, a base rate plus care-level fees that rise with the resident's needs. There are likewise move-in costs, community charges, deposits, and occasional à la carte add-ons.

Typical costs by area and care level

Costs vary by market, agency, and center, however some ranges hold up across the United States. For home care service, the nationwide typical per hour rate for agency-provided personal care typically sits between 28 and 40 dollars. Metropolitan coastal locations run greater, rural markets lower. A lot of agencies need 3 to 4-hour minimum shifts. Overnight and holidays generally bring premiums.

Assisted living [Check over here](#) base rates normally fall in between 3,500 and 6,500 dollars each month for a studio or one-bedroom, with food and basic services consisted of. Care levels contribute to that, often 400 to 2,000 dollars more per month depending upon how many ADLs, activities of daily living, are assisted. Memory care, a secured environment with specialized staffing, frequently begins 1,000 to 2,500 dollars above basic assisted living.

A useful method to compare is to approximate your home care hours. If a moms and dad requires assistance for early morning and night regimens, two hours two times a day, seven days a week, that is approximately 28 hours weekly. At 35 dollars per hour, you are looking at about 4,200 dollars monthly. If safety issues require a caregiver present 12 hours daily, expenses jump towards 12,000 to 13,000 dollars monthly, which goes beyond numerous assisted living rates. On the other hand, if the person grows at home with 12 to 16 hours weekly of assistance plus household assistance, home care is almost always more cost-efficient and preserves the familiar environment.

The sources of funding most households piece together

Most households develop a mosaic. One person's plan might make use of Social Security, a little pension, long-term care insurance, and home equity. Another might depend on the VA pension plus assistance from adult children. Public programs exist, but coverage and eligibility are nuanced.

Medicare. Conventional Medicare does not spend for long-term custodial care, whether in your home or in assisted living. It covers medical services, rehabilitation after a qualifying healthcare facility stay, and brief bouts of home health for proficient requirements under a plan of care, believe wound care, physical treatment, or injections. These are periodic and do not replace daily help with bathing or cooking. I repeat this carefully but strongly since misconceptions hinder spending plans, Medicare is medical, not long-term care.

Medicaid. Medicaid is the main public payer for long-term take care of those who satisfy both monetary and functional requirements. Each state runs home- and community-based services waivers that can money in-home care, adult day services, or, in some states, assisted living. Slots might be restricted. Financial eligibility takes a look at income and properties, with guidelines about spousal securities and a look-back duration on transfers. It is worth conference with an elder law lawyer to comprehend spend-down strategies that stay within the law. For some households, Medicaid preparing opens durable choices that would otherwise run out reach.

Veterans benefits. Veterans and making it through spouses may receive the VA's Help and Participation pension, which can offset costs for home care or assisted living if the applicant needs help with daily activities. The monthly benefit can reach into the low thousands. Eligibility depends upon service, medical need, income, and

properties, with a look-back for possession transfers. Additionally, the VA uses Housewife and Home Health Assistant programs that can place assistants in the home through VA-contracted agencies, especially for enrolled veterans.

Long-term care insurance. Policies differ extremely. Some cover just center care, others home care and assisted living. Expect removal periods, everyday or monthly benefit caps, and life time maximums. Modern policies are often cash benefit or compensation models. Claims need a physician's declaration confirming need for aid with at least two ADLs or guidance due to cognitive impairment. When policies pay appropriately, they can be the hinge that keeps someone in your home or opens a much better assisted living option.



Private pay. Cost savings, retirement accounts, pensions, and earnings streams generally money the early months or years. The general rule I utilize, if projected care expenses go beyond monthly income by more than 25 to 30 percent, you require a plan to bridge that gap long-term, either by means of insurance coverage, benefits, home equity, or a move to a more budget-friendly setting.

Home equity. Families often neglect the home as a funding tool. Reverse mortgages can convert a portion of equity into cash without a needed regular monthly payment, as long as the borrower continues to live in the home and pay taxes and insurance. A home equity line of credit may make good sense if payments are budget-friendly and the timeline is brief. Offering the home to money assisted living often aligns with the care strategy and the family's preferences, specifically when your house requires expensive security modifications.

Tax techniques. If a physician certifies that an individual is chronically ill and a plan of care exists, long-term care expenses may be tax-deductible as medical expenditures, based on thresholds. Some long-term care insurance premiums are deductible within internal revenue service limits. If adult kids contribute to a parent's care and satisfy dependence criteria, deductions in some cases use. This is an area to examine with a tax professional, since when regular monthly care costs run four to 8 thousand dollars, even partial reductions matter.

When home care makes monetary sense and when it strains the budget

I worked with a household in Ohio whose mother needed assist with bathing twice a week, light housekeeping, and transport after a fall. A senior caretaker came three afternoons and one early morning, amounting to 12 hours a week. The expense balanced 1,600 dollars a month. Her Social Security and pension covered the majority

of it, and the daughter filled out the rest with meal prep and weekly grocery runs. The math worked, and more significantly, the mother's regimens continued intact. This is the sweet area for in-home care.

Contrast that with a widower living alone with moderate dementia. He began wandering and leaving the stove on. To keep him in the house, the household set up 2 daily shifts plus over night guidance. Even with lower rates in their location, monthly costs crossed 10,000 dollars. The tension on scheduling, call-outs, and oversight grew. When they explored assisted living with a memory care wing, the all-in cost had to do with 7,500 dollars month-to-month. After the move, his safety improved, and the family rebalanced their spending plan with the earnings from offering his house.

The break-even point tends to show up in between 40 and 60 hours of weekly home care. Below that range, home care is frequently the better value and maintains autonomy. Above it, assisted living may provide safety and 24-hour protection at a lower or similar cost.

The surprise expenses that trip people up

Home care and assisted living both included costs that do not show up on the very first invoice. For at home senior care, spending plan for caretaker no-shows and the need for backup, company minimums that develop paid time even when the job is brief, mileage charges for errands, and a greater hourly rate for nights or weekends. Add home modifications, a grab bar here, a ramp there, perhaps a walk-in shower conversion, and repeating costs like medical alert systems.

In assisted living, keep an eye out for care level creep. A resident may get in at Level 1 care and within a year need Level 3, which includes hundreds to thousands monthly. Medication management is frequently billed per med pass or per medication. Incontinence products might be billed by the center at retail or higher. Transportation to outside appointments frequently incurs a cost. Annual lease increases of 3 to 8 percent are common, and some neighborhoods examine market-rate boosts on turnover or after a certain period.

How to read agreements and rate sheets with a doubtful eye

I motivate households to approach both agency arrangements and community residency agreements with a checklist and a highlighter. Ask for rate sheets in composing, and confirm what triggers a care level modification. Demand clarity about notification periods, deposit refund terms, and what happens if the resident is hospitalized. For home care, clarify minimum hours per visit, cancellation policies, and whether the estimated hourly rate fluctuates by time of day. For assisted living, ask how many wake staff are on task in the evening, how call systems work, and if staffing ratios differ by care level. The response affects both care quality and your real cost.

If you are working with privately instead of through a firm, factor in payroll taxes, workers' compensation coverage, and backup protection. The per hour rate might be lower, but you take on company obligations. I have actually seen families come out ahead in any case, it depends upon reputable scheduling, liability security, and your capacity to handle payroll and supervision.

Funding paths that combine well

A thoughtful strategy frequently layers numerous sources. A veteran may receive Help and Participation that covers a 3rd of an assisted living expense, long-lasting care insurance coverage covers another 3rd, and earnings fills the remainder. A widow with a mortgage-free home may use a reverse home loan line of credit to fund 4 years of part-time home care while looking for a Medicaid waiver to take control of after that. Another family

might front-load private pay in an assisted living community that later on accepts Medicaid conversion, preserving continuity while relieving the long-term financial load.

Timing matters. If you expect Medicaid will be required, seek advice from an elder law lawyer early. Property transfers outside the look-back window give you more versatility, and correctly structured annuities or spousal refusal methods in specific states can secure a well partner. With VA benefits, initiate the application ahead of a relocation if possible. The process can take months, and a retroactive payment is helpful however does not change cash flow throughout the wait.

Real expenses, genuine numbers: 3 composite scenarios

A retired teacher in Phoenix lives alone and drives throughout the day but battles with bathing after shoulder surgery. She brings in senior home care three early mornings a week for individual care and laundry. Agency rate is 34 dollars per hour, four-hour minimums, for a monthly average of 1,632 dollars. After 3 months, she drops to two mornings a week, cutting the bill to around 1,088 dollars. Self-reliance stays high and costs taper with recovery.

A couple in their late 80s in New Jersey has one partner with Parkinson's and the other with moderate cognitive impairment. Household lives out of state. They try 12-hour daytime protection, 7 days a week, at 38 dollars per hour, amounting to approximately 13,000 dollars monthly. Nighttime falls and roaming trigger a reassessment. They move into a two-bedroom assisted living apartment or condo at 8,900 dollars monthly plus Level 2 look after 1,200 dollars and med management at 300 dollars, all-in around 10,400 dollars. They sell their home, bank the earnings, and avoid staffing uncertainty.

A Korean War veteran in Minnesota with moderate dementia receives VA Aid and Participation at a bit over 2,000 dollars regular monthly. He pays 28 dollars per hour for in-home care, 20 hours weekly. Month-to-month expense has to do with 2,240 dollars, almost completely offset by the VA benefit. Adult kids cover groceries and lawn care. After 2 years, night roaming increases, and the household shifts him to memory care at 6,200 dollars month-to-month. His Aid and Presence continues, decreasing the out-of-pocket to around 4,200 dollars till a Medicaid application is approved.

The psychological side of the spreadsheet

Budgets inform part of the story, however individuals use the expenses. I have actually seen adult kids try 24-hour protection with a patchwork of relatives and next-door neighbors. It works for a couple of weeks, often months, until somebody gets ill or a work schedule modifications. Burnout expenses marital relationships and tasks, and it rarely appears in the preliminary plan. When building your monetary model, put a number on respite. Purchase backup hours through a home care service. Reserve a short-stay room in assisted living if your location offers it. It is not indulgence. It is how the strategy remains intact.

Likewise, weigh the value of community. Some clients invest less on medical crises after moving into assisted living because they eat better, hydrate, and mingle. Others grow at home when the right senior caregiver becomes a trusted presence, reducing stress and anxiety and hospitalizations. Stability conserves cash. Whichever course yields stability for your loved one typically shows the better monetary decision, even if the line items look higher on paper.

Building a durable financial plan

Start with a complete picture of requirements. List ADLs that require assistance, cognitive status, movement, and safety concerns. Draw up the home. If there are stairs to the only bathroom, budget plan for either a stair lift or schedule modifications that decrease nighttime danger. Ask the medical care physician for a written functional assessment. It will assist with long-lasting care insurance coverage claims, VA benefits, and Medicaid screening.

Inventory possessions and income. Consist Of Social Security, pensions, annuities, investments, and real property. Note liquidity. A brokerage account funds care much faster than land. Identify potential benefit eligibility, VA service records, prior long-lasting care insurance coverage, and state Medicaid limits. Then, anticipated 2 to 3 scenarios, stay at home with 12 to 16 hours of weekly care, stay home with 40 to 60 hours of care, move to assisted living with Level 1 care and with Level 3 care. Layer in a 3 to 5 percent annual expense increase.

One technique I motivate is a staged strategy. For example, dedicate to six months of in-home care at a set number of hours, with a check-in to reassess after setting up security functions and seeing how the individual reacts. Establish trigger points for a relocation, unmanageable wandering, two falls within a month, or caretaker fatigue. Pre-tour assisted living choices so you understand accessibility, costs, and which puts accept Medicaid after a personal pay period. Put deposits and waitlists into your timeline if necessary.

Finally, established the mechanics. If using a firm, link billing to a charge card with rewards or cash back, and pay it off to keep liquidity. If filing VA or insurance claims, get paperwork practices right from day one, signed everyday care notes, invoices, care plan updates. If exploring a reverse home loan, speak with a HUD-approved counselor and include the family in the terms so there are no surprises later.

The function of geography and local market quirks

Within the very same state, neighboring counties can vary by 20 percent or more on rates. Rural areas may have less agencies, which suggests less versatility and maybe higher minimums. Urban cores may have more competitors and services however greater base rates. Assisted living neighborhoods in resort-like areas lean towards features that you might not need however still spend for. Memory care schedule can be tight in some markets, which changes timing and working out leverage.

Call at least 3 home care companies for quotes, then ask about real caretaker accessibility at your asked for times. Gorgeous rate sheets do not help if nobody can staff Tuesdays and Thursdays from 6 to 10 pm. For assisted living, visit throughout a meal, talk with existing residents and families, and ask the executive director how frequently homeowners relocate to higher care levels within the first year. That single information point typically predicts your real cost curve much better than any brochure.

Two fast tools that help families compare

- A side-by-side cost calendar. Put a blank month-to-month calendar next to a printed neighborhood rate sheet. Fill the calendar with actual hours required for home care, consisting of weekend coverage and travel time. Do the math, then include home maintenance and utilities. On the rate sheet, add base rent, care level, med management, deposits, and yearly increase assumptions. Seeing both courses on paper clarifies reality.
- A financing waterfall. List earnings sources at the top and care expenses at the bottom, then draw lines revealing which funds pay which expenses, and for the length of time, under three scenarios. This becomes your talking file with siblings, consultants, and the care team.

When to bring in outside professionals

Good elder law lawyers, geriatric care managers, and benefits experts often save more than they cost. An attorney can structure properties within Medicaid rules and avoid expensive mistakes. A care supervisor can right-size the care strategy, examine the home for security, and simplify firm coordination. Independent insurance representatives who know long-lasting care policies can push through stalled claims by arranging paperwork and speaking the carriers' language.

I recommend families to speak with these professionals the same way they do firms and neighborhoods. Ask about cost structures, response times, and examples of comparable cases. Excellent assistance in complex systems modifications outcomes and decreases long-lasting costs.

A brief word on principles and family dynamics

Money choices are likewise values choices. Some parents position a high premium on staying in their home, even if it costs more. Others wish to preserve properties for a partner or for beneficiaries and are comfy moving quicker. Adult kids disagree, specifically when one child offers most of the overdue care. If your household can, put the priorities on paper. Is the objective to optimize time in your home, reduce danger, protect possessions, or minimize household stress. You can not enhance all of them at the same time. Calling concerns makes trade-offs less painful.

Bringing it together

Choosing between in-home care and assisted living is not a binary choice forever. Many households begin with at home support, then shift to assisted living when needs boost. Others move into assisted living for a year or 2 to support health, then return home with a robust home care service plan. What keeps the plan healthy is disciplined monetary preparation, sensible evaluation of care needs, and flexibility.

If you keep in mind absolutely nothing else, keep in mind these essentials. Medicare does not pay for long-lasting custodial care. Medicaid might, but guidelines matter and timing matters. VA benefits are effective for qualified veterans and spouses. Long-term care insurance coverage is just as great as your documentation and understanding of the policy. Home equity is a tool, not a last hope. And above all, the right strategy is one your family can sustain, mentally and financially, over time.

Whether you pick senior home care with a relied on senior caregiver or a well-matched assisted living community, you are buying security, self-respect, and connection. Develop your spending plan around those results, and the dollars will follow with fewer surprises.

FootPrints Home Care is a Home Care Agency

FootPrints Home Care provides In-Home Care Services

FootPrints Home Care serves Seniors and Adults Requiring Assistance

FootPrints Home Care offers Companionship Care

FootPrints Home Care offers Personal Care Support

FootPrints Home Care provides In-Home Alzheimer's and Dementia Care

FootPrints Home Care focuses on Maintaining Client Independence at Home

FootPrints Home Care employs Professional Caregivers

FootPrints Home Care operates in Albuquerque, NM

FootPrints Home Care prioritizes Customized Care Plans for Each Client

FootPrints Home Care provides 24-Hour In-Home Support

FootPrints Home Care assists with Activities of Daily Living (ADLs)

FootPrints Home Care supports Medication Reminders and Monitoring

FootPrints Home Care delivers Respite Care for Family Caregivers
FootPrints Home Care ensures Safety and Comfort Within the Home
FootPrints Home Care coordinates with Family Members and Healthcare Providers
FootPrints Home Care offers Housekeeping and Homemaker Services
FootPrints Home Care specializes in Non-Medical Care for Aging Adults
FootPrints Home Care maintains Flexible Scheduling and Care Plan Options
FootPrints Home Care is guided by Faith-Based Principles of Compassion and Service
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FootPrints Home Care won Top Work Places 2023-2024
FootPrints Home Care earned Best of Home Care 2025
FootPrints Home Care won Best Places to Work 2019

People Also Ask about FootPrints Home Care

What services does FootPrints Home Care provide?

FootPrints Home Care offers non-medical, in-home support for seniors and adults who wish to remain independent at home. Services include companionship, personal care, mobility assistance, housekeeping, meal preparation, respite care, dementia care, and help with activities of daily living (ADLs). Care plans are personalized to match each client's needs, preferences, and daily routines.

How does FootPrints Home Care create personalized care plans?

Each care plan begins with a free in-home assessment, where FootPrints Home Care evaluates the client's physical needs, home environment, routines, and family goals. From there, a customized plan is created covering daily tasks, safety considerations, caregiver scheduling, and long-term wellness needs. Plans are reviewed regularly and adjusted as care needs change.

Are your caregivers trained and background-checked?

Yes. All FootPrints Home Care caregivers undergo extensive background checks, reference verification, and professional screening before being hired. Caregivers are trained in senior support, dementia care techniques, communication, safety practices, and hands-on care. Ongoing training ensures that clients receive safe, compassionate, and professional support.

Can FootPrints Home Care provide care for clients with Alzheimer's or dementia?

Absolutely. FootPrints Home Care offers specialized Alzheimer's and dementia care designed to support cognitive changes, reduce anxiety, maintain routines, and create a safe home environment. Caregivers are trained in memory-care best practices, redirection techniques, communication strategies, and behavior support.

What areas does FootPrints Home Care serve?

FootPrints Home Care proudly serves Albuquerque New Mexico and surrounding communities, offering dependable, local in-home care to seniors and adults in need of extra daily support. If you're unsure whether your home is within the service area, FootPrints Home Care can confirm coverage and help arrange the right care solution.

Where is FootPrints Home Care located?

FootPrints Home Care is conveniently located at 4811 Hardware Dr NE d1, Albuquerque, NM 87109. You can easily find directions on [Google Maps](#) or call at [\(505\) 828-3918](tel:(505)828-3918) 24-hours a day, Monday through Sunday

How can I contact FootPrints Home Care?

You can contact FootPrints Home Care by phone at: [\(505\) 828-3918](tel:(505)828-3918), visit their website at <https://footprintshomecare.com>, or connect on social media via [Facebook](#), [Instagram](#) & [LinkedIn](#)

Conveniently located near [Cinemark Century Rio Plex 24 and XD](#), seniors love to catch a movie with their caregivers.