

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 typically reach me when they are straddling a hard option: keep Mom at home with support, or move her into assisted living. The care concerns generally come wrapped in the very same worry, how will we spend for it, and for how long. The best response is seldom one-size-fits-all. It depends upon health requirements, the home's design, household bandwidth, area, and, of course, financial resources. Getting clear on funding and planning puts the decision on firmer ground.

This guide unpacks what home care service and assisted living typically expense, where the money originates from, and how to develop a financial plan that holds up under stress. I will weave in a few real-world examples and pitfalls I see families come across. If you are weighing at home senior care versus a move, the goal here is easy, determine which path offers the very best worth for your situation and how to pay for it sustainably.

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

Home care, in some cases called senior home care or elderly home care, indicates assistance brought into the client's home. It varies from buddy care to hands-on care like bathing, dressing, toileting, meal prep, and light housekeeping. Lots of companies likewise use transport to visits and medication tips. Care is billed hourly, frequently with a minimum shift length. You control the schedule, which is the biggest lever for cost.

Assisted living is a residential setting where personnel supply individual care, meals, housekeeping, activities, and 24-hour oversight. Citizens reside in their own houses or suites. Consider it as a blend of real estate, hospitality,

and care. Nursing services are restricted. If medical complexity increases, memory care or an experienced nursing facility may be necessary.

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

Typical costs by area and care level

Costs vary by market, firm, and center, however some ranges hold up throughout the United States. For home care service, the nationwide typical per hour rate for agency-provided personal care commonly sits between 28 and 40 dollars. Metropolitan seaside areas run greater, rural markets lower. A lot of companies need 3 to 4-hour minimum shifts. Overnight and vacations usually carry premiums.

Assisted living base rates normally fall between 3,500 and 6,500 dollars per month for a studio or one-bedroom, with food and fundamental services included. Care levels contribute to that, frequently 400 to 2,000 dollars more monthly depending upon how many ADLs, activities of daily living, are assisted. Memory care, a secured environment with specialized staffing, frequently starts 1,000 to 2,500 dollars above basic assisted living.

A practical way to compare is to approximate your home care hours. If a mom and dad requires assistance for early morning and evening routines, two hours twice a day, 7 days a week, that is roughly 28 hours weekly. At 35 dollars per hour, you are taking a look at about 4,200 dollars monthly. If security concerns need a caretaker present 12 hours daily, expenses jump toward 12,000 to 13,000 dollars monthly, which goes beyond many assisted living rates. On the other hand, if the person prospers at home with 12 to 16 hours each week of assistance plus household support, home care is generally more cost-effective and protects the familiar environment.

The sources of moneying most households piece together

Most families develop a mosaic. Someone's plan may draw on Social Security, a little pension, long-lasting care insurance coverage, and home equity. Another may depend on the VA pension plus help from adult children. Public programs exist, however protection and eligibility are nuanced.

Medicare. Conventional Medicare does not spend for long-lasting custodial care, whether in your home or in assisted living. It covers medical services, rehabilitation after a certifying health center stay, and short bouts of home health for knowledgeable requirements under a strategy of care, think wound care, physical therapy, or injections. These are intermittent and do not replace daily aid with bathing or cooking. I duplicate this gently but strongly because misconceptions hinder budgets, Medicare is medical, not long-lasting care.

Medicaid. Medicaid is the main public payer for long-term look after those who satisfy both financial and practical requirements. Each state runs home- and community-based services waivers that can fund in-home care, adult day services, or, in some states, assisted living. Slots may be limited. Financial eligibility looks at income and assets, with guidelines about spousal protections and a look-back duration on transfers. It is worth conference with an elder law lawyer to understand spend-down strategies that remain within the law. For some households, Medicaid planning opens durable choices that would otherwise run out reach.

Veterans advantages. Veterans and enduring spouses might receive the VA's Help and Presence pension, which can offset expenses for home care or assisted living if the candidate requires assist with daily activities. The regular monthly benefit can reach into the low thousands. Eligibility depends on service, medical requirement,

income, and possessions, with a look-back for asset transfers. Additionally, the VA offers Housewife and Home Health Assistant programs that can position aides in the home through VA-contracted companies, especially for enrolled veterans.

Long-term care insurance. Policies differ extremely. Some cover only center care, others home care and assisted living. Anticipate elimination durations, everyday or regular monthly benefit caps, and lifetime maximums. Modern policies are typically cash benefit or compensation models. Claims require a doctor's statement validating need for assist with at least two ADLs or supervision due to cognitive disability. When policies pay effectively, they can be the hinge that keeps someone in your home or opens a much better assisted living option.



Private pay. Savings, pension, pensions, and income streams generally fund the early months or years. The guideline I use, if projected care costs surpass regular monthly income by more than 25 to 30 percent, you need a plan to bridge that space long-lasting, either via insurance coverage, advantages, home equity, or a transfer to a more budget friendly setting.

Home equity. Families often neglect the home as a funding tool. Reverse home mortgages can convert a portion of equity into money without a required regular monthly payment, as long as the borrower continues to reside in the home and pay taxes and insurance coverage. A home equity line of credit may make good sense if payments are economical and the timeline is brief. Selling the home to fund assisted living sometimes lines up with the care plan and the household's preferences, particularly when the house needs pricey security modifications.

Tax strategies. If a physician licenses that a person is chronically ill and a strategy of care exists, long-lasting care expenses might be tax-deductible as medical expenditures, subject to thresholds. Some long-lasting care insurance coverage premiums are deductible within IRS limits. If adult kids contribute to a parent's care and fulfill dependence requirements, reductions sometimes apply. This is an area to evaluate with a tax expert, since when month-to-month care expenses run 4 to eight thousand dollars, even partial deductions matter.

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

I dealt with a household in Ohio whose mother needed aid with bathing two times a week, light housekeeping, and transportation after a fall. A senior caretaker came 3 afternoons and one early morning, amounting to 12 hours a week. The expense averaged 1,600 dollars a month. Her Social Security and pension covered the majority of it, and the daughter completed the rest with meal preparation and weekly grocery runs. The math worked, and more importantly, 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 started roaming and leaving the stove on. To keep him at home, the family set up 2 everyday shifts plus overnight guidance. Even with lower rates in their area, regular monthly costs crossed 10,000 dollars. The stress on scheduling, call-outs, and oversight grew. When they visited assisted living with a memory care wing, the all-in expense was about 7,500 dollars regular monthly.

After the move, his security enhanced, and the family rebalanced their budget plan with the profits 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 typically the much better value and maintains autonomy. Above it, assisted living may deliver security and 24-hour coverage at a lower or similar cost.

The hidden costs that trip people up

Home care and assisted living both featured expenditures that do not show up on the first billing. For at home senior care, budget for caregiver no-shows and the requirement for backup, company minimums that develop paid time even when the task is short, mileage charges for errands, and a greater per hour rate for nights or weekends. Include home adjustments, a grab bar here, a ramp there, possibly a walk-in shower conversion, and repeating expenses like medical alert systems.

In assisted living, watch out for care level creep. A resident might get in at Level 1 care and within a year need Level 3, which includes hundreds to thousands monthly. Medication management is often billed per med pass or per medication. Incontinence products might be billed by the facility at retail or higher. Transport to outside visits frequently sustains a cost. Annual rent boosts of 3 to 8 percent are common, and some communities examine market-rate boosts on turnover or after a specific period.

How to read agreements and rate sheets with a skeptical eye

I motivate families to approach both agency arrangements and neighborhood residency agreements with a list and a highlighter. Ask for rate sheets in composing, and verify what sets off a care level change. Insist on clearness about notice durations, deposit refund terms, and what happens if the resident is hospitalized. For home care, clarify minimum hours per visit, cancellation policies, and whether the priced estimate hourly rate varies by time of day. For assisted living, ask the number of wake personnel are on duty in the evening, how call systems work, and if staffing ratios differ by care level. The response impacts both care quality and your real cost.

If you are hiring privately rather than through a company, consider payroll taxes, workers' payment protection, and backup coverage. The hourly rate might be lower, but you handle employer responsibilities. I have seen families come out ahead in any case, it depends upon trusted scheduling, liability security, and your capacity to manage payroll and supervision.

Funding paths that integrate well

A thoughtful strategy frequently layers several sources. A veteran may get Aid and Participation that covers a third of an assisted living expense, long-lasting care insurance covers another third, and income fills the remainder. A widow with a mortgage-free home might utilize a reverse home loan credit line to fund 4 years of part-time home care while requesting a Medicaid waiver to take over after that. Another household may front-load personal pay in an assisted living community that later on accepts Medicaid conversion, preserving connection while reducing the long-lasting financial load.

Timing matters. If you anticipate Medicaid will be essential, consult an elder law lawyer early. Possession transfers outside the look-back window offer you more flexibility, and properly structured annuities or spousal rejection techniques in particular states can secure a well partner. With VA benefits, start the application ahead of a move if possible. The process can take months, and a retroactive payment is practical but does not replace cash flow throughout the wait.

Real costs, real numbers: three composite scenarios

A retired teacher in Phoenix lives alone and drives throughout the day however has problem with bathing after shoulder surgery. She brings in senior home care three early mornings a week for individual care and laundry. Firm rate is 34 dollars per hour, four-hour minimums, for a month-to-month average of 1,632 dollars. After 3 months, she drops to 2 early mornings a week, cutting the bill to around 1,088 dollars. Independence remains high and expenses taper with recovery.

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

A Korean War veteran in Minnesota with moderate dementia qualifies for VA Aid and Presence at a bit over 2,000 dollars month-to-month. He pays 28 dollars per hour for in-home care, 20 hours weekly. Month-to-month expense is about 2,240 dollars, nearly entirely offset by the VA benefit. Adult children cover groceries and lawn care. After two years, night roaming increases, and the household shifts him to memory care at 6,200 dollars monthly. His Help and Presence continues, reducing 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 people use the costs. I have seen adult children try 24-hour protection with a patchwork of relatives and next-door neighbors. It works for a couple of weeks, sometimes months, until somebody gets sick or a work schedule changes. Burnout expenses marriages and jobs, and it rarely appears in the preliminary strategy. When developing your financial design, place a number on respite. Purchase backup hours through a home care service. Reserve a short-stay room in assisted living if your area offers it. It is not extravagance. It is how the strategy stays intact.

Likewise, weigh the worth of neighborhood. Some clients invest less on medical crises after moving into assisted living since they consume much better, hydrate, and interact socially. Others grow in the house when the best senior caregiver becomes a trusted existence, decreasing anxiety and hospitalizations. Stability saves money. Whichever path yields stability for your loved one typically proves the much better financial decision, even if the line items look greater on paper.

Building a durable financial plan

Start with a full image of needs. List ADLs that need aid, cognitive status, movement, and safety issues. Draw up the home. If there are stairs to the only restroom, budget for either a stair lift or schedule modifications that reduce nighttime danger. Ask the primary care doctor for a written functional assessment. It will assist with long-lasting care insurance coverage claims, VA benefits, and Medicaid screening.

Inventory properties and earnings. Include Social Security, pensions, annuities, financial investments, and real property. Note liquidity. A brokerage account funds care much faster than land. Identify prospective benefit eligibility, VA service records, prior long-lasting care insurance, and state Medicaid thresholds. Then, forecast two to three scenarios, stay home with 12 to 16 hours of weekly care, stay at home with 40 to 60 hours of care,

transfer to assisted living with Level 1 care and with Level 3 care. Layer in a 3 to 5 percent annual expense increase.

One strategy I motivate is a staged strategy. For instance, commit to six months of in-home care at a set variety of hours, with a check-in to reassess after installing security features and seeing how the person reacts. Develop trigger points for a move, unmanageable roaming, two falls within a month, or caregiver fatigue. Pre-tour assisted living choices so you know accessibility, expenses, and which places accept Medicaid after a personal pay duration. Put deposits and waitlists into your timeline if necessary.

Finally, established the mechanics. If utilizing a company, link billing to a charge card with benefits or money back, and pay it off to keep liquidity. If filing VA or insurance claims, get paperwork practices right from day one, signed day-to-day care notes, billings, care strategy updates. If exploring a reverse home mortgage, speak with a HUD-approved counselor and involve the family in the terms so there are no surprises later.

The function of location and local market quirks

Within the same state, neighboring counties can vary by 20 percent or more on rates. Backwoods might have less companies, which indicates less flexibility and perhaps higher minimums. Urban cores may have more competitors and services but higher base rates. Assisted living neighborhoods in resort-like locations lean toward amenities that you may not require however still pay for. Memory care availability can be tight in some markets, which alters timing and negotiating leverage.

Call at least three home care agencies for quotes, then ask about actual caregiver accessibility at your requested times. Stunning rate sheets do not help if no one can staff Tuesdays and Thursdays from 6 to 10 pm. For assisted living, visit throughout a meal, talk to existing homeowners and households, and ask the executive director how frequently locals relocate to greater care levels within the first year. That single data point frequently forecasts your genuine expense curve much better than any brochure.

Two quick tools that assist households compare

- A side-by-side cost calendar. Put a blank month-to-month calendar beside a printed neighborhood rate sheet. Fill the calendar with actual hours required for home care, including weekend coverage and travel time. Do the math, then include home maintenance and energies. On the rate sheet, add base lease, care level, med management, deposits, and yearly increase presumptions. Seeing both paths on paper clarifies reality.
- A funding waterfall. List earnings sources at the top and care expenses at the bottom, then draw lines revealing which funds pay which bills, and for the length of time, under 3 scenarios. This becomes your talking document with brother or sisters, consultants, and the care team.

When to generate outdoors professionals

Good elder law attorneys, geriatric care managers, and benefits specialists typically save more than they cost. An attorney can structure properties within Medicaid guidelines and avoid expensive errors. A care manager can right-size the care plan, examine the home for safety, and simplify agency coordination. Independent insurance coverage agents who understand long-lasting care policies can press through stalled claims by organizing documentation and speaking the providers' language.

I encourage families to talk to these specialists the exact same way they do companies and neighborhoods. Inquire about fee structures, reaction times, and examples of similar cases. Great assistance in complicated

systems modifications outcomes and lowers long-lasting costs.

A brief word on ethics and family dynamics

Money choices are likewise worth decisions. Some moms and dads put a high premium on staying in their home, even if it costs more. Others want to protect possessions for a partner or for successors and are comfortable moving earlier. Adult kids disagree, specifically when one kid offers the majority of the overdue care. If your family can, put the priorities on paper. Is the objective to take full advantage of time in your home, minimize danger, preserve properties, or reduce household tension. You can not optimize all of them at the same time. Calling priorities makes trade-offs less painful.

Bringing it together

Choosing in between in-home care and assisted living is not a binary choice permanently. Lots of families begin with in-home support, then transition to assisted living when requires increase. Others move into assisted living for a year or 2 to stabilize health, then return home with a robust home care service plan. What keeps the plan healthy is disciplined monetary planning, sensible evaluation of care needs, and flexibility.

If you keep in mind absolutely nothing else, remember these essentials. Medicare does not pay for [24 hour senior home care](#) long-term custodial care. Medicaid might, but guidelines matter and timing matters. VA benefits are effective for eligible veterans and spouses. Long-term care insurance coverage is only as excellent as your documentation and understanding of the policy. Home equity is a tool, not a last resort. And above all, the best plan is one your family can sustain, emotionally and economically, over time.

Whether you pick senior home care with a trusted senior caretaker or a well-matched assisted living neighborhood, you are purchasing safety, dignity, and continuity. Develop your budget 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](#) 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](#), visit their website at <https://footprintshomecare.com>, or connect on social media via [Facebook](#), [Instagram](#) & [LinkedIn](#)

Strolling through historic [Old Town Albuquerque](#) offers a charming mix of shops, architecture, and local culture — a great low-effort outing for seniors and their caregivers.