

**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.

[View on Google Maps](#)

4811 Hardware Dr NE d1, Albuquerque, NM 87109

### Business Hours

- Monday thru Sunday: 24 Hours

### Follow Us:

- Facebook: <https://www.facebook.com/FootPrintsHomeCare/>
- Instagram: <https://www.instagram.com/footprintshomecare/>
- LinkedIn: <https://www.linkedin.com/company/footprints-home-care>

 Explore this content with AI:

[ChatGPT](#) [Perplexity](#) [Claude](#) [Google AI Mode](#) [Grok](#)

Families often reach me when they are straddling a tough option: keep Mom at home with support, or move her into assisted living. The care questions usually come wrapped in the very same concern, how will we pay for it, and for the length of time. The right response is seldom one-size-fits-all. It depends on health needs, the home's layout, family bandwidth, area, and, naturally, finances. Getting clear on funding and preparation puts the choice on firmer ground.

This guide unpacks what home care service and assisted living generally cost, where the money comes from, and how to build a financial plan that holds up under stress. I will weave in a couple of real-world examples and mistakes I see households experience. If you are weighing at home senior care versus a move, the objective here is simple, determine which course uses the best worth for your scenario 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, implies aid brought into the customer's home. It ranges from buddy care to hands-on care like bathing, dressing, toileting, meal prep, and light housekeeping. Lots of companies also provide transport to consultations and medication pointers. 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 staff offer individual care, meals, housekeeping, activities, and 24-hour oversight. Residents reside in their own apartment or condos or suites. Consider it as a blend of housing, hospitality, and care. Nursing services are restricted. If medical complexity goes up, memory care or a knowledgeable nursing center might be necessary.

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

## Typical expenses by region and care level

Costs differ by market, company, and center, however some varieties hold up across the United States. For home care service, the national average per hour rate for agency-provided individual care frequently sits between 28 and 40 dollars. Metropolitan seaside locations run greater, rural markets lower. Most companies require 3 to 4-hour minimum shifts. Overnight and vacations generally carry premiums.

Assisted living base rates normally fall in between 3,500 and 6,500 dollars monthly for a studio or one-bedroom, with food and basic services consisted of. Care levels add to that, typically 400 to 2,000 dollars more monthly depending on the number of 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 useful way to compare is to estimate your home care hours. If a parent requires help for morning and evening regimens, two hours two times a day, seven days a week, that is roughly 28 hours weekly. At 35 dollars per hour, you are taking a look at about 4,200 dollars each month. If security issues need a caretaker present 12 hours daily, expenses jump toward 12,000 to 13,000 dollars monthly, which exceeds lots of assisted living rates. On the other hand, if the individual prospers at home with 12 to 16 hours per week of assistance plus family assistance, home care is often more cost-effective and preserves the familiar environment.

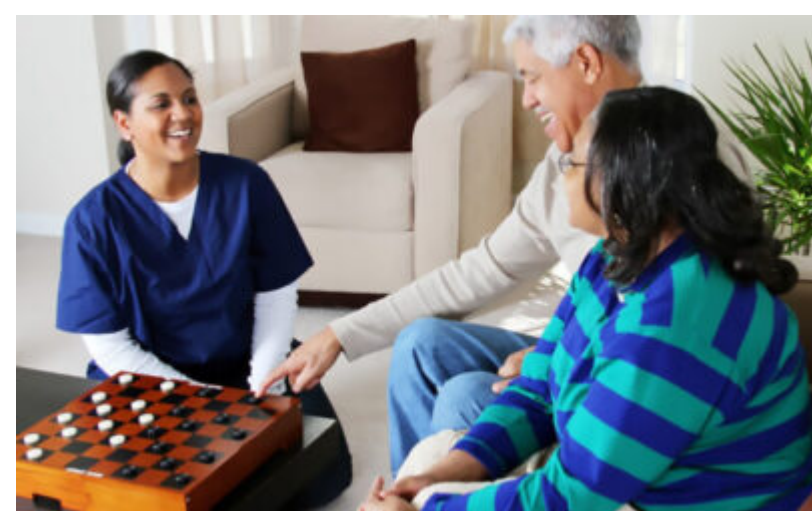
## The sources of funding most households piece together

Most households build a mosaic. Someone's strategy may make use of Social Security, a small pension, long-term care insurance coverage, and home equity. Another may rely on the VA pension plus aid from adult kids. Public programs exist, however protection and eligibility are nuanced.

Medicare. Standard Medicare does not pay for long-term custodial care, whether in your home or in assisted living. It covers medical services, rehab after a qualifying medical facility stay, and brief bouts of home health for proficient requirements under a plan of care, think injury care, physical therapy, or injections. These are periodic and do not replace everyday assist with bathing or cooking. I duplicate this gently but firmly because misconceptions thwart spending plans, Medicare is medical, not long-lasting care.

Medicaid. Medicaid is the main public payer for long-term look after those who fulfill both monetary and practical criteria. 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 may be restricted. Financial eligibility takes a look at income and properties, with guidelines about spousal securities and a look-back period on transfers. It is worth meeting with an elder law attorney to understand spend-down techniques that stay within the law. For some households, Medicaid preparing opens durable choices that would otherwise run out reach.

Veterans advantages. Veterans and enduring spouses might receive the VA's Aid and Attendance pension, which can balance out costs for home care or assisted living if the candidate needs assist with daily activities. The monthly benefit can reach into the low thousands. Eligibility depends on service, medical need, income, and possessions, with a look-back for asset transfers. Additionally, the VA provides Housewife and Home Health Assistant programs that can place aides in the home through VA-contracted companies, particularly for enrolled veterans.



Long-term care insurance coverage. Policies differ wildly. Some cover just facility care, others home care and assisted living. Expect elimination periods, day-to-day or regular monthly advantage caps, and lifetime optimums. Modern policies are often money benefit or reimbursement models. Claims need a doctor's statement validating requirement for assist with a minimum of 2 ADLs or supervision due to cognitive problems. When policies pay correctly, they can be the hinge that keeps somebody in your home or opens a much better assisted living option.

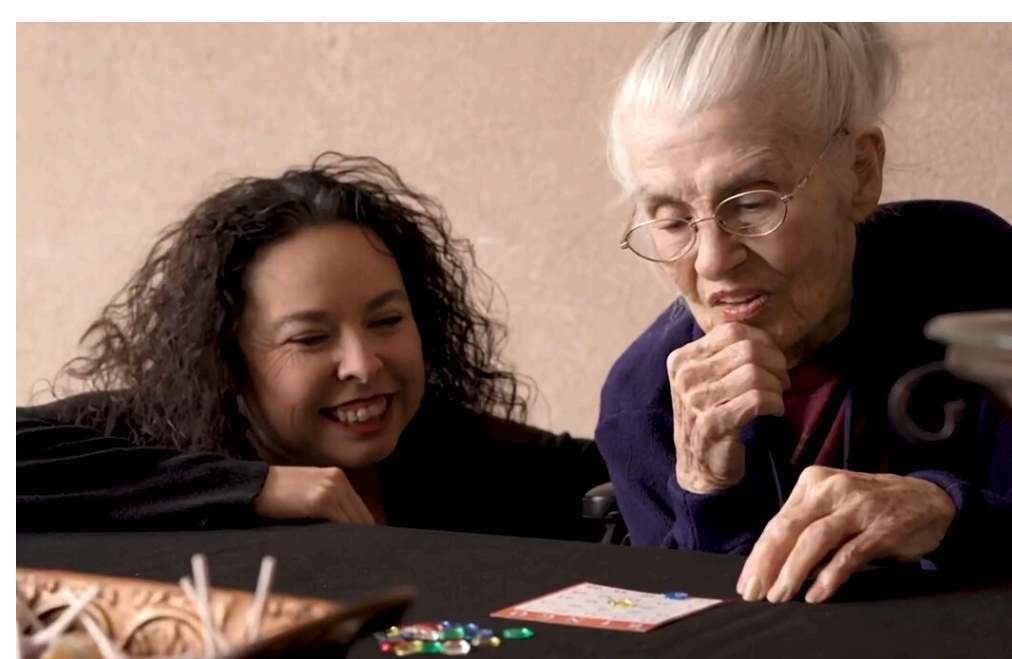
Private pay. Savings, pension, pensions, and income streams typically money the early months or years. The rule of thumb I utilize, if predicted care expenses exceed regular monthly earnings by more than 25 to 30 percent, you need a strategy to bridge that gap long-term, either via insurance, advantages, home equity, or a relocate to a more budget-friendly setting.

Home equity. Households often neglect the home as a funding tool. Reverse mortgages can transform a part of equity into cash without a required month-to-month payment, as long as the debtor continues to reside in the home and pay taxes and insurance coverage. A home equity line of credit may make sense if payments are budget-friendly and the timeline is short. Selling the home to fund assisted living sometimes aligns with the care strategy and the family's choices, particularly when the house needs expensive security modifications.

Tax methods. If a doctor licenses that an individual is chronically ill and a plan of care exists, long-lasting care expenses might be tax-deductible as medical costs, based on thresholds. Some long-lasting care insurance premiums are deductible within internal revenue service limitations. If adult kids contribute to a mom's and dad's care and meet dependency criteria, deductions in some cases use. This is an area to examine with a tax professional, since when month-to-month care expenses run 4 to 8 thousand dollars, even partial reductions matter.

## **When home care makes financial sense and when it strains the budget**

I dealt with a household in Ohio whose mother required help with bathing two times a week, light housekeeping, and transport after a fall. A senior caregiver came three afternoons and one morning, totaling 12 hours a week. The expense averaged 1,600 dollars a month. Her Social Security and pension covered most of it, and the child completed the rest with meal preparation and weekly grocery runs. The math worked, and more notably, the mother's regimens continued undamaged. This is the sweet spot for at home care.



Contrast that with a widower living alone with moderate dementia. He started roaming and leaving the range on. To keep him at home, the family scheduled two daily shifts plus over night guidance. Even with lower rates in their location, monthly expenses crossed 10,000 dollars. The stress on scheduling, call-outs, and oversight grew. When they toured assisted living with a memory care wing, the all-in cost had to do with 7,500 dollars regular monthly. After the relocation, his security enhanced, and the family rebalanced their spending plan with the earnings from offering his house.

The break-even point tends to appear between 40 and 60 hours of weekly home care. Listed below that range, home care is typically the much better value and protects autonomy. Above it, assisted living may provide security and 24-hour protection at a lower or comparable cost.

## **The surprise costs that trip people up**

Home care and assisted living both included costs that do not show up on the very first billing. For at home senior care, spending plan for caregiver no-shows and the need for backup, firm minimums that create 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, look out for care level creep. A resident may enter at Level 1 care and within a year require Level 3, which adds hundreds to thousands monthly. Medication management is often billed per med pass or per medication. Incontinence materials may be billed by the center at retail or higher. Transportation to outside consultations frequently

sustains a fee. Annual rent increases of 3 to 8 percent are common, and some communities examine market-rate increases on turnover or after a particular period.

## How to read contracts and rate sheets with a doubtful eye

I motivate households to approach both company arrangements and neighborhood residency contracts with a checklist and a highlighter. Request rate sheets in composing, and verify what sets off a care level change. Demand clearness about notice periods, deposit refund terms, and what occurs if the resident is hospitalized. For home care, clarify minimum hours per visit, cancellation policies, and whether the estimated per hour rate changes by time of day. For assisted living, ask the number of wake personnel are on task at night, how call systems work, and if staffing ratios vary by care level. The answer affects both care quality and your true cost.

If you are hiring independently instead of through a firm, factor in payroll taxes, workers' payment coverage, and backup coverage. The hourly rate may be lower, but you handle company duties. I have seen households come out ahead in either case, it hinges on dependable scheduling, liability defense, and your capability to handle payroll and supervision.



## Funding paths that combine well

A thoughtful plan often layers multiple sources. A veteran may receive Help and Presence that covers a third of an assisted living expense, long-lasting care insurance coverage covers another third, and earnings fills the remainder. A widow with a mortgage-free home may utilize a reverse home loan credit line to money four years of part-time home care while making an application for a Medicaid waiver to take control of after that. Another household may front-load

personal pay in an assisted living neighborhood that later accepts Medicaid conversion, protecting connection while reducing the long-lasting monetary load.

Timing matters. If you anticipate Medicaid will be necessary, consult an elder law attorney early. Asset transfers outside the look-back window give you more flexibility, and appropriately structured annuities or spousal refusal strategies in certain states can safeguard a well partner. With VA advantages, start the application ahead of a move if possible. The process can take months, and a retroactive payment is valuable however does not replace capital during the wait.

## **Real expenses, genuine numbers: 3 composite scenarios**

A retired instructor in Phoenix lives alone and drives during the day however deals with bathing after shoulder surgical treatment. She brings in senior home care 3 early mornings a week for personal care and laundry. Company rate is 34 dollars per hour, four-hour minimums, for a monthly average of 1,632 dollars. After three months, she drops to two early mornings a week, cutting the bill to around 1,088 dollars. Self-reliance remains 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 mild cognitive impairment. Family lives out of state. They try 12-hour daytime coverage, seven days a week, at 38 dollars per hour, amounting to approximately 13,000 dollars monthly. Nighttime falls and wandering trigger a reassessment. They move into a two-bedroom assisted living home 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 offer their home, bank the profits, and avoid staffing uncertainty.

A Korean War veteran in Minnesota with moderate dementia receives VA Aid and Attendance at a bit over 2,000 dollars month-to-month. He pays 28 dollars per hour for in-home care, 20 hours per week. Monthly cost is about 2,240 dollars, nearly entirely balanced out by the VA advantage. Adult kids cover groceries and backyard care. After 2 years, night wandering boosts, and the household shifts him to memory care at 6,200 dollars monthly. His Help and Attendance continues, reducing the out-of-pocket to around 4,200 dollars till a Medicaid application is approved.

## **The emotional side of the spreadsheet**

Budgets inform part of the story, but individuals wear the costs. I have seen adult kids attempt 24-hour coverage with a patchwork of relatives and next-door neighbors. It works for a few weeks, in some cases months, up until somebody gets ill or a work schedule modifications. Burnout costs marital relationships and jobs, and it rarely shows up in the initial plan. When constructing your financial design, place a number on respite. Purchase backup hours through a home care service. Reserve a short-stay space in assisted living if your area offers it. It is not indulgence. It is how the strategy remains intact.

Likewise, weigh the worth of community. Some clients invest less on medical crises after moving into assisted living because they eat better, hydrate, and mingle. Others grow in your home when the ideal senior caretaker becomes a trusted presence, lessening anxiety and hospitalizations. Stability conserves money. Whichever course yields stability for your loved one typically shows the much better monetary choice, even if the line products look higher on paper.

## **Building a resilient financial plan**

Start with a complete photo of requirements. List ADLs that need help, cognitive status, movement, and safety concerns. Map out the home. If there are stairs to the only bathroom, budget for either a stair lift or schedule changes that lower nighttime risk. Ask the primary care doctor for a composed functional evaluation. It will assist with long-term care insurance claims, VA benefits, and Medicaid screening.

Inventory assets and earnings. Consist Of Social Security, pensions, annuities, investments, and real estate. Keep in mind liquidity. A brokerage account funds care quicker than land. Determine prospective advantage eligibility, VA service records, prior long-term care insurance, and [in-home senior care footprints/homecare.com](https://www.in-home-senior-care-footprints.com) state Medicaid limits. 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, relocate to assisted living with Level 1 care and with Level 3 care. Layer in a 3 to 5 percent annual expense increase.

One method I motivate is a staged strategy. For example, devote to six months of in-home care at a set number of hours, with a check-in to reassess after setting up safety features and seeing how the individual responds. Establish trigger points for a move, uncontrollable wandering, two falls within a month, or caregiver fatigue. Pre-tour assisted living options so you understand availability, costs, and which puts accept Medicaid after a personal pay duration. Put deposits and waitlists into your timeline if necessary.

Finally, established the mechanics. If using an agency, link billing to a charge card with rewards or cash back, and pay it off to keep liquidity. If submitting VA or insurance claims, get documents routines right from the first day, signed day-to-day care notes, invoices, care strategy updates. If exploring a reverse home loan, talk to a HUD-approved counselor and involve the family in the terms so there are not a surprises later.

## **The function of location and regional market quirks**

Within the exact same state, surrounding counties can vary by 20 percent or more on rates. Backwoods may have less companies, which suggests less flexibility and possibly higher minimums. Urban cores might have more competition and services however greater base rates. Assisted living communities in resort-like areas lean toward amenities that you might not need but still spend for. Memory care availability can be tight in some markets, which changes timing and working out leverage.

Call at least three home care companies for quotes, then ask about actual caregiver accessibility at your requested 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, speak with existing citizens and families, and ask the executive director how frequently citizens relocate to higher care levels within the very first year. That single data point often predicts your real expense curve much better than any brochure.

## **Two fast tools that assist households compare**

- A side-by-side cost calendar. Put a blank monthly calendar beside a printed community rate sheet. Fill the calendar with actual hours required for home care, including weekend protection and travel time. Do the math, then add home upkeep and energies. On the rate sheet, include base lease, care level, med management, deposits, and yearly boost presumptions. Seeing both paths on paper clarifies reality.
- A funding waterfall. List earnings sources at the top and care costs at the bottom, then draw lines showing which funds pay which bills, and for the length of time, under three circumstances. This becomes your talking document with brother or sisters, advisors, and the care team.

## **When to bring in outdoors professionals**

Good elder law lawyers, geriatric care managers, and benefits specialists typically save more than they cost. An attorney can structure possessions within Medicaid rules and head off pricey errors. A care manager can right-size the care plan, examine the home for safety, and simplify company coordination. Independent insurance agents who know long-term care policies can push through stalled claims by organizing documents and speaking the providers' language.

I advise households to speak with these experts the very same way they do agencies and communities. Ask about fee structures, action times, and examples of comparable cases. Good help in complicated systems changes results and lowers long-lasting costs.

## **A quick word on ethics and family dynamics**

Money choices are likewise worths choices. Some parents put 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 children disagree, especially when one child supplies most of the unsettled care. If your household can, put the concerns on paper. Is the goal to maximize time in the house, decrease threat, protect properties, or minimize household tension. You can not enhance all of them simultaneously. Calling concerns makes compromises less painful.

## **Bringing it together**

Choosing between in-home care and assisted living is not a binary choice forever. Numerous families begin with in-home assistance, then shift to assisted living when requires boost. Others move into assisted living for a year or more to support health, then return home with a robust home care service plan. What keeps the plan healthy is disciplined monetary preparation, reasonable evaluation of care requirements, and flexibility.

If you keep in mind absolutely nothing else, remember these basics. Medicare does not spend for long-lasting custodial care. Medicaid might, however rules matter and timing matters. VA advantages are effective for eligible veterans and spouses. Long-lasting care insurance is only as excellent as your documents and understanding of the policy. Home

equity is a tool, not a last resort. And above all, the ideal plan is one your household can sustain, emotionally and financially, over time.

Whether you choose senior home care with a trusted senior caregiver or a well-matched assisted living neighborhood, you are buying 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  
FootPrints Home Care has a phone number of (505) 828-3918  
FootPrints Home Care has an address of 4811 Hardware Dr NE d1, Albuquerque, NM 87109  
FootPrints Home Care has a website <https://footprintshomecare.com/>  
FootPrints Home Care has Google Maps listing <https://maps.app.goo.gl/QobiEduAt9WFiA4e6>  
FootPrints Home Care has Facebook page <https://www.facebook.com/FootPrintsHomeCare/>  
FootPrints Home Care has Instagram <https://www.instagram.com/footprintshomecare/>  
FootPrints Home Care has LinkedIn <https://www.linkedin.com/company/footprints-home-care>  
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](#)

[Antiquity Restaurant](#) provides a warm, accessible dining experience — perfect for a comforting night out even while receiving in-home care or assisted support.