

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 difficult choice: keep Mom at home with support, or move her into assisted living. The care concerns typically come wrapped in the same worry, how will we pay for it, and for how long. The best response is hardly ever one-size-fits-all. It depends on health needs, the home's layout, family bandwidth, location, and, naturally, finances. Getting clear on financing and preparation puts the choice on firmer ground.

This guide unpacks what home care service and assisted living normally expense, where the money originates from, and how to construct a financial plan that holds up under stress. I will weave in a few real-world examples and pitfalls I see households come across. If you are weighing in-home senior care against a move, the objective here is simple, determine which course provides the best value for your scenario 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 varies from buddy care to hands-on care like bathing, dressing, toileting, meal preparation, and light housekeeping. Numerous agencies likewise provide transport to appointments and medication pointers. Care is billed per hour, frequently with a minimum shift length. You manage the schedule, which is the most significant lever for cost.

Assisted living is a residential setting where personnel offer personal care, meals, housekeeping, activities, and 24-hour oversight. Citizens live in their own apartments or suites. Think of it as a blend of housing, hospitality, and care. Nursing services are limited. If medical intricacy goes up, memory care or a knowledgeable nursing center may be necessary.

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

Typical expenses by area and care level

Costs vary by market, company, and center, but some ranges hold up throughout the United States. For home care service, the nationwide average per hour rate for agency-provided personal care frequently sits between 28 and 40 dollars. Metropolitan seaside locations run higher, rural markets lower. Many agencies require 3 to 4-hour minimum shifts. Overnight and vacations typically bring premiums.

Assisted living base rates generally 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 per month depending upon how many ADLs, activities of daily living, are assisted. Memory care, a guaranteed environment with specialized staffing, often begins 1,000 to 2,500 dollars above basic assisted living.

A useful method to compare is to estimate your home care hours. If a moms and dad needs help for morning and night regimens, two hours two times 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 each month. If security issues need a caretaker present 12 hours daily, expenses leap towards 12,000 to 13,000 dollars monthly, which goes beyond lots of assisted living rates. On the other hand, if the individual flourishes at home with 12 to 16 hours weekly of assistance plus household assistance, home care is often more cost-effective and protects the familiar environment.

The sources of funding most families piece together

Most families develop a mosaic. A single person's plan might make use of Social Security, a small pension, long-lasting care insurance, and home equity. Another might rely on the VA pension plus help from adult kids. Public programs exist, but coverage and eligibility are nuanced.

Medicare. Traditional Medicare does not pay for long-lasting custodial care, whether in the house or in assisted living. It covers medical services, rehabilitation after a certifying medical facility stay, and brief bouts of home health for skilled requirements under a strategy of care, think wound care, physical therapy, or injections. These are intermittent and do not change everyday assist with bathing or cooking. I [Look at this website](#) repeat this carefully however strongly due to the fact that misconceptions derail budgets, Medicare is medical, not long-lasting care.

Medicaid. Medicaid is the primary public payer for long-lasting look after those who fulfill both financial 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 limited. Financial eligibility looks at earnings and possessions, with rules about spousal protections and a look-back period on transfers. It deserves meeting with an elder law attorney to comprehend spend-down techniques that stay within the law. For some households, Medicaid planning opens long lasting alternatives that would otherwise run out reach.

Veterans advantages. Veterans and surviving spouses might qualify for the VA's Help and Participation pension, which can offset costs for home care or assisted living if the applicant needs aid with everyday activities. The monthly advantage can reach into the low thousands. Eligibility depends on service, medical requirement, earnings, and properties, with a look-back for asset transfers. Furthermore, the VA uses Housewife and Home Health Aide programs that can position assistants in the home through VA-contracted agencies, especially for enrolled veterans.

Long-term care insurance. Policies vary hugely. Some cover only facility care, others home care and assisted living. Expect removal durations, everyday or monthly advantage caps, and lifetime maximums. Modern policies are frequently money benefit or reimbursement designs. Claims require a doctor's statement validating requirement for help with a minimum of 2 ADLs or supervision due to cognitive disability. When policies pay properly, 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 normally money the early months or years. The general rule I use, if forecasted care expenses exceed monthly income by more than 25 to 30 percent, you require a plan to bridge that gap long-term, either through insurance, benefits, home equity, or a relocate to a more budget-friendly setting.

Home equity. Households often ignore the home as a financing tool. Reverse home mortgages can convert a portion 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. A home equity line of credit may make good sense if payments are cost effective and the timeline is brief. Offering the home to money assisted living often lines up with the care strategy and the household's choices, specifically when the house requires costly safety modifications.

Tax strategies. If a physician licenses that a person is chronically ill and a plan of care exists, long-term care expenses may be tax-deductible as medical costs, subject to thresholds. Some long-term care insurance coverage premiums are deductible within IRS limits. If adult children add to a parent's care and fulfill reliance criteria, deductions often use. This is a location to evaluate with a tax professional, since when regular monthly care expenses run four to 8 thousand dollars, even partial deductions matter.

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

I worked with a household in Ohio whose mother needed aid with bathing twice 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 daughter filled in the rest with meal preparation and weekly grocery runs. The mathematics worked, and more significantly, the mother's regimens continued intact. This is the sweet spot for at home care.

Contrast that with a widower living alone with moderate dementia. He began roaming and leaving the range on. To keep him at home, the family scheduled 2 daily shifts plus overnight guidance. Even with lower rates in their area, month-to-month expenses 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 had to do with 7,500 dollars regular monthly. After the relocation, his safety enhanced, and the family rebalanced their budget plan with the proceeds from selling his house.

The break-even point tends to appear in between 40 and 60 hours of weekly home care. Below that range, home care is typically the much better worth and preserves autonomy. Above it, assisted living might provide security and 24-hour coverage at a lower or comparable cost.

The surprise costs that journey individuals up

Home care and assisted living both featured expenses that do disappoint up on the very first billing. For at home senior care, budget for caregiver no-shows and the requirement for backup, agency minimums that produce paid time even when the task 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, maybe a walk-in shower conversion, and repeating expenses like medical alert systems.

In assisted living, watch out for care level creep. A resident might enter at Level 1 care and within a year require Level 3, which includes hundreds to thousands per month. Medication management is frequently billed per med pass or per medication. Incontinence supplies might be billed by the facility at retail or greater. Transportation to outdoors consultations often sustains a charge. Yearly lease boosts of 3 to 8 percent prevail, and some communities assess market-rate increases on turnover or after a certain period.

How to check out agreements and rate sheets with a doubtful eye

I encourage households to approach both agency contracts and neighborhood residency agreements with a checklist and a highlighter. Ask for rate sheets in writing, and verify what sets off a care level modification. Insist on clearness about notification 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 per hour rate fluctuates by time of day. For assisted living, ask the number of wake personnel are on duty at night, how call systems work, and if staffing ratios differ by care level. The answer affects both care quality and your true cost.

If you are hiring independently instead of through an agency, factor in payroll taxes, workers' compensation coverage, and backup protection. The per hour rate might be lower, however you take on employer obligations. I have actually seen households come out ahead in any case, it hinges on dependable scheduling, liability defense, and your capability to handle payroll and supervision.

Funding pathways that integrate well

A thoughtful plan often layers numerous sources. A veteran might get Aid and Presence that covers a 3rd of an assisted living expense, long-term care insurance covers another 3rd, and income fills the remainder. A widow with a mortgage-free home may use a reverse home loan line of credit to money 4 years of part-time home care while applying for a Medicaid waiver to take control of after that. Another household may front-load personal pay in an assisted living community that later accepts Medicaid conversion, maintaining continuity while alleviating the long-lasting monetary load.

Timing matters. If you prepare for Medicaid will be needed, speak with an elder law attorney early. Property transfers outside the look-back window provide you more flexibility, and properly structured annuities or spousal rejection strategies in particular states can protect a well spouse. With VA benefits, start the application ahead of a move if possible. The procedure can take months, and a retroactive payment is valuable but does not replace capital throughout the wait.

Real expenses, genuine numbers: 3 composite scenarios

A retired teacher in Phoenix lives alone and drives during the day but battles with bathing after shoulder surgery. She generates senior home care 3 mornings a week for personal care and laundry. Company rate is 34 dollars per hour, four-hour minimums, for a month-to-month average of 1,632 dollars. After three months, she drops to two

early mornings a week, cutting the bill to around 1,088 dollars. Independence remains high and costs taper with recovery.

A couple in their late 80s in New Jersey has one spouse with Parkinson's and the other with mild cognitive problems. Family 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 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 proceeds, and prevent staffing uncertainty.

A Korean War veteran in Minnesota with moderate dementia gets approved for VA Help and Participation at a bit over 2,000 dollars regular monthly. He pays 28 dollars per hour for in-home care, 20 hours each week. Regular monthly cost has to do with 2,240 dollars, nearly completely balanced out by the VA advantage. Adult children cover groceries and lawn care. After 2 years, night roaming increases, and the family shifts him to memory care at 6,200 dollars month-to-month. His Help and Participation continues, minimizing the out-of-pocket to around 4,200 dollars till a Medicaid application is approved.

The emotional side of the spreadsheet

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

Likewise, weigh the value of community. Some customers spend less on medical crises after moving into assisted living since they eat much better, hydrate, and socialize. Others flourish in the house when the best senior caregiver becomes a relied on existence, decreasing stress and anxiety and hospitalizations. Stability conserves money. Whichever path yields stability for your loved one typically proves the much better monetary decision, even if the line items look higher on paper.

Building a durable financial plan

Start with a complete photo of needs. List ADLs that need aid, cognitive status, movement, and security issues. Draw up the home. If there are stairs to the only bathroom, budget plan for either a stair lift or schedule modifications that minimize nighttime danger. Ask the medical care physician for a composed practical evaluation. It will aid with long-term care insurance coverage claims, VA advantages, and Medicaid screening.

Inventory properties and income. Consist Of Social Security, pensions, annuities, financial investments, and real property. Note liquidity. A brokerage account funds care quicker than land. Determine potential benefit eligibility, VA service records, prior long-term 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 yearly cost increase.

One method I motivate is a staged plan. For instance, devote to 6 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. Develop trigger points for a relocation, uncontrollable wandering, two falls within a month, or caretaker exhaustion. Pre-tour assisted living alternatives so you understand accessibility, costs, 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 an agency, link billing to a credit card with benefits or money back, and pay it off to keep liquidity. If submitting VA or insurance coverage claims, get paperwork routines right from day one, signed daily care notes, billings, care plan updates. If checking out a reverse home loan, speak to a HUD-approved counselor and include the family in the terms so there are no surprises later.

The function of location and regional market quirks

Within the exact same state, neighboring counties can vary by 20 percent or more on rates. Rural areas might have less firms, which suggests less flexibility and maybe greater minimums. Urban cores may have more competitors and services however greater base rates. Assisted living communities 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 negotiating leverage.

Call a minimum of three home care firms for quotes, then inquire about real caretaker schedule at your requested times. Gorgeous rate sheets do not assist if nobody can staff Tuesdays and Thursdays from 6 to 10 pm. For assisted living, visit during a meal, speak to current citizens and households, and ask the executive director how frequently residents relocate to higher care levels within the first year. That single information point often forecasts your real cost curve much better than any brochure.

Two quick tools that help households compare

- A side-by-side cost calendar. Put a blank monthly calendar next to a printed neighborhood rate sheet. Fill the calendar with real hours required for home care, including weekend coverage and travel time. Do the math, then add home maintenance and energies. On the rate sheet, include base lease, care level, med management, deposits, and annual increase presumptions. Seeing both courses on paper clarifies reality.
- A financing waterfall. List income sources at the top and care costs at the bottom, then draw lines showing which funds pay which costs, and for how long, under three situations. This becomes your talking file with siblings, consultants, and the care team.

When to bring in outside professionals

Good elder law lawyers, geriatric care supervisors, and benefits specialists frequently conserve more than they cost. A lawyer can structure possessions within Medicaid rules and head off pricey errors. A care manager can right-size the care plan, evaluate the home for security, and improve agency coordination. Independent insurance coverage agents who understand long-lasting care policies can press through stalled claims by organizing documentation and speaking the carriers' language.



I advise families to interview these specialists the very same way they do agencies and communities. Ask about fee structures, response times, and examples of similar cases. Excellent assistance in intricate systems changes results and decreases long-term costs.

A brief word on ethics and family dynamics

Money decisions are likewise values choices. Some parents position a high premium on staying in their home, even if it costs more. Others want to maintain properties for a spouse or for beneficiaries and are comfortable moving faster. Adult kids disagree, particularly when one kid offers the majority of the unpaid care. If your household can, put the priorities on paper. Is the objective to take full advantage of time at home, lessen threat, preserve possessions, or reduce household stress. You can not enhance all of them at the same time. Naming top priorities makes compromises less painful.

Bringing it together

Choosing in between in-home care and assisted living is not a binary decision forever. Lots of families begin with in-home assistance, then transition to assisted living when requires boost. Others move into assisted living for a year or two to support health, then return home with a robust home care service plan. What keeps the strategy healthy is disciplined financial preparation, sensible evaluation of care needs, and flexibility.

If you remember absolutely nothing else, keep in mind these fundamentals. 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-term care insurance coverage is just as good as your paperwork 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 relied on senior caregiver or a well-matched assisted living neighborhood, you are purchasing safety, dignity, and continuity. Construct your budget around those outcomes, and the dollars will follow with less 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](#)

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