

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 option: 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 ideal response is seldom one-size-fits-all. It depends on health requirements, the home's design, family bandwidth, area, and, of course, finances. 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 originates from, and how to develop a monetary strategy 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 relocation, the objective here is simple, determine which path offers the best value for your circumstance and how to spend for it sustainably.

What you are actually purchasing: 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 prep, and light housekeeping. Lots of firms likewise provide transport to visits and medication tips. Care is billed per hour, frequently with a minimum shift length. You control the schedule, which is the most significant lever for cost.

Assisted living is a residential setting where personnel offer individual care, meals, housekeeping, activities, and 24-hour oversight. Homeowners 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 facility might be necessary.

This distinction matters for budgeting. Home care is extremely flexible, more hours equates to more expense, 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 also move-in charges, neighborhood charges, deposits, and periodic à la carte add-ons.

Typical costs by area and care level

Costs vary by market, firm, and center, but some ranges hold up throughout the United States. For home care service, the national average per hour rate for agency-provided personal care commonly sits between 28 and 40 dollars. Metropolitan coastal areas run higher, rural markets lower. A lot of companies require 3 to 4-hour minimum shifts. Over night and holidays generally bring premiums.

Assisted living base rates usually fall 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, often 400 to 2,000 dollars more each month depending on how many ADLs, activities of daily living, are assisted. Memory care, a protected environment with specialized staffing, typically begins 1,000 to 2,500 dollars above basic assisted living.

A useful way to compare is to estimate your home care hours. If a mom and dad requires assistance for morning and night routines, 2 hours twice 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 security issues require 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 grows at home with 12 to 16 hours weekly of aid plus family support, home care is almost always more economical and maintains the familiar environment.

The sources of funding most families piece together

Most families build a mosaic. Someone's strategy might draw on Social Security, a little pension, long-lasting care insurance coverage, and home equity. Another might count on the VA pension plus aid from adult children. Public programs exist, but protection 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 qualifying medical facility stay, and short bouts of home health for knowledgeable requirements under a plan of care, think wound care, physical therapy, or injections. These are periodic and do not replace everyday help with bathing or cooking. I duplicate this gently but securely because misunderstandings thwart budget plans, Medicare is medical, not long-term care.

Medicaid. Medicaid is the main public payer for long-lasting care for those who fulfill both monetary and functional 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 takes a look at income and possessions, with guidelines about spousal protections and a look-back period on transfers. It is worth conference with an elder law lawyer to understand spend-down methods that remain within the law. For some families, Medicaid planning opens long lasting alternatives that would otherwise run out reach.

Veterans benefits. Veterans and enduring partners may qualify for the VA's Aid and Attendance pension, which can offset expenses for home care or assisted living if the applicant requires assist with daily activities. The

monthly benefit can reach into the low thousands. Eligibility depends on service, medical requirement, earnings, and possessions, with a look-back for asset transfers. Additionally, the VA provides Housewife and Home Health Assistant programs that can position aides in the home through VA-contracted firms, especially for enrolled veterans.

Long-term care insurance coverage. Policies differ extremely. Some cover only center care, others home care and assisted living. Anticipate elimination periods, everyday or month-to-month advantage caps, and lifetime maximums. Modern policies are frequently cash benefit or compensation models. Claims require a doctor's statement verifying need for help with a minimum of two ADLs or supervision due to cognitive impairment. When policies pay properly, they can be the hinge that keeps somebody in the house or opens a better assisted living option.

Private pay. Savings, retirement accounts, pensions, and earnings streams typically money the early months or years. The rule of thumb I use, if forecasted care expenses go beyond monthly earnings by more than 25 to 30 percent, you require a strategy to bridge that gap long-term, either by means of insurance, advantages, home equity, or a move to a more cost effective setting.

Home equity. Households typically neglect the home as a funding tool. Reverse mortgages can convert a part of equity into money without a needed monthly payment, as long as the debtor continues to live in the home and pay taxes and insurance. A home equity line of credit might make good sense if payments are budget-friendly and the timeline is short. Offering the home to money assisted living in some cases aligns with the care strategy and the family's choices, especially when your house requires expensive security modifications.

Tax methods. If a physician accredits that a person is chronically ill and a strategy of care exists, long-term care costs may be tax-deductible as medical costs, subject to thresholds. Some long-term care insurance premiums are deductible within internal revenue service limits. If adult kids add to a parent's care and satisfy dependency criteria, deductions in some cases apply. This is an area to review with a tax expert, because when monthly care expenses run 4 to eight thousand dollars, even partial deductions matter.

When home care makes financial 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 transportation after a fall. A senior caretaker came 3 afternoons and one morning, totaling 12 hours a week. The expense balanced 1,600 dollars a month. Her Social Security and pension covered most of it, and the child filled out the rest with meal prep and weekly grocery runs. The mathematics worked, and more importantly, 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 wandering and leaving the range on. To keep him at home, the household arranged 2 day-to-day shifts plus overnight guidance. Even with lower rates in their area, monthly expenses crossed 10,000 dollars. The tension on scheduling, call-outs, and oversight grew. When they toured assisted living with a memory care wing, the all-in expense had to do with 7,500 dollars regular monthly. After the move, his safety improved, and the family rebalanced their budget with the earnings from selling his house.

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

The concealed costs that trip individuals up

Home care and assisted living both included expenses that do disappoint up on the very first billing. For at home senior care, budget plan for caregiver no-shows and the requirement for backup, agency minimums that produce paid time even when the job is brief, mileage charges for errands, and a higher hourly rate for nights or weekends. Add home adjustments, a grab bar here, a ramp there, possibly 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 enter at Level 1 care and within a year need Level 3, which includes hundreds to thousands each month. Medication management is regularly 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 cost. Annual lease increases 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 motivate households to approach both company arrangements and community residency contracts with a list and a highlighter. Request for rate sheets in composing, and validate what sets off a care level modification. Demand clarity about notice periods, deposit refund terms, and what takes place 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 how many wake personnel are on responsibility during the night, how call systems work, and if staffing ratios differ by care level. The answer affects both care quality and your real cost.

If you are employing independently rather than through a firm, consider payroll taxes, employees' payment coverage, and backup coverage. The per hour rate might be lower, however you handle company responsibilities. I have seen households come out ahead either way, it hinges on reputable scheduling, liability security, and your capability to handle payroll and supervision.

Funding paths that integrate well

A thoughtful plan often layers numerous sources. A veteran may receive Aid and Attendance that covers a 3rd of an assisted living costs, long-lasting care insurance covers another third, and income fills the remainder. A widow with a mortgage-free home might use a reverse home loan credit line to fund four years of part-time home care while looking for a Medicaid waiver to take control of after that. Another family may front-load private pay in an assisted living neighborhood that later accepts Medicaid conversion, protecting connection while alleviating the long-term monetary load.

Timing matters. If you prepare for Medicaid will be essential, consult an elder law attorney early. Property transfers outside the look-back window offer you more flexibility, and correctly structured annuities or spousal rejection strategies in specific states can secure a well spouse. With VA advantages, start the application ahead of a move if possible. The process can take months, and a retroactive payment is useful however does not replace cash flow throughout the wait.

Real expenses, real numbers: three composite scenarios

A retired instructor in Phoenix lives alone and drives throughout the day but deals with bathing after shoulder surgery. She brings in senior home care three early mornings a week for personal care and laundry. Agency rate is 34 dollars per hour, four-hour minimums, for a regular monthly average of 1,632 dollars. After three months, she drops to two mornings a week, cutting the costs 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 mild cognitive disability. Family lives out of state. They attempt 12-hour daytime protection, seven days a week, at 38 dollars per hour, amounting to roughly 13,000 dollars regular 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 care for 1,200 dollars and med management at 300 dollars, all-in around 10,400 dollars. They sell their home, bank the earnings, and prevent 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. Regular monthly [senior home care](#) expense has to do with 2,240 dollars, practically completely offset by the VA advantage. Adult kids cover groceries and backyard care. After 2 years, night roaming boosts, and the household shifts him to memory care at 6,200 dollars regular monthly. His Help and Presence continues, lowering the out-of-pocket to around 4,200 dollars up until a Medicaid application is approved.

The psychological side of the spreadsheet

Budgets tell part of the story, however people wear the expenses. I have actually seen adult kids try 24-hour coverage with a patchwork of relatives and neighbors. It works for a few weeks, in some cases months, till somebody gets ill or a work schedule modifications. Burnout expenses marriages and tasks, and it hardly ever shows up in the preliminary strategy. When constructing your financial design, put a number on respite. Purchase backup hours through a home care service. Reserve a short-stay room in assisted living if your location uses it. It is not indulgence. It is how the plan stays intact.

Likewise, weigh the value of neighborhood. Some customers spend less on medical crises after moving into assisted living due to the fact that they consume much better, hydrate, and mingle. Others grow in the house when the ideal senior caretaker becomes a trusted existence, lessening stress and anxiety and hospitalizations. Stability saves money. Whichever path yields stability for your loved one typically proves the much better financial choice, even if the line items look higher on paper.



Building a resilient financial plan

Start with a complete photo of requirements. List ADLs that need assistance, cognitive status, movement, and security issues. Map out the home. If there are stairs to the only restroom, budget for either a stair lift or schedule adjustments that lower nighttime risk. Ask the medical care physician for a written practical assessment. It will aid with long-term care insurance coverage claims, VA advantages, and Medicaid screening.

Inventory possessions and earnings. Include Social Security, pensions, annuities, financial investments, and real estate. Note liquidity. A brokerage account funds care much faster than land. Determine prospective benefit eligibility, VA service records, prior long-lasting care insurance, and state Medicaid thresholds. Then, forecast 2 to 3 situations, stay at home with 12 to 16 hours of weekly care, stay 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 method I motivate is a staged strategy. For instance, dedicate to 6 months of in-home care at a set number of hours, with a check-in to reassess after setting up safety functions and seeing how the person reacts. Develop trigger points for a move, uncontrollable wandering, 2 falls within a month, or caregiver fatigue. Pre-tour assisted living options so you understand accessibility, expenses, and which puts accept Medicaid after a private pay duration. Put deposits and waitlists into your timeline if necessary.

Finally, set up the mechanics. If using a company, link billing to a charge card with rewards or cash back, and pay it off to keep liquidity. If submitting VA or insurance coverage claims, get paperwork practices right from day one, signed daily care notes, billings, care plan updates. If checking out a reverse home loan, talk with a HUD-approved therapist and include the family in the terms so there are no surprises later.

The function of geography and regional market quirks

Within the very same state, surrounding counties can differ by 20 percent or more on rates. Backwoods may have less companies, which means less flexibility and perhaps higher minimums. Urban cores may have more competitors and services however higher base rates. Assisted living neighborhoods in resort-like areas lean toward features that you may not need however still pay for. Memory care schedule can be tight in some markets, which alters timing and negotiating leverage.

Call a minimum of three home care firms for quotes, then inquire about real caregiver availability at your asked for times. Stunning rate sheets do not help if nobody can staff Tuesdays and Thursdays from 6 to 10 pm. For assisted living, visit during a meal, speak to existing citizens and families, and ask the executive director how frequently residents transfer to higher care levels within the very first year. That single information point typically anticipates your genuine expense curve better than any brochure.

Two quick tools that help households compare

- A side-by-side cost calendar. Put a blank regular monthly calendar beside a printed neighborhood rate sheet. Fill the calendar with real hours required for home care, including weekend protection and travel time. Do the mathematics, then add home maintenance and energies. On the rate sheet, add base lease, care level, med management, deposits, and annual boost assumptions. Seeing both paths on paper clarifies reality.
- A funding waterfall. List income sources at the top and care expenses at the bottom, then draw lines showing which funds pay which expenses, and for the length of time, under three circumstances. This becomes your talking file with brother or sisters, advisors, and the care team.

When to generate outdoors professionals

Good elder law attorneys, geriatric care managers, and advantages specialists often conserve more than they cost. An attorney can structure properties within Medicaid guidelines and avoid expensive errors. A care supervisor can right-size the care strategy, examine the home for security, and improve agency coordination. Independent insurance representatives who know long-lasting care policies can press through stalled claims by arranging paperwork and speaking the providers' language.

I recommend households to talk to these professionals the exact same way they do agencies and communities. Ask about charge structures, reaction times, and examples of similar cases. Great assistance in intricate systems changes outcomes and decreases long-term costs.

A brief word on principles and household dynamics

Money choices are also worths choices. Some parents put a high premium on staying in their home, even if it costs more. Others want to protect possessions for a spouse or for beneficiaries and are comfortable moving faster. Adult children disagree, particularly when one child supplies the majority of the overdue care. If your family can, put the concerns on paper. Is the objective to take full advantage of time in the house, minimize threat, maintain assets, or lower family stress. You can not enhance all of them at the same time. Naming concerns makes trade-offs less painful.

Bringing it together

Choosing in between in-home care and assisted living is not a binary decision forever. Numerous families start with in-home support, then transition to assisted living when needs increase. 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, practical evaluation of care needs, and flexibility.

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

Whether you select senior home care with a trusted senior caretaker or a well-matched assisted living community, you are purchasing safety, dignity, and connection. Develop your budget around those outcomes, 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:5058283918) 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:5058283918), visit their website at <https://footprintshomecare.com>, or connect on social media via [Facebook](#), [Instagram](#) & [LinkedIn](#)

A visit to the [ABQ BioPark Botanic Garden](#) offers a peaceful, gentle outing full of nature and fresh air — ideal for older adults and seniors under home care.