

Business Name: FootPrints Home Care

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

Phone: (505) 828-3918

FootPrints Home Care

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

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4811 Hardware Dr NE d1, Albuquerque, NM 87109

Business Hours

- Monday thru Sunday: 24 Hours

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Families frequently reach me when they [senior home care](#) are straddling a difficult choice: keep Mom at home with support, or move her into assisted living. The care questions usually come wrapped in the very same worry, how will we pay for it, and for how long. The best answer is seldom one-size-fits-all. It depends upon health requirements, the home's design, family bandwidth, place, and, naturally, financial resources. Getting clear on funding and preparation puts the decision on firmer ground.

This guide unloads what home care service and assisted living usually cost, where the cash originates from, and how to build a monetary plan that holds up under tension. 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, figure out which course offers the best worth for your situation and how to pay for it sustainably.

What you are in fact buying: apples-to-apples on care scope

Home care, in some cases called senior home care or elderly home care, suggests assistance brought into the client's home. It ranges from companion care to hands-on care like bathing, dressing, toileting, meal preparation, and light housekeeping. Many companies also offer transport to appointments and medication reminders. Care is billed hourly, typically with a minimum shift length. You manage the schedule, which is the biggest lever for cost.

Assisted living is a residential setting where staff offer personal care, meals, housekeeping, activities, and 24-hour oversight. Citizens reside in their own apartments or suites. Consider it as a mix of housing, hospitality, and care.

Nursing services are restricted. If medical intricacy increases, memory care or a knowledgeable nursing facility might be necessary.

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

Typical expenses by region and care level

Costs differ by market, firm, and facility, but some varieties hold up across the United States. For home care service, the national typical per hour rate for agency-provided personal care commonly sits between 28 and 40 dollars. Metropolitan seaside locations run greater, rural markets lower. The majority of agencies need 3 to 4-hour minimum shifts. Overnight and vacations typically carry premiums.

Assisted living base rates typically fall in between 3,500 and 6,500 dollars each month for a studio or one-bedroom, with food and fundamental services consisted of. Care levels contribute to that, often 400 to 2,000 dollars more per month depending on the number of ADLs, activities of daily living, are assisted. Memory care, a protected environment with specialized staffing, often begins 1,000 to 2,500 dollars above standard assisted living.

A useful method to compare is to approximate your home care hours. If a mom and dad needs assistance for early morning and night regimens, 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 each month. If safety issues need a caregiver present 12 hours daily, costs leap toward 12,000 to 13,000 dollars monthly, which exceeds numerous assisted living rates. On the other hand, if the person grows at home with 12 to 16 hours each week of assistance plus household support, home care is usually more cost-efficient and protects the familiar environment.

The sources of moneying most families piece together

Most families build a mosaic. Someone's strategy may draw on Social Security, a small pension, long-term care insurance coverage, and home equity. Another might rely on the VA pension plus help from adult children. Public programs exist, but coverage and eligibility are nuanced.

Medicare. Traditional Medicare does not pay for long-lasting custodial care, whether in your home or in assisted living. It covers medical services, rehabilitation after a qualifying healthcare facility stay, and brief bouts of home health for experienced requirements under a strategy of care, think wound care, physical therapy, or injections. These are intermittent and do not change daily assist with bathing or cooking. I duplicate this gently however firmly because misconceptions hinder spending plans, Medicare is medical, not long-lasting care.

Medicaid. Medicaid is the main public payer for long-lasting care for those who meet both monetary and practical requirements. Each state runs home- and community-based services waivers that can money in-home care, adult day services, or, in some states, assisted living. Slots may be limited. Financial eligibility takes a look at income and properties, with rules about spousal protections and a look-back duration on transfers. It is worth meeting with an elder law attorney to understand spend-down strategies that stay within the law. For some households, Medicaid planning opens resilient options that would otherwise be out of reach.

Veterans benefits. Veterans and enduring partners may qualify for the VA's Help and Participation pension, which can balance out costs for home care or assisted living if the candidate needs aid with daily activities. The month-to-month advantage can reach into the low thousands. Eligibility depends on service, medical requirement, earnings, and properties, with a look-back for possession transfers. Additionally, the VA provides Housewife and

Home Health Assistant programs that can put aides in the home through VA-contracted agencies, particularly for registered veterans.

Long-term care insurance. Policies vary extremely. Some cover only center care, others home care and assisted living. Anticipate removal periods, daily or regular monthly benefit caps, and lifetime optimums. Modern policies are often money benefit or reimbursement designs. Claims require a physician's declaration confirming requirement for assist with a minimum of two ADLs or supervision due to cognitive problems. When policies pay appropriately, they can be the hinge that keeps somebody in the house or unlocks a better assisted living option.

Private pay. Cost savings, pension, pensions, and earnings streams typically fund the early months or years. The rule of thumb I use, if forecasted care expenses surpass month-to-month income by more than 25 to 30 percent, you need a strategy to bridge that space long-lasting, either through insurance coverage, benefits, home equity, or a transfer to a more affordable setting.

Home equity. Households frequently ignore the home as a financing tool. Reverse home loans can transform a portion of equity into cash without a needed month-to-month payment, as long as the customer continues to reside in the home and pay taxes and insurance coverage. A home equity credit line might make sense if payments are economical and the timeline is short. Offering the home to money assisted living often aligns with the care plan and the household's preferences, particularly when the house requires expensive safety modifications.

Tax strategies. If a doctor licenses that a person is chronically ill and a plan of care exists, long-term care costs might be tax-deductible as medical expenditures, subject to thresholds. Some long-term care insurance coverage premiums are deductible within IRS limitations. If adult children contribute to a parent's care and fulfill dependency requirements, reductions sometimes apply. This is a location to review with a tax professional, due to the fact that when regular monthly care expenses run four to 8 thousand dollars, even partial reductions matter.



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

I worked with a household in Ohio whose mother required assist with bathing two times a week, light housekeeping, and transportation after a fall. A senior caregiver came 3 afternoons and one early morning, totaling 12 hours a week. The cost averaged 1,600 dollars a month. Her Social Security and pension covered the majority of it, and the child completed the rest with meal preparation and weekly grocery runs. The mathematics worked, and more notably, the mother's routines continued undamaged. 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 range on. To keep him at home, the household scheduled 2 everyday shifts plus overnight guidance. Even with lower rates in their location, regular monthly expenses crossed 10,000 dollars. The tension 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 monthly. After the move, his safety improved, and the household rebalanced their spending plan with the profits from offering 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 worth and preserves autonomy. Above it, assisted living may provide security and 24-hour coverage at a lower or comparable cost.

The hidden costs that journey people up

Home care and assisted living both come with expenditures that do disappoint up on the first billing. For in-home senior care, budget for caretaker 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. Add home adjustments, a grab bar here, a ramp there, perhaps a walk-in shower conversion, and recurring costs like medical alert systems.

In assisted living, keep an eye out for care level creep. A resident may get in at Level 1 care and within a year require Level 3, which includes hundreds to thousands monthly. Medication management is often billed per med pass or per medication. Incontinence supplies may be billed by the facility at retail or higher. Transportation to outside consultations often sustains a cost. Yearly rent increases of 3 to 8 percent prevail, and some neighborhoods evaluate market-rate boosts on turnover or after a particular period.

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

I encourage families to approach both agency arrangements and neighborhood residency contracts with a list and a highlighter. Ask for rate sheets in composing, and validate what sets off a care level change. Insist on clearness about notice durations, 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 per hour rate fluctuates by time of day. For assisted living, ask how many wake staff are on task during the night, how call systems work, and if staffing ratios vary by care level. The response affects both care quality and your real cost.

If you are working with privately rather than through a company, factor in payroll taxes, employees' payment protection, and backup coverage. The per hour rate might be lower, however you take on employer responsibilities. I have seen households come out ahead either way, it hinges on trustworthy scheduling, liability security, and your capability to handle payroll and supervision.

Funding paths that combine well

A thoughtful strategy frequently layers multiple sources. A veteran might receive Aid and Presence that covers a 3rd of an assisted living expense, long-term care insurance coverage covers another third, and income fills the remainder. A widow with a mortgage-free home might utilize a reverse home loan credit line to money four years of part-time home care while looking for a Medicaid waiver to take control of after that. Another family might front-load private pay in an assisted living neighborhood that later on accepts Medicaid conversion, preserving continuity while alleviating the long-term financial load.

Timing matters. If you expect Medicaid will be essential, speak with an elder law attorney early. Property transfers outside the look-back window provide you more versatility, and effectively structured annuities or spousal rejection strategies in specific states can secure a well partner. With VA advantages, initiate the application ahead of a relocation if possible. The process can take months, and a retroactive payment is handy however does not change capital throughout the wait.

Real expenses, real numbers: 3 composite scenarios

A retired instructor in Phoenix lives alone and drives throughout the day but has problem with bathing after shoulder surgical treatment. She brings in senior home care 3 early mornings a week for individual 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 early 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 spouse with Parkinson's and the other with mild cognitive impairment. Family lives out of state. They attempt 12-hour daytime protection, 7 days a week, at 38 dollars per hour, amounting to 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 care for 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 Help 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, almost totally offset by the VA advantage. Adult kids cover groceries and lawn care. After two years, night roaming increases, and the household transitions him to memory care at 6,200 dollars regular monthly. His Help and Participation continues, minimizing 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 attempt 24-hour protection with a patchwork of relatives and next-door neighbors. It works for a few weeks, sometimes months, until someone gets sick or a work schedule modifications. Burnout costs marital relationships and tasks, and it rarely appears in the preliminary strategy. When building your monetary model, place a number on respite. Purchase backup hours through a home care service. Reserve a short-stay room in assisted living if your location provides it. It is not indulgence. It is how the strategy stays intact.

Likewise, weigh the value of neighborhood. Some clients spend less on medical crises after moving into assisted living since they eat much better, hydrate, and mingle. Others thrive in the house when the ideal senior caretaker becomes a relied on existence, lessening stress and anxiety and hospitalizations. Stability conserves cash. Whichever course yields stability for your loved one normally shows the much better monetary decision, even if the line products look higher on paper.

Building a durable monetary plan

Start with a complete image of requirements. List ADLs that require assistance, cognitive status, movement, and security issues. Map out the home. If there are stairs to the only restroom, spending plan for either a stair lift or schedule changes that decrease nighttime danger. Ask the primary care doctor for a composed practical assessment. It will help with long-term care insurance coverage claims, VA benefits, and Medicaid screening.

Inventory assets and income. Include Social Security, pensions, annuities, financial investments, and real estate. Note liquidity. A brokerage account funds care quicker than land. Determine potential benefit eligibility, VA service records, prior long-term care insurance, and state Medicaid thresholds. Then, anticipated two to three scenarios, stay home with 12 to 16 hours of weekly care, stay 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 technique I encourage is a staged strategy. For instance, commit 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 responds. Establish trigger points for a move, unmanageable wandering, 2 falls within a month, or caretaker exhaustion. Pre-tour assisted living choices so you know accessibility, costs, and which positions accept Medicaid after a private pay period. 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 cash back, and pay it off to keep liquidity. If filing VA or insurance claims, get paperwork habits right from the first day, signed daily care notes, billings, care plan updates. If exploring a reverse home mortgage, speak with a HUD-approved counselor and involve the family in the terms so there are not a surprises later.

The function of location and local market quirks

Within the very same state, neighboring counties can differ by 20 percent or more on rates. Backwoods might have less companies, which suggests less versatility and maybe greater minimums. Urban cores might have more competition and services however higher base rates. Assisted living communities in resort-like areas lean towards facilities that you might not need but still spend for. Memory care accessibility can be tight in some markets, which changes timing and negotiating leverage.

Call a minimum of three home care firms for quotes, then ask about real caregiver availability at your requested times. Lovely rate sheets do not help if nobody can staff Tuesdays and Thursdays from 6 to 10 pm. For assisted living, visit during a meal, talk to present locals and households, and ask the executive director how often residents move to greater care levels within the very first year. That single data point typically anticipates your genuine cost curve much better than any brochure.

Two quick tools that assist families compare

- A side-by-side cost calendar. Put a blank monthly calendar beside a printed neighborhood rate sheet. Fill the calendar with real hours required for home care, consisting of weekend protection and travel time. Do the

mathematics, then add home maintenance and energies. On the rate sheet, include base lease, care level, med management, deposits, and annual boost assumptions. Seeing both courses on paper clarifies reality.

- A financing 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 siblings, advisors, and the care team.

When to bring in outdoors professionals

Good elder law attorneys, geriatric care managers, and benefits professionals often conserve more than they cost. A lawyer can structure possessions within Medicaid guidelines and avoid pricey errors. A care manager can right-size the care strategy, examine the home for safety, and improve company coordination. Independent insurance representatives who understand long-lasting care policies can push through stalled claims by organizing documents and speaking the providers' language.

I advise families to interview these experts the exact same way they do firms and neighborhoods. Ask about charge structures, reaction times, and examples of similar cases. Good assistance in intricate systems changes results and lowers long-lasting costs.

A brief word on principles and family dynamics

Money decisions are likewise values choices. Some moms and dads place a high premium on remaining in their home, even if it costs more. Others want to protect possessions for a spouse or for heirs and are comfortable moving faster. Adult kids disagree, specifically when one child supplies most of the unpaid care. If your household can, put the priorities on paper. Is the goal to make the most of time at home, minimize danger, preserve properties, or minimize household tension. You can not enhance all of them at the same time. Naming priorities makes compromises less painful.

Bringing it together

Choosing between in-home care and assisted living is not a binary choice permanently. Many households start with in-home assistance, then shift to assisted living when needs boost. Others move into assisted living for a year or two to stabilize health, then return home with a robust home care service strategy. What keeps the strategy healthy is disciplined monetary planning, sensible assessment of care requirements, and flexibility.

If you remember absolutely nothing else, remember these fundamentals. Medicare does not pay for long-lasting custodial care. Medicaid might, but guidelines matter and timing matters. VA benefits are powerful for eligible veterans and spouses. Long-lasting care insurance is just as excellent as your paperwork and understanding of the policy. Home equity is a tool, not a last hope. And above all, the ideal strategy is one your household can sustain, emotionally and financially, over time.

Whether you pick senior home care with a trusted senior caregiver 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](#) 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](#)

A ride on the [Sandia Peak Tramway](#) or a scenic drive into the Sandia Mountains can be a refreshing, accessible outdoor adventure for seniors receiving care at home.