

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 are straddling a difficult choice: keep Mom at home with support, or move her into assisted living. The care questions generally come covered in the very same concern, how will we pay for it, and for how long. The right response is rarely one-size-fits-all. It depends on health needs, the home's layout, household bandwidth, place, and, of course, finances. Getting clear on funding and preparation puts the decision on firmer ground.

This guide unpacks what home care service and assisted living normally cost, where the cash comes from, and how to develop a financial strategy that holds up under stress. I will weave in a few real-world examples and pitfalls I see households encounter. If you are weighing in-home senior care against a move, the goal here is simple, find out which path offers the very best value for your situation and how to pay for it sustainably.

What you are really purchasing: apples-to-apples on care scope

Home care, often called senior home care or elderly home care, suggests 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 companies also offer transport to consultations and medication suggestions. Care is billed per hour, typically 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 supply personal care, meals, housekeeping, activities, and 24-hour oversight. Locals live in their own apartment or condos or suites. Consider it as a mix of housing, hospitality, and care. Nursing services are restricted. If medical complexity increases, memory care or a competent nursing facility might be necessary.

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

Typical expenses by area and care level

Costs differ by market, company, and facility, but some ranges hold up throughout the United States. For home care service, the nationwide average per hour rate for agency-provided individual care commonly sits between 28 and 40 dollars. Metropolitan coastal areas run higher, rural markets lower. A lot of agencies need 3 to 4-hour minimum shifts. Overnight and vacations typically carry premiums.

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

A useful method to compare is to estimate your home care hours. If a mom and dad needs assistance for early morning and evening 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 each month. If security concerns need a caregiver present 12 hours daily, costs jump toward 12,000 to 13,000 dollars monthly, which exceeds many assisted living rates. On the other hand, if the individual thrives at home with 12 to 16 hours weekly of help plus household assistance, home care is usually more affordable and protects the familiar environment.

The sources of funding most families piece together

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

Medicare. Standard Medicare does not pay for long-lasting custodial care, whether at home or in assisted living. It covers medical services, rehab after a qualifying health center stay, and short bouts of home health for experienced needs under a strategy of care, believe wound care, physical therapy, or injections. These are periodic and do not change daily help with bathing or cooking. I repeat this gently however securely since misconceptions thwart spending plans, Medicare is medical, not long-lasting care.

Medicaid. Medicaid is the main public payer for long-lasting look after those who fulfill both monetary and practical criteria. Each state runs home- and community-based services waivers that can fund in-home care, adult day services, or, in some states, assisted living. Slots might be restricted. Financial eligibility looks at earnings and properties, with guidelines about spousal protections and a look-back duration on transfers. It is worth conference with an elder law attorney to comprehend spend-down techniques that remain within the law. For some households, Medicaid preparing opens durable alternatives that would otherwise be out of reach.

Veterans benefits. Veterans and surviving partners may get approved 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 benefit can reach into the low thousands. Eligibility depends upon service, medical need, income, and

possessions, with a look-back for property transfers. In addition, the VA uses Housewife and Home Health Assistant programs that can position assistants in the home through VA-contracted agencies, especially for registered veterans.

Long-term care insurance. Policies differ hugely. Some cover only facility care, others home care and assisted living. Anticipate elimination periods, daily or regular monthly benefit caps, and lifetime maximums. Modern policies are typically cash benefit or repayment models. Claims require a physician's statement confirming requirement for aid with at least 2 ADLs or guidance due to cognitive problems. When policies pay correctly, they can be the hinge that keeps someone in your home or unlocks a much better assisted living option.

Private pay. Cost savings, pension, pensions, and income streams typically money the early months or years. The guideline I use, if forecasted care costs surpass regular monthly earnings by more than 25 to 30 percent, you require a plan to bridge that space long-term, either via insurance, benefits, home equity, or a move to a more economical setting.

Home equity. Families typically overlook the home as a financing tool. Reverse mortgages can convert a portion of equity into money without a needed monthly payment, as long as the borrower continues to reside in the home and pay taxes and insurance. A home equity credit line may make good sense if payments are inexpensive and the timeline is brief. Offering the home to fund assisted [senior home care](#) living sometimes aligns with the care plan and the family's preferences, especially when your home needs pricey safety modifications.

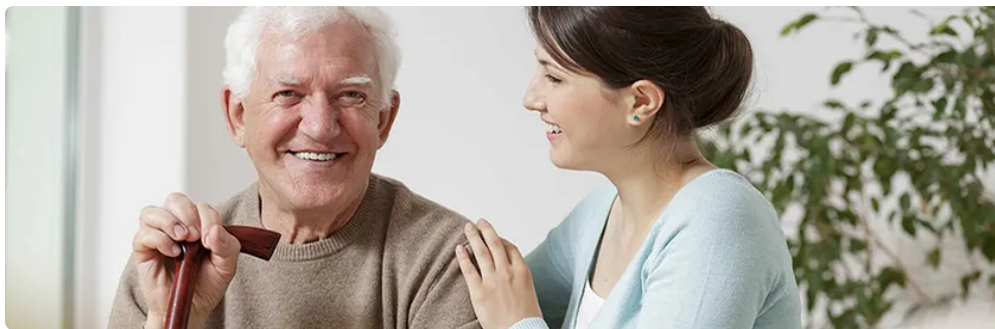
Tax strategies. If a physician certifies that an individual is chronically ill and a strategy of care exists, long-term care expenses may be tax-deductible as medical costs, based on limits. Some long-term care insurance premiums are deductible within IRS limitations. If adult kids contribute to a parent's care and meet reliance criteria, deductions in some cases use. This is an area to examine with a tax expert, due to the fact that when monthly care expenses run 4 to 8 thousand dollars, even partial deductions matter.

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

I dealt with a family in Ohio whose mother required aid with bathing twice a week, light housekeeping, and transportation after a fall. A senior caregiver came three afternoons and one morning, totaling 12 hours a week. The cost balanced 1,600 dollars a month. Her Social Security and pension covered the majority of it, and the child filled in the rest with meal preparation and weekly grocery runs. The math worked, and more importantly, the mother's regimens continued intact. This is the sweet spot for in-home care.

Contrast that with a widower living alone with moderate dementia. He started wandering and leaving the range on. To keep him in the house, the family arranged two everyday shifts plus over night guidance. Even with lower rates in their location, regular monthly costs crossed 10,000 dollars. The stress on scheduling, call-outs, and oversight grew. When they explored assisted living with a memory care wing, the all-in expense was about 7,500 dollars monthly. After the relocation, his security enhanced, and the household rebalanced their budget with the profits from offering his house.

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



The surprise expenses that trip individuals up

Home care and assisted living both come with expenses that do disappoint up on the first invoice. For in-home senior care, budget for caretaker no-shows and the need for backup, company minimums that create paid time even when the job is short, mileage charges for errands, and a higher hourly rate for nights or weekends. Include home modifications, a grab bar here, a ramp there, perhaps a walk-in shower conversion, and recurring expenses like medical alert systems.

In assisted living, watch out for care level creep. A resident may enter at Level 1 care and within a year need Level 3, which adds hundreds to thousands monthly. Medication management is frequently billed per med pass or per medication. Incontinence supplies may be billed by the center at retail or greater. Transportation to outside consultations typically incurs a cost. Annual lease boosts of 3 to 8 percent prevail, and some neighborhoods assess market-rate boosts on turnover or after a particular period.

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

I encourage households to approach both firm arrangements and community residency agreements with a list and a highlighter. Request for rate sheets in writing, and confirm what activates a care level change. 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 quote hourly rate fluctuates by time of day. For assisted living, ask the number of wake staff are on duty during the night, how call systems work, and if staffing ratios vary by care level. The response affects both care quality and your true cost.

If you are employing independently instead of through an agency, consider payroll taxes, workers' compensation coverage, and backup protection. The hourly rate might be lower, however you take on company obligations. I have actually seen households come out ahead in either case, it hinges on reputable scheduling, liability security, and your capacity to manage payroll and supervision.

Funding pathways that combine well

A thoughtful strategy often layers multiple sources. A veteran might receive Help and Participation that covers a third of an assisted living costs, long-lasting care insurance covers another third, and earnings fills the remainder. A widow with a mortgage-free home may use a reverse home loan credit line to fund 4 years of part-time home care while applying for a Medicaid waiver to take over after that. Another household might front-load private pay in an assisted living neighborhood that later on accepts Medicaid conversion, maintaining continuity while relieving the long-term financial load.

Timing matters. If you prepare for Medicaid will be needed, speak with an elder law lawyer early. Asset transfers outside the look-back window provide you more flexibility, and properly structured annuities or spousal refusal

techniques in certain states can protect a well partner. With VA benefits, start the application ahead of a relocation if possible. The procedure can take months, and a retroactive payment is handy but does not replace capital throughout the wait.

Real costs, genuine numbers: 3 composite scenarios

A retired teacher in Phoenix lives alone and drives during the day but battles with bathing after shoulder surgical treatment. She generates senior home care 3 mornings a week for individual care and laundry. Firm rate is 34 dollars per hour, four-hour minimums, for a monthly average of 1,632 dollars. After 3 months, she drops to two mornings a week, cutting the bill to around 1,088 dollars. Self-reliance remains high and expenses taper with recovery.

A couple in their late 80s in New Jersey has one spouse with Parkinson's and the other with moderate cognitive disability. Household lives out of state. They attempt 12-hour daytime protection, 7 days a week, at 38 dollars per hour, amounting to roughly 13,000 dollars monthly. Nighttime falls and roaming prompt a reassessment. They move into a two-bedroom assisted living house at 8,900 dollars per month plus Level 2 take care of 1,200 dollars and med management at 300 dollars, all-in around 10,400 dollars. They offer their home, bank the proceeds, and avoid staffing uncertainty.

A Korean War veteran in Minnesota with moderate dementia qualifies for VA Aid and Participation at a bit over 2,000 dollars month-to-month. He pays 28 dollars per hour for in-home care, 20 hours weekly. Month-to-month expense is about 2,240 dollars, almost entirely offset by the VA advantage. Adult kids cover groceries and yard care. After two years, night roaming boosts, and the household shifts him to memory care at 6,200 dollars monthly. His Help and Presence continues, minimizing the out-of-pocket to around 4,200 dollars until a Medicaid application is approved.

The psychological side of the spreadsheet

Budgets inform part of the story, however individuals use the costs. I have actually seen adult children attempt 24-hour coverage with a patchwork of relatives and next-door neighbors. It works for a couple of weeks, often months, up until somebody gets sick or a work schedule changes. Burnout expenses marital relationships and tasks, and it seldom appears in the initial plan. When developing your financial model, put a number on respite. Purchase backup hours through a home care service. Reserve a short-stay space in assisted living if your location uses it. It is not extravagance. It is how the strategy remains intact.

Likewise, weigh the value of community. 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 thrive at home when the right senior caregiver ends up being a relied on existence, reducing stress and anxiety and hospitalizations. Stability conserves cash. Whichever course yields stability for your loved one normally shows the better financial decision, even if the line products look greater on paper.

Building a long lasting monetary plan

Start with a full photo of requirements. List ADLs that require aid, 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 modifications that lower nighttime risk. Ask the primary care physician for a composed functional assessment. It will help with long-term care insurance claims, VA benefits, and Medicaid screening.

Inventory assets and earnings. Include Social Security, pensions, annuities, investments, and real estate. Note liquidity. A brokerage account funds care quicker than land. Determine potential advantage eligibility, VA service records, prior long-lasting care insurance coverage, and state Medicaid thresholds. Then, anticipated 2 to 3 situations, stay at home with 12 to 16 hours of weekly care, stay at home with 40 to 60 hours of care, transfer to assisted living with Level 1 care and with Level 3 care. Layer in a 3 to 5 percent annual expense increase.

One method I motivate is a staged plan. For instance, commit to 6 months of in-home care at a set variety of hours, with a check-in to reassess after setting up safety features and seeing how the person responds. Establish trigger points for a relocation, uncontrollable wandering, 2 falls within a month, or caretaker fatigue. Pre-tour assisted living alternatives so you know schedule, costs, and which places accept Medicaid after a personal pay period. Put deposits and waitlists into your timeline if necessary.

Finally, established the mechanics. If utilizing a company, link billing to a credit card with rewards or cash back, and pay it off to keep liquidity. If filing VA or insurance claims, get documentation habits right from day one, signed day-to-day care notes, invoices, care strategy updates. If checking out a reverse home mortgage, talk with a HUD-approved therapist and involve the family in the terms so there are no surprises later.

The function of geography and regional market quirks

Within the exact same state, surrounding counties can differ by 20 percent or more on rates. Rural areas might have fewer companies, which means less flexibility and possibly higher minimums. Urban cores might have more competitors and services however greater base rates. Assisted living communities in resort-like locations lean toward amenities that you might not require but still pay for. Memory care schedule can be tight in some markets, which alters timing and negotiating leverage.

Call at least three home care agencies for quotes, then inquire about actual caretaker availability at your requested times. Beautiful rate sheets do not help if nobody can staff Tuesdays and Thursdays from 6 to 10 pm. For assisted living, visit throughout a meal, talk with present locals and households, and ask the executive director how frequently homeowners relocate to higher care levels within the very first year. That single data point frequently predicts your real expense curve better than any brochure.

Two fast tools that assist households compare

- A side-by-side cost calendar. Put a blank regular monthly calendar next to a printed neighborhood rate sheet. Fill the calendar with actual hours needed for home care, including weekend protection and travel time. Do the math, then include home upkeep and energies. On the rate sheet, include base rent, care level, med management, deposits, and annual increase presumptions. Seeing both paths on paper clarifies reality.
- A funding waterfall. List earnings sources on top and care costs at the bottom, then draw lines showing which funds pay which expenses, and for how long, under 3 circumstances. This becomes your talking file with siblings, advisors, and the care team.

When to bring in outdoors professionals

Good elder law attorneys, geriatric care managers, and advantages experts frequently conserve more than they cost. An attorney can structure assets within Medicaid guidelines and avoid costly errors. A care supervisor can right-size the care strategy, assess the home for security, and enhance company coordination. Independent insurance representatives who know long-lasting care policies can push through stalled claims by organizing paperwork and speaking the providers' language.

I encourage households to speak with these specialists the very same method they do companies and neighborhoods. Inquire about cost structures, reaction times, and examples of comparable cases. Good assistance in complicated systems changes outcomes and reduces long-term costs.

A short word on ethics and family dynamics

Money decisions are likewise values decisions. Some parents position a high premium on remaining in their home, even if it costs more. Others want to maintain properties for a partner or for successors and are comfy moving faster. Adult children disagree, particularly when one child provides most of the unsettled care. If your household can, put the concerns on paper. Is the goal to optimize time at home, lessen risk, preserve assets, or lower family tension. You can not optimize all of them at the same time. Naming concerns makes compromises less painful.

Bringing it together

Choosing between in-home care and assisted living is not a binary decision forever. Many families begin with at home support, then shift to assisted living when needs increase. Others move into assisted living for a year or 2 to support health, then return home with a robust home care service strategy. What keeps the plan healthy is disciplined monetary planning, reasonable assessment of care needs, and flexibility.

If you remember nothing else, keep in mind these basics. Medicare does not spend for long-term custodial care. Medicaid might, however rules matter and timing matters. VA advantages are powerful for qualified veterans and partners. Long-lasting care insurance coverage is just as great as your documents and understanding of the policy. Home equity is a tool, not a last resort. And above all, the best plan is one your household can sustain, mentally and economically, over time.

Whether you choose senior home care with a relied on senior caretaker or a well-matched assisted living neighborhood, you are purchasing safety, dignity, and connection. Construct your budget around those results, and the dollars will follow with fewer surprises.

FootPrints Home Care is a Home Care Agency

FootPrints Home Care provides In-Home Care Services

FootPrints Home Care serves Seniors and Adults Requiring Assistance

FootPrints Home Care offers Companionship Care

FootPrints Home Care offers Personal Care Support

FootPrints Home Care provides In-Home Alzheimer's and Dementia Care

FootPrints Home Care focuses on Maintaining Client Independence at Home

FootPrints Home Care employs Professional Caregivers

FootPrints Home Care operates in Albuquerque, NM

FootPrints Home Care prioritizes Customized Care Plans for Each Client

FootPrints Home Care provides 24-Hour In-Home Support

FootPrints Home Care assists with Activities of Daily Living (ADLs)

FootPrints Home Care supports Medication Reminders and Monitoring

FootPrints Home Care delivers Respite Care for Family Caregivers

FootPrints Home Care ensures Safety and Comfort Within the Home

FootPrints Home Care coordinates with Family Members and Healthcare Providers

FootPrints Home Care offers Housekeeping and Homemaker Services

FootPrints Home Care specializes in Non-Medical Care for Aging Adults

FootPrints Home Care maintains Flexible Scheduling and Care Plan Options

FootPrints Home Care is guided by Faith-Based Principles of Compassion and Service

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FootPrints Home Care won Top Work Places 2023-2024

FootPrints Home Care earned Best of Home Care 2025

FootPrints Home Care won Best Places to Work 2019

People Also Ask about FootPrints Home Care

What services does FootPrints Home Care provide?

FootPrints Home Care offers non-medical, in-home support for seniors and adults who wish to remain independent at home. Services include companionship, personal care, mobility assistance, housekeeping, meal preparation, respite care, dementia care, and help with activities of daily living (ADLs). Care plans are personalized to match each client's needs, preferences, and daily routines.

How does FootPrints Home Care create personalized care plans?

Each care plan begins with a free in-home assessment, where FootPrints Home Care evaluates the client's physical needs, home environment, routines, and family goals. From there, a customized plan is created covering daily tasks, safety considerations, caregiver scheduling, and long-term wellness needs. Plans are reviewed regularly and adjusted as care needs change.

Are your caregivers trained and background-checked?

Yes. All FootPrints Home Care caregivers undergo extensive background checks, reference verification, and professional screening before being hired. Caregivers are trained in senior support, dementia care techniques, communication, safety practices, and hands-on care. Ongoing training ensures that clients receive safe, compassionate, and professional support.

Can FootPrints Home Care provide care for clients with Alzheimer's or dementia?

Absolutely. FootPrints Home Care offers specialized Alzheimer's and dementia care designed to support cognitive changes, reduce anxiety, maintain routines, and create a safe home environment. Caregivers are trained in memory-care best practices, redirection techniques, communication strategies, and behavior support.

What areas does FootPrints Home Care serve?

FootPrints Home Care proudly serves Albuquerque New Mexico and surrounding communities, offering dependable, local in-home care to seniors and adults in need of extra daily support. If you're unsure whether your home is within the service area, FootPrints Home Care can confirm coverage and help arrange the right care solution.

Where is FootPrints Home Care located?

FootPrints Home Care is conveniently located at 4811 Hardware Dr NE d1, Albuquerque, NM 87109. You can easily find directions on [Google Maps](#) or call at [\(505\) 828-3918](#) 24-hours a day, Monday through Sunday

How can I contact FootPrints Home Care?

You can contact FootPrints Home Care by phone at: [\(505\) 828-3918](#), visit their website at <https://footprintshomecare.com>, or connect on social media via [Facebook](#), [Instagram](#) & [LinkedIn](#)

Conveniently located near [Cinemark Century Rio Plex 24 and XD](#), seniors love to catch a movie with their caregivers.