

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 tough choice: keep Mom at home with support, or move her into assisted living. The care concerns generally come covered in the same worry, how will we pay for it, and for how long. The ideal answer is rarely one-size-fits-all. It depends upon health needs, the home's layout, household 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 normally expense, where the cash comes from, and how to construct a monetary plan that holds up under stress. I will weave in a few real-world examples and mistakes I see households encounter. If you are weighing in-home senior care against a relocation, the goal here is simple, find out which course offers the very best worth for your circumstance and how to pay for it sustainably.

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

Home care, sometimes 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 agencies also offer transportation to visits and medication reminders. Care is billed per hour, frequently with a minimum shift length. You manage the schedule, which is the greatest lever for cost.

Assisted living is a residential setting where personnel offer personal care, meals, housekeeping, activities, and 24-hour oversight. Homeowners live in their [elder care](#) own apartments or suites. Consider it as a blend of housing, hospitality, and care. Nursing services are limited. If medical complexity goes up, memory care or a skilled nursing facility might be necessary.

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

Typical costs by region and care level

Costs differ by market, firm, and facility, however some ranges hold up throughout the United States. For home care service, the nationwide average per hour rate for agency-provided individual care typically sits between 28 and 40 dollars. Metropolitan coastal areas run higher, rural markets lower. Most companies need 3 to 4-hour minimum shifts. Over night and vacations normally carry premiums.

Assisted living base rates usually fall in between 3,500 and 6,500 dollars each month for a studio or one-bedroom, with food and basic services included. Care levels add 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 guaranteed environment with specialized staffing, frequently begins 1,000 to 2,500 dollars above standard assisted living.

A useful way to compare is to estimate your home care hours. If a mom and dad needs help for morning and evening regimens, two hours two times a day, 7 days a week, that is roughly 28 hours weekly. At 35 dollars per hour, you are looking at about 4,200 dollars each month. If safety issues need a caregiver present 12 hours daily, expenses jump towards 12,000 to 13,000 dollars monthly, which exceeds lots of assisted living rates. On the other hand, if the individual prospers at home with 12 to 16 hours per week of aid plus family support, home care is usually more cost-effective and protects the familiar environment.

The sources of funding most households piece together

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

Medicare. Traditional Medicare does not spend for long-term 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 skilled needs under a strategy of care, think injury care, physical treatment, or injections. These are periodic and do not change everyday aid with bathing or cooking. I duplicate this carefully but strongly since misconceptions thwart spending plans, Medicare is medical, not long-lasting care.

Medicaid. Medicaid is the main public payer for long-term care for those who satisfy both monetary and practical criteria. Each state runs home- and community-based services waivers that can money in-home care, adult day services, or, in some states, assisted living. Slots may be limited. Financial eligibility looks at income and possessions, with rules about spousal securities and a look-back period on transfers. It is worth meeting with an elder law attorney to understand spend-down techniques that remain within the law. For some families, Medicaid preparing opens durable choices that would otherwise be out of reach.

Veterans benefits. Veterans and making it through partners may get approved for the VA's Aid and Attendance pension, which can offset expenses for home care or assisted living if the applicant requires aid with daily activities. The regular monthly advantage can reach into the low thousands. Eligibility depends upon service,

medical need, earnings, and assets, with a look-back for possession transfers. Additionally, the VA offers Homemaker and Home Health Assistant programs that can put aides in the home through VA-contracted companies, particularly for registered veterans.

Long-term care insurance. Policies vary wildly. Some cover only facility care, others home care and assisted living. Expect elimination periods, day-to-day or month-to-month benefit caps, and life time optimums. Modern policies are typically money advantage or compensation designs. Claims need a doctor's statement confirming requirement for aid with a minimum of two ADLs or guidance due to cognitive impairment. When policies pay effectively, 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 usually fund the early months or years. The guideline I utilize, if predicted care costs exceed month-to-month earnings by more than 25 to 30 percent, you require a strategy to bridge that space long-term, either via insurance coverage, benefits, home equity, or a relocate to a more budget-friendly setting.

Home equity. Families typically ignore the home as a financing tool. Reverse home loans can transform a portion of equity into cash without a needed regular monthly payment, as long as the customer 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. Selling the home to fund assisted living in some cases aligns with the care strategy and the family's choices, especially when the house requires costly safety modifications.



Tax strategies. If a doctor certifies that an individual is chronically ill and a strategy of care exists, long-lasting care expenses may be tax-deductible as medical expenditures, subject to thresholds. Some long-term care insurance premiums are deductible within internal revenue service limits. If adult children add to a parent's care and fulfill dependence criteria, deductions in some cases apply. This is a location to evaluate with a tax expert, since when month-to-month 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 household in Ohio whose mother needed aid with bathing two times 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 in the rest with meal prep and weekly grocery runs. The mathematics worked, and more importantly, the mother's routines continued intact. This is the sweet area for in-home care.

Contrast that with a widower living alone with moderate dementia. He began wandering and leaving the stove on. To keep him in your home, the family arranged 2 daily shifts plus over night guidance. Even with lower rates in their location, 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 cost was about 7,500 dollars regular monthly. After the move, his security enhanced, and the household rebalanced their spending plan with the proceeds from selling 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 frequently the much better worth and preserves autonomy. Above it, assisted living may deliver security and 24-hour coverage at a lower or similar cost.

The concealed expenses that trip people up

Home care and assisted living both included expenses that do not show up on the first invoice. For in-home senior care, spending plan for caretaker no-shows and the need for backup, company minimums that develop paid time even when the job is brief, mileage charges for errands, and a higher per hour rate for nights or weekends. Include home adjustments, a grab bar here, a ramp there, perhaps a walk-in shower conversion, and repeating expenses like medical alert systems.

In assisted living, watch out for care level creep. A resident might go into 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 greater. Transportation to outdoors consultations typically incurs a cost. Annual rent increases of 3 to 8 percent prevail, and some communities assess market-rate increases on turnover or after a particular period.

How to read agreements and rate sheets with a hesitant eye

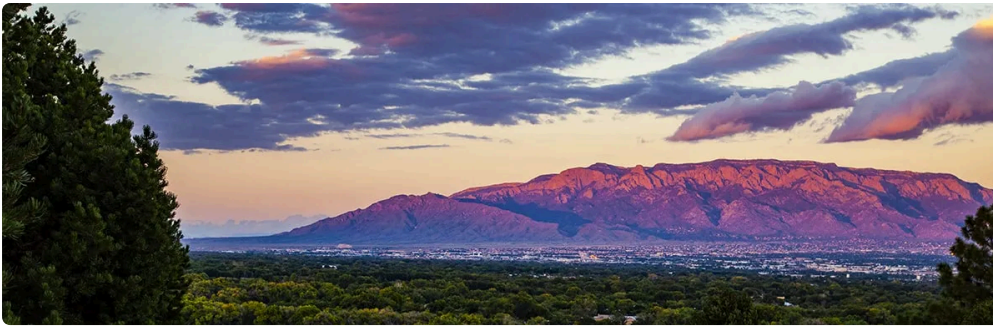
I encourage households to approach both firm agreements and neighborhood residency agreements with a checklist and a highlighter. Request rate sheets in composing, and validate what activates a care level change. Demand clarity about notification durations, deposit refund terms, and what happens if the resident is hospitalized. For home care, clarify minimum hours per visit, cancellation policies, and whether the quoted per hour rate varies by time of day. For assisted living, ask how many wake personnel are on task at 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 hiring independently rather than through a firm, factor in payroll taxes, employees' payment coverage, and backup protection. The per hour rate might be lower, but you take on employer obligations. I have seen households come out ahead in any case, it hinges on trustworthy scheduling, liability security, and your capacity to handle payroll and supervision.

Funding paths that combine well

A thoughtful plan frequently layers several sources. A veteran may receive Aid and Presence that covers a 3rd of an assisted living expense, long-lasting care insurance coverage covers another third, and income fills the remainder. A widow with a mortgage-free home may use a reverse home mortgage credit line to money 4 years of part-time home care while making an application for a Medicaid waiver to take over after that. Another family

might front-load private pay in an assisted living neighborhood that later accepts Medicaid conversion, maintaining continuity while alleviating the long-lasting monetary load.



Timing matters. If you expect Medicaid will be needed, speak with an elder law attorney early. Asset transfers outside the look-back window offer you more flexibility, and appropriately structured annuities or spousal refusal strategies in specific states can protect a well partner. With VA benefits, start the application ahead of a move if possible. The procedure can take months, and a retroactive payment is handy however does not change cash flow during the wait.

Real costs, genuine numbers: 3 composite scenarios

A retired teacher 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 mornings a week for individual care and laundry. Company rate is 34 dollars per hour, four-hour minimums, for a monthly average of 1,632 dollars. After 3 months, she drops to 2 mornings a week, cutting the bill to around 1,088 dollars. Independence stays 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 mild cognitive impairment. Household lives out of state. They attempt 12-hour daytime protection, seven days a week, at 38 dollars per hour, totaling roughly 13,000 dollars monthly. Nighttime falls and wandering trigger a reassessment. They move into a two-bedroom assisted living apartment or condo at 8,900 dollars each month plus Level 2 look after 1,200 dollars and med management at 300 dollars, all-in around 10,400 dollars. They offer their home, bank the profits, and avoid staffing uncertainty.

A Korean War veteran in Minnesota with moderate dementia receives VA Aid and Presence at a bit over 2,000 dollars month-to-month. He pays 28 dollars per hour for in-home care, 20 hours weekly. Monthly expense has to do with 2,240 dollars, nearly totally offset by the VA benefit. Adult children cover groceries and backyard care. After 2 years, night roaming increases, and the family transitions him to memory care at 6,200 dollars regular monthly. His Help and Presence continues, reducing 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, however people use the costs. I have actually seen adult kids try 24-hour coverage with a patchwork of relatives and next-door neighbors. It works for a few weeks, sometimes months, till somebody gets sick or a work schedule changes. Burnout expenses marital relationships and tasks, and it rarely appears in the initial strategy. When developing your monetary design, put a number on respite. Purchase backup hours through a home care service. Reserve a short-stay space in assisted living if your location provides it. It is not indulgence. It is how the plan stays intact.

Likewise, weigh the worth of neighborhood. Some clients spend less on medical crises after moving into assisted living because they consume better, hydrate, and mingle. Others thrive in the house when the right senior caretaker ends up being a trusted presence, minimizing stress and anxiety and hospitalizations. Stability saves money. Whichever course yields stability for your loved one generally proves the much better financial choice, even if the line products look greater on paper.

Building a resilient monetary plan

Start with a full image of needs. List ADLs that require aid, cognitive status, movement, and safety issues. Draw up the home. If there are stairs to the only restroom, spending plan for either a stair lift or schedule changes that lower nighttime threat. Ask the medical care doctor for a written practical assessment. It will help with long-term care insurance claims, VA benefits, and Medicaid screening.



Inventory properties and earnings. Include Social Security, pensions, annuities, investments, and real property. Keep in mind liquidity. A brokerage account funds care quicker than land. Recognize prospective benefit eligibility, VA service records, prior long-lasting care insurance coverage, and state Medicaid thresholds. Then, forecast two to three circumstances, stay at 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 yearly expense increase.

One strategy 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 reacts. Establish trigger points for a relocation, unmanageable roaming, two falls within a month, or caregiver fatigue. Pre-tour assisted living choices so you know schedule, expenses, and which places accept Medicaid after a private pay period. Put deposits and waitlists into your timeline if necessary.

Finally, established the mechanics. If using a company, link billing to a charge card with benefits or money back, and pay it off to keep liquidity. If submitting VA or insurance coverage claims, get documentation practices right from the first day, signed day-to-day care notes, billings, care strategy updates. If exploring a reverse mortgage, speak with a HUD-approved therapist and involve the household in the terms so there are not a surprises later.

The function of geography and local market quirks

Within the very same state, surrounding counties can vary by 20 percent or more on rates. Rural areas might have fewer companies, which implies less flexibility and perhaps higher minimums. Urban cores might have more competition and services but higher base rates. Assisted living communities in resort-like locations lean toward amenities that you might not require but still spend for. Memory care schedule can be tight in some markets, which changes timing and working out leverage.

Call at least 3 home care agencies for quotes, then inquire about real caregiver schedule at your requested times. Gorgeous rate sheets do not assist if no one can staff Tuesdays and Thursdays from 6 to 10 pm. For assisted living, visit throughout a meal, speak with existing residents and families, and ask the executive director how often citizens relocate to higher care levels within the very first year. That single information point frequently anticipates your real cost curve better than any brochure.

Two fast tools that assist households compare

- A side-by-side cost calendar. Put a blank monthly calendar beside a printed neighborhood rate sheet. Fill the calendar with actual hours required for home care, including weekend coverage and travel time. Do the mathematics, then include home upkeep and utilities. On the rate sheet, add base lease, care level, med management, deposits, and yearly boost assumptions. Seeing both courses 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 3 situations. This becomes your talking file with siblings, advisors, and the care team.

When to bring in outside professionals

Good elder law lawyers, geriatric care supervisors, and advantages specialists typically conserve more than they cost. A lawyer can structure possessions within Medicaid guidelines and head off costly mistakes. A care manager can right-size the care strategy, evaluate the home for security, and improve agency coordination. Independent insurance coverage agents who know long-lasting care policies can push through stalled claims by organizing documents and speaking the providers' language.

I recommend households to speak with these specialists the very same method they do companies and communities. Inquire about cost structures, reaction times, and examples of comparable cases. Excellent assistance in complicated systems changes results and decreases long-lasting costs.

A short word on principles and family dynamics

Money choices are likewise worths choices. Some moms and dads put a high premium on remaining in their home, even if it costs more. Others want to maintain assets for a spouse or for heirs and are comfy moving earlier. Adult kids disagree, specifically when one kid offers the majority of the overdue care. If your family can, put the top priorities on paper. Is the goal to make the most of time at home, decrease risk, preserve possessions, or decrease household stress. You can not optimize all of them at the same time. Naming top priorities makes trade-offs less painful.

Bringing it together

Choosing between in-home care and assisted living is not a binary decision permanently. Many households begin with in-home support, then shift 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 monetary planning, realistic evaluation of care requirements, and flexibility.

If you remember absolutely nothing else, keep in mind these essentials. Medicare does not spend for long-term custodial care. Medicaid might, however rules matter and timing matters. VA advantages are effective for eligible veterans and spouses. Long-lasting care insurance coverage is only as great as your paperwork and understanding of the policy. Home equity is a tool, not a last resort. And above all, the right plan is one your family can sustain, emotionally and economically, over time.

Whether you pick senior home care with a relied on senior caretaker or a well-matched assisted living community, you are buying safety, self-respect, and continuity. Construct 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:(505)828-3918) 24-hours a day, Monday through Sunday

How can I contact FootPrints Home Care?

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

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.