

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 hard choice: keep Mom at home with support, or move her into assisted living. The care questions generally come wrapped in the same worry, how will we pay for it, and for how long. The right answer is hardly ever one-size-fits-all. It depends on health requirements, the home's design, family bandwidth, area, and, of course, 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 expense, where the cash originates from, and how to build a monetary strategy that holds up under tension. I will weave in a few real-world examples and mistakes I see households encounter. If you are weighing in-home senior care versus a relocation, the objective here is easy, figure out which path uses the best worth for your circumstance and how to spend for it sustainably.

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

Home care, often called senior home care or elderly home care, suggests assistance brought into the customer's home. It ranges from buddy care to hands-on care like bathing, dressing, toileting, meal preparation, and light housekeeping. Numerous agencies likewise use transport to appointments and medication pointers. Care is billed hourly, frequently with a minimum shift length. You manage the schedule, which is the most significant lever for cost.

Assisted living is a residential setting where staff offer individual care, meals, housekeeping, activities, and 24-hour oversight. Locals live in their own homes or suites. Think of 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 elastic, more hours equals 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 requirements. There are likewise move-in charges, community charges, deposits, and periodic à la carte add-ons.

Typical expenses by region and care level

Costs differ by market, agency, and center, but some varieties hold up across the United States. For home care service, the national average hourly rate for agency-provided individual care commonly sits between 28 and 40 dollars. Metropolitan seaside areas run higher, rural markets lower. Most companies need 3 to 4-hour minimum shifts. Over night and holidays generally carry premiums.

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

A useful method to compare is to approximate your home care hours. If a parent requires help for early morning and night routines, [albuquerque home care](#) two hours twice a day, 7 days a week, that is approximately 28 hours weekly. At 35 dollars per hour, you are looking at about 4,200 dollars per month. If safety issues require a caregiver present 12 hours daily, expenses leap towards 12,000 to 13,000 dollars monthly, which surpasses lots of assisted living rates. On the other hand, if the individual flourishes at home with 12 to 16 hours each week of assistance plus family assistance, home care is almost always more cost-effective and preserves the familiar environment.

The sources of moneying most families piece together

Most families develop a mosaic. A single person's strategy may make use of Social Security, a little pension, long-term care insurance coverage, and home equity. Another may count on the VA pension plus assistance from adult children. Public programs exist, but protection and eligibility are nuanced.

Medicare. Conventional Medicare does not pay for long-term custodial care, whether at home or in assisted living. It covers medical services, rehab after a qualifying hospital stay, and brief bouts of home health for proficient requirements under a strategy of care, think injury care, physical therapy, or injections. These are periodic and do not replace everyday assist with bathing or cooking. I repeat this gently however strongly since misunderstandings thwart spending plans, Medicare is medical, not long-lasting care.

Medicaid. Medicaid is the main public payer for long-lasting look after those who satisfy both financial 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 might be limited. Financial eligibility takes a look at earnings and properties, with guidelines about spousal defenses and a look-back period on transfers. It deserves meeting with an elder law lawyer to understand spend-down strategies that stay within the law. For some families, Medicaid preparing opens durable alternatives that would otherwise be out of reach.

Veterans benefits. Veterans and surviving spouses may qualify for the VA's Help and Presence pension, which can offset costs for home care or assisted living if the candidate requires aid with daily activities. The month-to-month benefit can reach into the low thousands. Eligibility depends upon service, medical need, earnings, and possessions, with a look-back for property transfers. In addition, the VA provides Homemaker and Home Health Assistant programs that can place aides in the home through VA-contracted firms, particularly for enrolled veterans.

Long-term care insurance coverage. Policies differ hugely. Some cover just center care, others home care and assisted living. Anticipate removal periods, day-to-day or monthly advantage caps, and lifetime optimums. Modern policies are typically money benefit or reimbursement models. Claims need a physician's statement confirming need for aid with at least two ADLs or supervision due to cognitive impairment. When policies pay appropriately, they can be the hinge that keeps somebody in your home or opens a better assisted living option.

Private pay. Cost savings, retirement accounts, pensions, and income streams generally fund the early months or years. The rule of thumb I use, if projected care costs go beyond monthly earnings by more than 25 to 30 percent, you need a plan to bridge that gap long-term, either via insurance, benefits, home equity, or a relocate to a more inexpensive setting.

Home equity. Families frequently ignore the home as a funding tool. Reverse home loans can transform a portion of equity into money without a required month-to-month payment, as long as the customer continues to reside in the home and pay taxes and insurance. A home equity line of credit might make good sense if payments are inexpensive and the timeline is brief. Selling the home to fund assisted living sometimes aligns with the care plan and the household's choices, especially when your house needs pricey security modifications.

Tax strategies. If a doctor accredits that a person is chronically ill and a plan of care exists, long-term care costs may be tax-deductible as medical expenses, subject to thresholds. Some long-lasting care insurance premiums are deductible within internal revenue service limits. If adult kids add to a moms and dad's care and meet dependency requirements, reductions in some cases apply. This is an area to review with a tax expert, because when monthly care expenses run four to eight 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 aid with bathing two times a week, light housekeeping, and transportation after a fall. A senior caregiver came 3 afternoons and one early morning, amounting to 12 hours a week. The expense averaged 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 math worked, and more importantly, the mother's regimens continued intact. This is the sweet area for in-home care.

Contrast that with a widower living alone with moderate dementia. He started wandering and leaving the stove on. To keep him at home, the household set up 2 everyday shifts plus over night supervision. Even with lower rates in their area, monthly costs crossed 10,000 dollars. The stress on scheduling, call-outs, and oversight grew. When they toured assisted living with a memory care wing, the all-in expense was about 7,500 dollars month-to-month. After the move, his safety enhanced, and the family rebalanced their budget plan with the proceeds from offering his house.

The break-even point tends to show up between 40 and 60 hours of weekly home care. Listed below that range, home care is typically the much better worth and maintains autonomy. Above it, assisted living may provide security and 24-hour coverage at a lower or comparable cost.

The surprise costs that journey individuals up

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

In assisted living, watch out for care level creep. A resident may get in 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. Transport to outside consultations often sustains a charge. Annual rent boosts of 3 to 8 percent are common, and some communities examine market-rate increases on turnover or after a particular period.

How to read contracts and rate sheets with a hesitant eye

I encourage families to approach both agency agreements and neighborhood residency contracts with a checklist and a highlighter. Request for rate sheets in composing, and confirm what activates a care level change. Insist on clarity about notification 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 changes by time of day. For assisted living, ask the number of wake staff are on task at night, how call systems work, and if staffing ratios differ by care level. The answer impacts both care quality and your real cost.

If you are employing privately rather than through an agency, consider payroll taxes, employees' payment protection, and backup protection. The per hour rate might be lower, but you take on company duties. I have seen households come out ahead either way, it hinges on trustworthy scheduling, liability defense, and your capability to manage payroll and supervision.

Funding pathways that combine well

A thoughtful plan typically layers numerous sources. A veteran may get Help and Attendance that covers a third of an assisted living costs, long-term care insurance coverage covers another third, and income fills the rest. A widow with a mortgage-free home might utilize a reverse home loan credit line to fund four years of part-time home care while obtaining a Medicaid waiver to take control of after that. Another family might front-load personal pay in an assisted living neighborhood that later on accepts Medicaid conversion, preserving continuity while relieving the long-term monetary load.

Timing matters. If you prepare for Medicaid will be required, consult an elder law lawyer early. Possession transfers outside the look-back window give you more flexibility, and properly structured annuities or spousal rejection techniques in particular states can safeguard a well spouse. With VA benefits, start the application ahead of a move if possible. The procedure can take months, and a retroactive payment is useful however does not replace capital during the wait.

Real costs, real numbers: three composite scenarios

A retired instructor in Phoenix lives alone and drives throughout the day however has problem with bathing after shoulder surgery. 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 3 months, she drops to two early 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. Family lives out of state. They attempt 12-hour daytime coverage, 7 days a week, at 38 dollars per hour, amounting to approximately 13,000 dollars month-to-month. Nighttime falls and roaming trigger a reassessment. They move into a two-bedroom assisted living apartment or condo at 8,900 dollars per month plus Level 2 look after 1,200 dollars and med management at 300 dollars, all-in around 10,400 dollars. They sell their home, bank the profits, and avoid staffing uncertainty.

A Korean War veteran in Minnesota with moderate dementia receives VA Help and Attendance at a bit over 2,000 dollars monthly. He pays 28 dollars per hour for in-home care, 20 hours each week. Monthly cost is about 2,240 dollars, practically completely balanced out by the VA advantage. Adult kids cover groceries and lawn care. After 2 years, night roaming boosts, and the household transitions him to memory care at 6,200 dollars month-to-month. His Help and Participation continues, reducing the out-of-pocket to around 4,200 dollars till a Medicaid application is approved.

The psychological side of the spreadsheet

Budgets tell part of the story, however individuals wear the costs. I have seen adult kids try 24-hour coverage with a patchwork of relatives and neighbors. It works for a few weeks, often months, until someone gets ill or a work schedule changes. Burnout expenses marriages and jobs, and it hardly ever shows up in the preliminary strategy. When constructing your financial design, place 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 strategy stays intact.

Likewise, weigh the value of community. Some customers spend less on medical crises after moving into assisted living since they consume much better, hydrate, and socialize. Others grow in your home when the right senior caretaker ends up being a relied on existence, decreasing anxiety and hospitalizations. Stability saves money. Whichever course yields stability for your loved one typically shows the much better monetary choice, even if the line items look greater on paper.

Building a durable monetary plan

Start with a full picture of requirements. List ADLs that require help, cognitive status, mobility, and security concerns. Draw up the home. If there are stairs to the only restroom, budget plan for either a stair lift or schedule modifications that lower nighttime danger. Ask the medical care physician for a written functional evaluation. It will assist with long-lasting care insurance claims, VA advantages, and Medicaid screening.

Inventory assets and income. 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-term care insurance coverage, and state Medicaid thresholds. Then, forecast 2 to 3 circumstances, 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 yearly cost increase.

One technique I encourage is a staged plan. For example, commit to six months of in-home care at a set variety of hours, with a check-in to reassess after installing safety features and seeing how the person reacts. Establish trigger points for a relocation, uncontrollable roaming, two falls within a month, or caretaker fatigue. Pre-tour assisted living choices so you understand schedule, costs, and which positions accept Medicaid after a private pay period. Put deposits and waitlists into your timeline if necessary.

Finally, set up the mechanics. If utilizing an agency, link billing to a charge card with rewards or money back, and pay it off to keep liquidity. If filing VA or insurance claims, get documentation practices right from the first day, signed daily care notes, invoices, care strategy updates. If checking out a reverse home mortgage, speak with a HUD-approved therapist and include the family in the terms so there are not a surprises later.

The function of location and regional market quirks

Within the exact same state, surrounding counties can differ by 20 percent or more on rates. Backwoods may have less firms, which indicates less versatility and perhaps higher minimums. Urban cores may have more competition and services but greater base rates. Assisted living neighborhoods in resort-like areas lean toward features that you might not need however still pay for. Memory care schedule can be tight in some markets, which changes timing and negotiating leverage.

Call at least three home care companies for quotes, then inquire about real caretaker accessibility at your requested times. Beautiful rate sheets do not help if no one can staff Tuesdays and Thursdays from 6 to 10 pm. For assisted living, visit throughout a meal, speak with existing locals and families, and ask the executive director how typically citizens transfer to higher care levels within the first year. That single data point typically predicts your real cost curve better than any brochure.

Two quick tools that assist families compare

- A side-by-side cost calendar. Put a blank regular monthly calendar next to a printed community rate sheet. Fill the calendar with actual hours needed for home care, consisting of weekend protection and travel time. Do the mathematics, then include home upkeep and energies. On the rate sheet, add base rent, care level, med management, deposits, and annual increase presumptions. Seeing both courses on paper clarifies reality.
- A funding waterfall. List income sources on top and care expenses at the bottom, then draw lines revealing which funds pay which costs, and for how long, under 3 situations. This becomes your talking document with siblings, consultants, and the care team.

When to generate outside professionals

Good elder law lawyers, geriatric care managers, and benefits experts typically save more than they cost. A lawyer can structure assets within Medicaid rules and head off pricey mistakes. A care manager can right-size the care plan, evaluate the home for safety, and enhance agency coordination. Independent insurance coverage

representatives who understand long-term care policies can press through stalled claims by arranging documents and speaking the carriers' language.

I recommend families to speak with these experts the very same way they do firms and communities. Inquire about fee structures, reaction times, and examples of comparable cases. Good help in intricate systems changes results and reduces long-lasting costs.

A brief word on ethics and household dynamics

Money decisions are likewise values choices. Some parents position a high premium on staying in their home, even if it costs more. Others want to preserve properties for a spouse or for beneficiaries and are comfortable moving quicker. Adult children disagree, particularly when one child offers most of the unpaid care. If your household can, put the concerns on paper. Is the objective to maximize time in the house, decrease risk, preserve properties, or reduce family tension. You can not optimize all of them simultaneously. Calling priorities makes trade-offs less painful.



Bringing it together

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

If you remember nothing else, keep in mind these fundamentals. Medicare does not spend for long-lasting custodial care. Medicaid might, but rules matter and timing matters. VA advantages are powerful for eligible veterans and spouses. Long-term care insurance is only as great as your documents and understanding of the policy. Home equity is a tool, not a last hope. And above all, the best strategy is one your household can sustain, emotionally and financially, over time.

Whether you choose senior home care with a trusted senior caregiver or a well-matched assisted living community, you are purchasing safety, dignity, and continuity. Construct your spending plan around those results, and the dollars will follow with less surprises.

FootPrints Home Care is a Home Care Agency

FootPrints Home Care provides In-Home Care Services

FootPrints Home Care serves Seniors and Adults Requiring Assistance

FootPrints Home Care offers Companionship Care

FootPrints Home Care offers Personal Care Support

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

FootPrints Home Care focuses on Maintaining Client Independence at Home

FootPrints Home Care employs Professional Caregivers
FootPrints Home Care operates in Albuquerque, NM
FootPrints Home Care prioritizes Customized Care Plans for Each Client
FootPrints Home Care provides 24-Hour In-Home Support
FootPrints Home Care assists with Activities of Daily Living (ADLs)
FootPrints Home Care supports Medication Reminders and Monitoring
FootPrints Home Care delivers Respite Care for Family Caregivers
FootPrints Home Care ensures Safety and Comfort Within the Home
FootPrints Home Care coordinates with Family Members and Healthcare Providers
FootPrints Home Care offers Housekeeping and Homemaker Services
FootPrints Home Care specializes in Non-Medical Care for Aging Adults
FootPrints Home Care maintains Flexible Scheduling and Care Plan Options
FootPrints Home Care is guided by Faith-Based Principles of Compassion and Service
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FootPrints Home Care won Top Work Places 2023-2024
FootPrints Home Care earned Best of Home Care 2025
FootPrints Home Care won Best Places to Work 2019

People Also Ask about FootPrints Home Care

What services does FootPrints Home Care provide?

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

How does FootPrints Home Care create personalized care plans?

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

Are your caregivers trained and background-checked?

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

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

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

What areas does FootPrints Home Care serve?

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

Where is FootPrints Home Care located?

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

Strolling through historic [Old Town Albuquerque](#) offers a charming mix of shops, architecture, and local culture — a great low-effort outing for seniors and their caregivers.