

**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.

[View on Google Maps](#)

4811 Hardware Dr NE d1, Albuquerque, NM 87109

### Business Hours

- Monday thru Sunday: 24 Hours

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Families do not usually compare care alternatives with a cool spreadsheet and a calm afternoon. The decision follows a fall, a wandering episode, a medication mix-up, or a slow slide into loneliness that starts to show up in the laundry and the fridge. The headline cost is easy to discover: a per hour rate for home care, a monthly rent for assisted living. The true cost conceals in the fine print and the gray locations in between services.

I have sat with children who brought color-coded binders and children who tossed crumpled invoices on the table. I have discovered to ask a short list of questions that expose the genuine [senior home care](#) budget plan. The responses shift by region, company, and personal requirements, however the patterns repeat. If you understand where the add-ons hide, you can prepare better, negotiate smarter, and prevent the shock of mid-year increases.

## What the base price truly covers

Assisted living neighborhoods release a "base rate," typically a month-to-month number tied to an apartment or condo size and meal strategy. Home care companies quote a per hour rate, in some cases with a lower rate for live-in arrangements. Both numbers include less than people assume.

At assisted living communities, the base generally covers the home, utilities other than phone, 3 meals a day or a versatile dining plan, housekeeping once a week, laundry for linens, activities, transportation on a set schedule, and a fundamental emergency situation action system. Care is separate. The individual assistance you actually desire, such as triggering for medications or help with bathing, is priced in tiers or à la carte. A resident may start at Level 1 assistance and then be reassessed up after a healthcare facility stay. Each dive adds to the monthly bill.

With a home care service, the per hour rate consists of a caregiver's time for tasks like meal prep, bathing, light housekeeping connected to care, friendship, and rides in the customer's cars and truck if allowed. It does not consist of cleaning up beyond what the caretaker can do within the appointed hours, heavy tasks, significant yard work, healthcare beyond an aide's training, or the cost of devices. Some firms bundle mileage or charge per mile. Overnight coverage can be billed as awake care at a higher rate or as a sleep-over rate with paid interruptions.

When households compare, they typically match the assisted living base rate against a very little in-home schedule, such as 4 hours 3 times a week. That neglects the two moments that drive costs: nights and short shifts. Night protection is pricey anywhere. Brief shifts sometimes carry premiums or minimums that increase your cost per actual hour of care.

# The covert expenses within home care

Home care, or in-home senior care, works well when someone wishes to remain rooted and the home already fits the individual's requirements. It can likewise sprawl into a patchwork of vendors and surprise bills. These are the line items that do not show up in the very first conversation.

Short-shift minimums. Many agencies require a 3 or 4 hour minimum per visit. If your parent only requires 90 minutes for a shower and breakfast, you still spend for the minimum. It makes sense, because caregivers have travel time and agencies juggle schedules, but it changes the mathematics. Three mornings a week at a four-hour minimum is twelve hours, not the 6 you planned.

Weekend and holiday premiums. Thanksgiving, Christmas, New Year's Day, and some regional holidays often carry time-and-a-half rates. If Sunday is your standing bath day, you might pay a weekend premium each week. Ask for a holiday list in writing.

Last-minute cancellations. Agencies might charge if you cancel within 24 hours, because the caregiver's shift was reserved. Households who appear from out of town and cancel paid hours at the last minute get stung by this charge more than once.

Mileage and errands. If the caretaker drives their own car for errands, anticipate a per-mile charge at a set rate, sometimes with a minimum. If they use the client's cars and truck, you conserve the mileage however take on insurance coverage risk, which may require a call to your agent.

Caregiver turnover. Even with a good home care service, matches often stop working. Each change costs you time: retraining on routines, missed out on hours while staffing changes, and sometimes greater rates if a suitable replacement only accepts longer shifts. The firm soaks up recruitment expenses, however households pay in friction.

Care coordination and supervision. Trustworthy agencies include nurse oversight in their rate. Some include an assessment cost at the start and after hospitalizations. Independent caregivers worked with privately frequently appear cheaper until you include payroll taxes, workers' comp coverage, scheduling software or your own hours to manage all of it. If a caretaker employs sick at 6 a.m., who is the backup? An agency can generally fill it, but personal hires put the scramble on you.

Night coverage. Sleep-over shifts with no expected waking can be priced cost effectively, but the moment a client starts roaming or needing aid multiple times a night, lots of firms change the rate to awake over night care. That jump is genuine. I have seen families go from a \$200 nightly flat rate to \$30 to \$40 per hour for 10 to twelve hours, which can double the weekly bill.

Home adjustments. A ramp, broadened entrance, grab bars, portable shower, raised toilet seat, enhanced lighting, and elimination of toss carpets pay for themselves in safety. They still cost money upfront. A standard set of grab bars and a shower chair may run \$300 to \$600 set up. A modular ramp can cost \$1,500 to \$4,000. A stairlift often runs \$3,000 to \$7,000. If the house requires a complete bathroom on the very first flooring, the task goes into five figures fast.

Medical equipment and supplies. Not covered by the agency. Incontinence pads, gloves, bed protectors, a transportation chair for outings, and a walker with brakes all come from your pocket or insurance coverage. Households underestimate supply expenses by half on the first pass.

Taxes and liability if you work with privately. Paying under the table develops threats. If a caretaker gets hurt, you might be liable. If you do it best by becoming a household company, you add payroll withholding, unemployment insurance, and workers' comp. The mathematics still can work out, however it is not just the hourly wage.

Transportation spaces. Some caregivers can not drive customers. If trips to the medical professional need a different service, spending plan for that. Medicare does not spend for regular rides. If your loved one stops driving, the expense of keeping a social life falls on you or on paid hours.

The paradox of light needs. Individuals at the low end of requirement often feel home care is overpriced since they do not use all the paid hours. A mild way to fix this is to prepare meaningful jobs for each visit so each hour purchases real value: pantry checks to lower food waste, deep cleaning up the shower once a week, a walk to the park that supports mobility.

## The concealed expenses within assisted living

Assisted living, or senior care in a neighborhood setting, wraps real estate, meals, and social life into one bill. The convenience has a cost: costs for levels of care, step-ups after reassessment, and services that sit throughout a fragile line between hospitality and health care.

Care level creep. A lot of communities evaluate homeowners on move-in and set a care level. Modifications in gait, continence, or orientation trigger reassessments. A urinary system infection can push someone from Level 2 to Level 3, and it is uncommon to reassess downward even after recovery. The month-to-month bump is typically long-term. Households forget that assisted living is an organization model with predictable margins tied to staffing ratios. More care implies more staff.

Medication management. Numerous families presume personnel will handle pills. Frequently, medication management is an add-on fee daily or per medication pass. If a resident takes tablets two times daily and includes a midday antibiotic for ten days, that can temporarily include a mid-day pass charge. If a resident needs insulin, some communities charge more for injection support.

Third-party care vendors. When requires grow beyond what the community can provide under its license, lots of permit outdoors home care companies to come in. You then pay the neighborhood rent and fees plus the external home care rate. This is common for individually companionship, over night security checks, or end-of-life care. The convenience is genuine, the costs grows.

Move-in charges and neighborhood fees. Anticipate a one-time neighborhood fee of a couple of thousand dollars, often framed as a nonrefundable admission cost. There can be charges for fundamental maintenance requests beyond wear and tear, and charges for including cable television or updated internet packages.

Room size and roommate options. The lower base rates are for studios. Couples or siblings may pay considerable premiums for one-bedroom or two-bedroom systems. Shared apartment or condos minimize costs but can strain personal privacy. If a roommate leaves, you may acquire a higher per-person cost until the room is filled again.

Transportation beyond the schedule. The community bus runs to the grocery store and medical complexes on set days. Special journeys, off-hours trips, or private medical transportation to a facility outside the path can cost extra. If you desire your mother to keep seeing the dental practitioner she trusts 25 minutes away, plan for out-of-pocket rides or individual assistants to accompany her.

Cable, web, and phone. "Utilities included" sounds total. Often, it covers electric, water, heating, and maybe standard cable television. Streaming and faster internet come at a month-to-month charge. A resident who likes Zoom calls with the grandkids might require an updated plan.

Companion meals and visitor policies. Family meals are generally welcome, however they are not free. Visitor suites for out-of-town visitors can cost like a mid-range hotel. Good to have, not spending plan neutral.

Move-out expenses. If the resident has a medical occasion that needs a knowledgeable nursing center, you may be spending for the assisted living-room at the same time due to 30-day notice policies. Some neighborhoods credit back days if the room is re-rented rapidly, lots of do not. Cleaning and remediation fees after move-out differ and are typically not minor, especially if extra repainting or carpet replacement is needed.

The elephant in the room is progression to memory care. If dementia advances, a resident might be needed to move to a protected system with higher staffing and specialized shows. The jump in price can be 20 to 60 percent depending upon area. Families with a tight spending plan get captured here more than anywhere else.

## **Where location and timing tip the scales**

Rates vary by area. In a coastal city, private responsibility home care may run \$32 to \$45 per hour with four-hour minimums, while assisted living base rates hit \$5,000 to \$7,500 monthly before care. In a midwestern town, home care could be \$24 to \$30 per hour and assisted living base lease \$3,500 to \$4,800. Backwoods might have fewer companies, which can indicate less versatility and higher minimums. The point is not to remember numbers, however to pull data for your postal code and after that request the charge schedule in writing.

Timing matters too. If you begin services on a crisis timeline, you lose working out leverage. Move-ins at the end of a quarter sometimes featured promotions. Home care agencies may trim the per hour rate when you devote to a specific number of hours weekly or to a live-in design. If you can plan, you can save.

## **The non-financial expenses that still strike your budget**

Care expenses do not reside on invoices alone. They show up in your calendar, your back, and your automobile's odometer. Adult children frequently underestimate two drains: caregiver time and caretaker stress. Both convert to cash eventually.

Time as currency. If you coordinate 3 vendors for elderly home care, attend medical consultations, fill up the weekly pill box, and do grocery runs, you have a part-time task. Some individuals absorb it. Others burn trip days and stall professions. When households cost options, they forget to value their own time.



## **How to check out an agreement without missing out on the tripwires**

Most of the concealed costs hide in plain sight inside the documentation. A careful read, and a few pointed questions, makes a difference.

Ask for line-item clearness on care levels, what triggers reassessment, and how typically it takes place. Request the current charge schedule and the history of cost increases for the past 3 years. If a neighborhood states a common yearly increase of 4 to 8 percent, set your psychological model at the luxury to be safe. With a home care service, ask how typically rates are examined and just how much notification you get before a change.

For assisted living, try to find these particular stipulations: whether the neighborhood requires approval for outside service providers, any fees for third-party care coordination, and the move-out notice requirement in case of hospitalization. Ask how they deal with a short-lived rehabilitation stay. I have seen families pay both the assisted living lease and a skilled nursing co-pay for weeks due to the fact that they did not understand to provide notice.

## **The odd case of "totally free" household labor**

A boy when informed me, "We will do nights to conserve cash." It worked for three months. He and his sibling turned nights with their mother who had mid-stage dementia. Both had full-time jobs. Both got ill in January, the worst month of the year for colds and influenza. They wound up spending for firm overnight care, the expensive awake kind, and two last-minute airline company tickets so an out-of-state brother might cover a week. They conserved cash on paper, then purchased it back in a panic.

## **When home care holds the edge**

In-home senior care shines in a few situations. An individual with mild cognitive problems who still enjoys the garden and knows the neighbors may flourish at home with 3 to 5 short gos to per week plus innovation supports. The social material of a veteran home does a great deal of work. A widow with strong church ties and a safe single-story house can utilize a home care service to fill useful gaps without quitting the life she has sculpted out.

Couples with irregular needs frequently take advantage of staying at home. One spouse may require day-to-day assistance while the other is independent. Moving both into assisted living implies spending for care for the individual who does not require it yet. In-home care hours can align with the real requirement and bend as it alters. The expense curve stays closer to the ground.



# FootPrints

*simply home care*



Homes designed for aging with large entrances, barrier-free showers, and excellent lighting keep expenses in check. Early, modest adjustments pay off. The key is to invest before falls start, not after. When you include a sidewalk light for \$80 and a grab bar for \$120, you are making an inexpensive insurance payment.

## **When assisted living is the much better choice**

Assisted living, with its structured day and on-site personnel, assists when loneliness and bad nutrition are the main danger factors. People who stop cooking on their own frequently rebound with three ready meals and activity calendars that pull them out of their house. The cost of one hospitalization for dehydration frequently surpasses a couple of months of rent difference.

If security checks need to happen more than two times per night, assisted living or memory care can be cheaper than spending for awake over night care at home. The community spreads the cost of night personnel across numerous locals. At home, you absorb 100 percent of that shift.

Another tipping point is caretaker recruitment. Rural families in some cases can not build a reliable bench of private assistants or fill holes with firm personnel. If the drive time is long and the schedule unpredictable, turnover remains high. A community resolves that with on-site staffing and predictable replacements.

## **A useful comparison, dollar for dollar**

It helps to look at a practical scenario. Envision your mother in her late 80s who requires aid with bathing twice a week, medication suggestions, meals most days, and transportation to appointments. No wandering, however a fear of falling at night.

At home, you arrange 3 morning sees per week at four hours each for bathing, breakfast, and tidying. You include 2 evening gos to weekly at 3 hours each for dinner and a walk. That amounts to eighteen hours at, state, \$28 to \$35 per hour depending on area, or \$2,016 to \$2,520 per month, plus holiday premiums a couple of times a year. You invest \$1,000 in grab bars, a shower chair, and lighting. You or a next-door neighbor cover nights by phone, with a motion sensor in the hallway.

At assisted living, you pay a base lease of \$4,200 for a studio, with a care level cost of \$600 for medication management and bathing assistance 3 times per week. Your month-to-month overall is \$4,800, with cable upgrades and hair salon check outs on top. The nights feel safer, meals need no planning, and transport to the medical professional on Tuesdays is included.

The home circumstance is less expensive by about \$2,000 monthly, but only if the schedule holds and household covers the edges. The assisted living scenario costs more however decreases the coordination work to near zero. If night requires increase, the home care plan may flip to costly overnight coverage, which might add \$3,000 to \$5,000 each month and remove the savings. If requirements remain stable, staying home wins on expense and continuity.

## **Paying for it without tripping over rules**

Families frequently ask about Medicare. It does not pay for long-lasting custodial care, whether at home or in assisted living. It covers skilled care after a certifying healthcare facility stay, home health for short-term medical needs, and specific hospice services. For long-lasting assistance, look at these paths.

Long-term care insurance coverage. Many policies reimburse for home care and assisted living once the insured satisfies benefit triggers, normally help required with 2 activities of daily living or cognitive disability. Policies vary on day-to-day or month-to-month caps and removal durations. Surprise cost: paying of pocket during the elimination period and the paperwork to file clean claims. An excellent senior caretaker firm or assisted living billing office can help.

Veterans advantages. Aid and Attendance can assist qualified veterans or surviving spouses with regular monthly quantities that balance out expenses of senior care. The application takes months. The covert expense is timing. Start early.

Medicaid. When possessions and earnings qualify, Medicaid can fund home- and community-based services or assisted living in states that cover it. Surprise costs consist of waitlists for waiver programs and minimal service provider networks. Preparation with an elder law attorney can lawfully secure some properties and improve the odds of getting aid when needed.

Home equity. Credit lines or reverse home mortgages can fund in-home care or assisted living for a time. The hidden expense is interest and the risk of drawing too much too quick. If the plan is to sell your home later on, spending plan for repairs and realtor fees. Capital bridges can be helpful but require guardrails.

Family contracts. If an adult kid relocations in and supplies daily care, put a caregiver contract in composing with a fair wage, defined tasks, and respite breaks. This turns "helping out" into a plan that can be factored into Medicaid lookback rules and prevents household fights later. The hidden cost of casual plans is bitterness and tax trouble.



# Red flags I have actually discovered to catch early

You can sidestep lots of fees with a couple of practices. Treat this like any other major purchase: you would not purchase a vehicle without reading the trim list.

- Ask for two total billings from current locals (with names eliminated) and two client declarations from the home care firm. Genuine bills reveal genuine add-ons.
- Request the holiday calendar, minimum shift length, and cancellation policy in writing before you sign.
- Test the responsiveness of after-hours calls. Call the night line once before you are a client. How quickly do they answer?
- During tours, ask personnel the number of locals have had their care level increased in the past six months and why.
- For home care, meet the caretaker who will come on the first day, not just the supervisor who does the assessment.

These steps take an afternoon and can save thousands and numerous sleepless nights.

## An easy way to construct your true budget

You do not need an expensive tool. A yellow pad will do. Make two columns, one for home care, one for assisted living. Under each, list the base rate. Then include 4 layers: foreseeable add-ons, predictable supplies, possible event expenses, and your time.

For assisted living, foreseeable add-ons include care level costs, medication management, and updated internet. Materials might still exist, however often fewer. Event expenses consist of a 30-day notice overlap if rehabilitation occurs. Your time drops, however you will still visit, advocate, and participate in care conferences.

Price each layer with ranges. If you can not get precise numbers, note the assumptions. Develop your plan at the greater end of each range. If you are available in under, you will not complain.

## The human side of the ledger

Numbers help you guide, however they do not inform you where you want to go. I have strolled through old kitchen areas where a partner taped dish cards to the cupboard so his partner could still bake muffins with a caretaker, since that odor informed her she was home. I have actually also viewed a woman who invested two years isolated in the house bloom in assisted living when she discovered 3 bridge partners and an early morning strolling group inside the structure. Both stories bring expenses and cost savings you can not measure.

When you select between in-home care and assisted living, try to find the shape of an excellent day. If you can purchase more of those days with a home care service and a few smart modifications to your home, do it and review in six months. If you can buy them by moving into a place where meals, next-door neighbors, and safety checks come bundled, and you can afford it with honest numbers, do that. The hidden costs will still be there, however you will have named them, planned for them, and avoided the land mines that take decisions away from you.

Clarity is not free. It is cheaper than confusion.

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](#)

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