The Avanti Family Care Guide Series

Helping Florida families make informed healthcare decisions with confidence.



Written by Mark Conklin

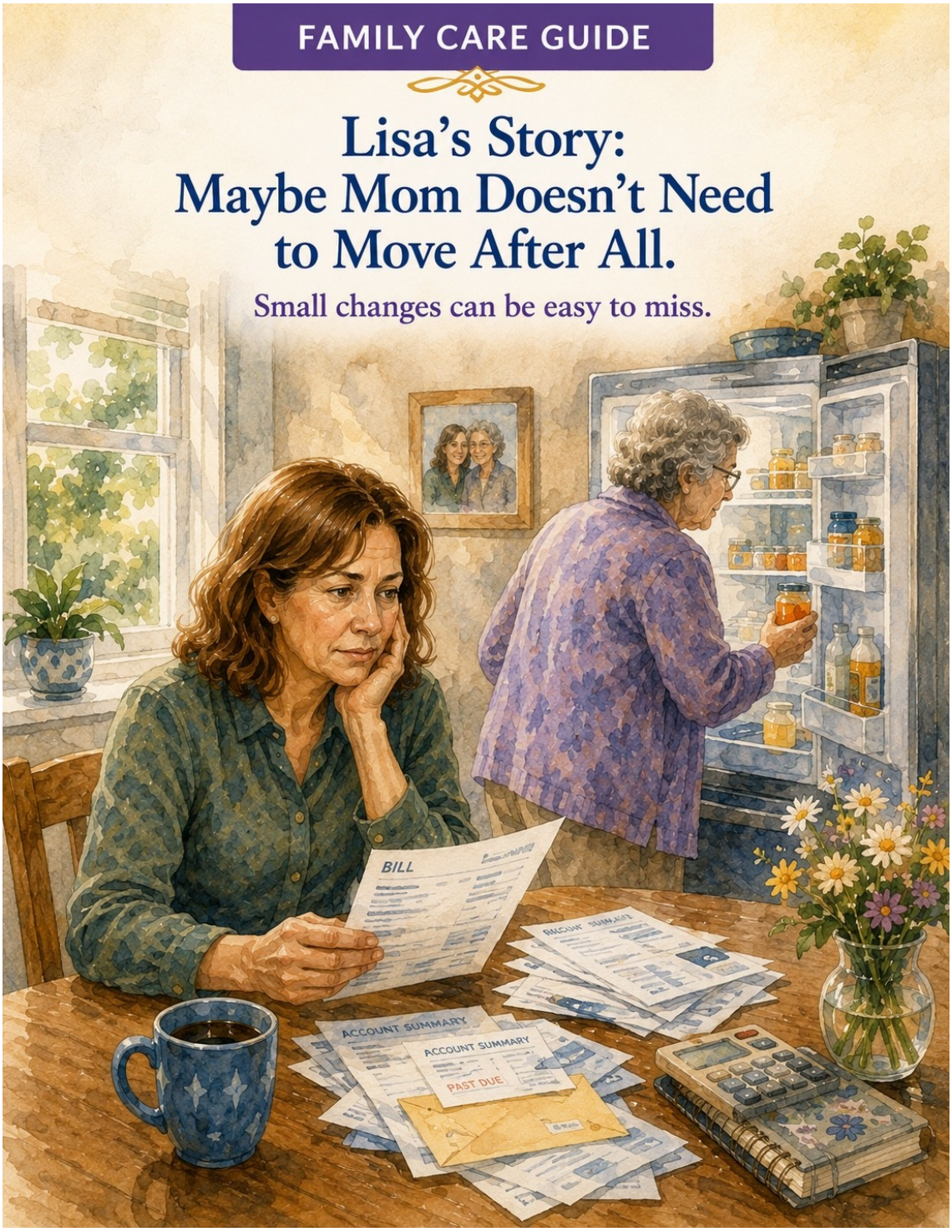
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What You'll Learn

- What private duty home care is—and what it is not
- When families typically begin using private duty services
- What caregivers actually do during a typical visit
- How companion care and personal care work together
- How care plans are customized as needs change
- Typical schedules and levels of support
- How private duty differs from Medicare Home Health
- How families typically pay for care, including what it costs
- What questions to ask when choosing a home care agency
- What happens after you call an agency for the first time
- How private duty home care can help older adults remain safe and independent at home longer


FAMILY CARE GUIDE
Lisa's Story:
Maybe Mom Doesn't Need to Move After All.
Small changes can be easy to miss.
BILL
ACCOUNT SUMMARY
ACCOUNT SUMMARY
PAST DUE

Lisa's Story: "Maybe Mom Doesn't Need to Move After All."

Lisa had been quietly worrying about her mother for months.

Nothing dramatic had happened. There had not been another hospitalization. Ruth had not fallen. No one had suggested assisted living.

Yet every visit left Lisa a little more concerned.

The refrigerator was not stocked the way it used to be. Laundry had begun piling up. Ruth admitted she sometimes skipped showers because she worried about falling. She had stopped meeting friends for lunch because driving no longer felt comfortable. Lisa noticed unopened mail on the kitchen counter and medications that were not always taken on time.

None of those changes felt like an emergency. Together, they painted a different picture.

Like many adult children, Lisa began asking herself a question she never thought she would have to ask: "Is it time for Mom to leave her home?"

The thought broke her heart. Her mother had lived there for almost forty years. Every room held memories. The neighbors knew her by name. She loved sitting on the back patio every morning with a cup of coffee while listening to the birds.

During a conversation with a healthcare professional, someone asked Lisa a question she had not considered: "Have you looked into private duty home care?"

Lisa admitted she was not even sure what that meant. She assumed it was medical care. It was not.

Ruth was not enthusiastic. She told Lisa she did not need a stranger in her house and that she was managing perfectly well. They agreed to try it for a month, with the understanding that Ruth could stop at any time.

A caregiver named Emily began visiting four mornings each week. She prepared breakfast, helped Ruth shower safely, reminded her about medications, picked up groceries, drove her to appointments, and went for short walks around the neighborhood. By the third week, Ruth had started setting out a second coffee cup before Emily arrived.

Nothing about the house changed. Everything about daily life became easier.

That is when Lisa realized something important: private duty home care was not about taking away her mother's independence. It was helping her keep it.

Why Families Choose Care at Home First

Most people, if given the choice, would prefer to remain in their own home.

Home is familiar. It is comfortable. It is where birthdays were celebrated, grandchildren visited, and countless memories were made.

Remaining at home often allows older adults to maintain routines, stay connected with neighbors, keep beloved pets, and enjoy a level of independence that can be difficult to replicate elsewhere.

For many families, private duty home care makes that possible. Instead of leaving home because everyday tasks have become difficult, older adults receive the support they need while continuing to live in the place they know best.

That does not mean staying home is always the right answer. Sometimes a person's medical condition or safety needs eventually require a higher level of care. Choosing assisted living or another residential setting is not a failure. It is another care decision based on changing needs.

The goal is never to remain at home at all costs. The goal is to help someone remain in the safest environment possible while preserving dignity, independence, and quality of life.

What Is Private Duty Home Care?

Private duty home care is non-medical assistance provided in a person's home to help them remain safe, comfortable, and as independent as possible.

Unlike Medicare Home Health, which provides short-term skilled medical services ordered by a physician, private duty home care focuses on the everyday activities that often become more difficult as people age.

Services are personalized around the individual's needs. For one person, that may mean help with bathing and dressing. For another, it may mean preparing meals, driving to appointments, shopping for groceries, or simply having someone present for companionship and reassurance.

Private duty home care does not replace independence. It supports it.

Family Insight

Private duty home care is not something families choose because they have given up. More often, they choose it because they want to help a loved one remain safely at home for as long as possible.

Why Families Begin Private Duty Home Care

Families rarely wake up one morning and decide they suddenly need a caregiver. The decision usually develops gradually.

It begins with small concerns: Mom is not eating as well. Dad has become unsteady walking to the mailbox. The laundry is not getting done. Someone misses medications. Driving no longer feels safe.

Sometimes adult children begin helping on evenings and weekends. Over time, those responsibilities grow. They begin stopping by every day, running errands, preparing meals, managing appointments, and trying to balance those responsibilities with careers, children, and their own families.

Private duty home care does not replace the family. It supports the family. It allows adult children to spend more time being sons and daughters—and less time trying to do everything alone.

When Should You Consider Private Duty Home Care?

There is no specific age or diagnosis that automatically means someone needs private duty care. Families often begin considering help when everyday activities become difficult, unsafe, or stressful.

- Difficulty bathing or dressing safely
- Increasing fall risk or unsteady walking
- Missed medications or confusion about routines
- Poor nutrition, weight loss, or difficulty preparing meals
- Forgetfulness that interferes with daily life
- Difficulty keeping up with laundry or light household tasks
- Giving up driving
- Recovering after an illness or hospitalization
- Family caregivers becoming overwhelmed or exhausted
- Living alone with limited family nearby

Some families begin with only a few hours each week. Others require more frequent assistance from the beginning. The care plan should reflect the individual's needs—not a predetermined schedule.

Family Insight

Many families believe they must wait for a crisis before asking for help. Starting earlier often prevents the very crises they are hoping to avoid.


FAMILY CARE GUIDE
What Caregivers Actually Do
Support that feels like life, not healthcare.
Personal Care
Bathing, dressing, grooming, and more.
Meal Preparation
Nutritious meals made with care.
Errands & Shopping
Groceries, prescriptions, and everyday needs.
MEDICAL CENTER
Transportation
Safe rides to appointments and activities.
Companionship
Friendly conversation and connection.
Light Housekeeping
Keeping the home tidy, safe, and comfortable.
Caregivers help with the things that make each day better.
Small moments. Big difference.
Avanti
SUN MON TUE WED THU FRI SAT
Medication Reminders
Gentle reminders to help stay on track.

What Caregivers Actually Do

Private duty caregivers assist with everyday activities that allow older adults to remain safe and independent at home. No two care plans are exactly alike, so the services are built around the individual.

Personal Care

- Bathing and showering
- Dressing and grooming
- Help using the bathroom safely, including incontinence care
- Oral hygiene and hair care
- Walking and mobility assistance
- Safe transfers into and out of beds or chairs

The aim is to provide enough assistance to keep someone safe while allowing them to continue doing as much as they can independently.

Meal Preparation and Nutrition

- Planning and preparing simple meals
- Encouraging healthy eating and hydration
- Assisting with grocery shopping
- Organizing the refrigerator and pantry
- Monitoring food freshness

Transportation and Community Activities

- Physician and therapy appointments
- Pharmacy and grocery trips
- Hair appointments
- Religious services
- Lunch with friends
- Community activities and personal errands

Transportation policies differ from one agency to another—some caregivers drive the client's car, some drive their own, and some agencies do not provide transportation at all. Ask before care begins.

Light Housekeeping

- Laundry and changing bed linens
- Washing dishes and light kitchen cleanup
- Vacuuming high-traffic areas
- Taking out trash
- Organizing commonly used spaces

Caregivers are not maids or deep-cleaning professionals. Their focus is the client's health, safety, comfort, and daily routine.

Medication Reminders

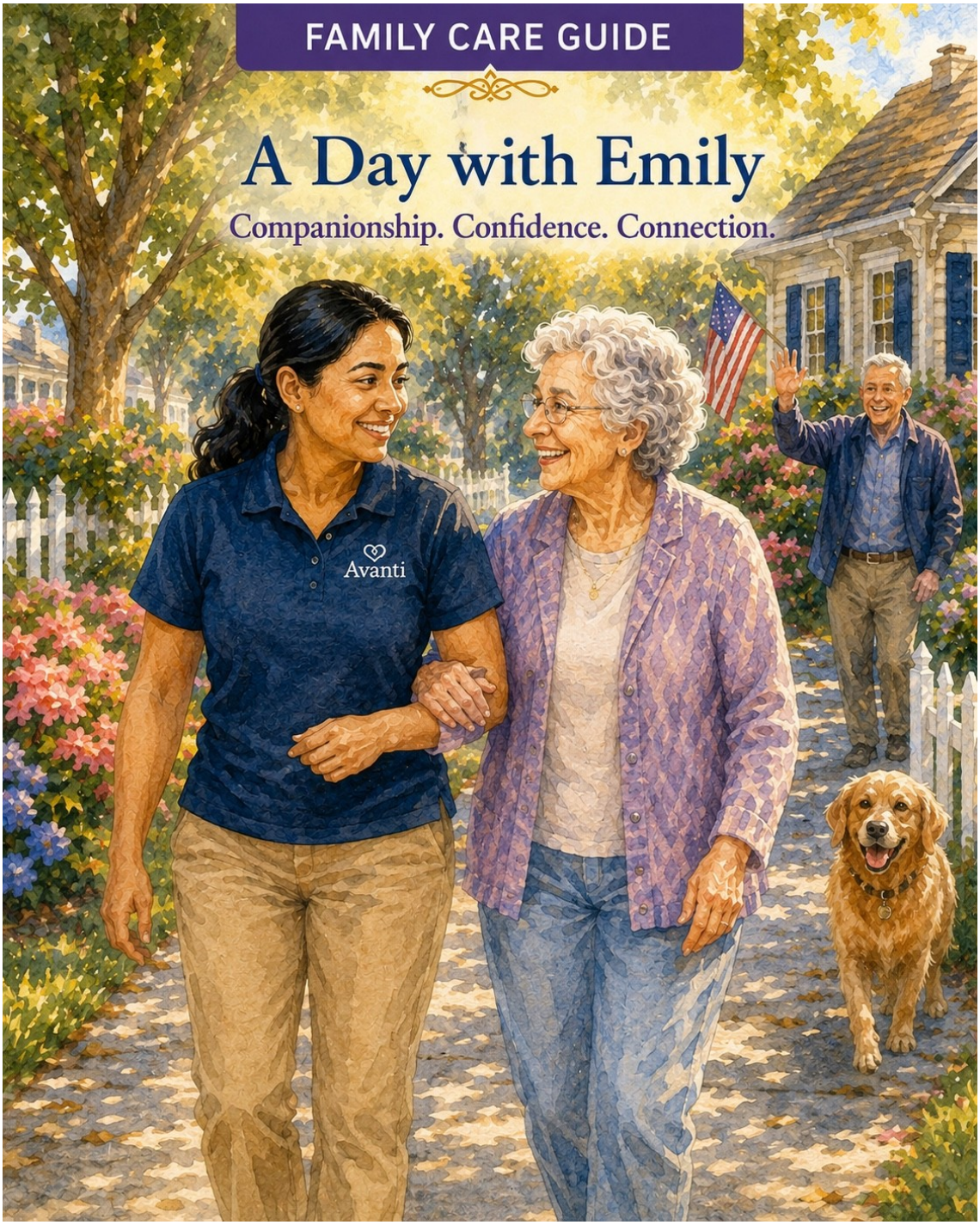
Caregivers commonly remind individuals when it is time to take medications and encourage adherence to an established routine. Medication reminders are different from medication administration. Caregivers generally do not administer medications unless permitted under applicable laws, regulations, and agency policies.

Companionship

Companionship—often called companion care—is the part of the service that families underestimate most. Conversation, sharing meals, playing cards, watching a favorite program, reading the newspaper, and taking walks can be just as meaningful as physical assistance. Companion care and personal care are usually delivered together by the same caregiver during the same visit: the caregiver who helps with a shower in the morning is also the person who sits down for coffee afterward. For many older adults, that second part becomes the most valuable hour of the day.

Family Insight

The best caregivers do not replace family. They make it possible for families to spend less time managing tasks and more time enjoying time together.


FAMILY CARE GUIDE
A Day with Emily
Companionship. Confidence. Connection.
Avanti

A Day with Emily

To give families a practical picture, here is an example of a four-hour morning visit with Emily, the caregiver who began visiting Lisa's mother. Every care plan is different, so no two days look exactly alike.

8:00 AM — Good Morning

Emily arrives and spends a few minutes talking with Ruth about how she slept and how she feels. Emily notices Ruth seems slightly more tired than usual and plans to mention it to Lisa.

8:30 AM — Breakfast

They prepare breakfast together. Ruth pours her own coffee while Emily assists with the parts that have become difficult. Emily notices they are low on milk, fruit, and yogurt and adds them to the shopping list.

9:00 AM — Bathing Safely

Emily prepares the bathroom and stays nearby while Ruth showers. She provides assistance only when needed, allowing Ruth to do as much as she safely can herself.

9:45 AM — Getting Ready

Emily reminds Ruth that it is time for her morning medications and reviews the day's calendar with her.

10:15 AM — Fresh Air

They take a short walk around the neighborhood, enjoying exercise, conversation, and time outside.

11:00 AM — Grocery Shopping

Ruth chooses fresh vegetables and fruit while Emily pushes the cart, carries groceries, and helps put everything away at home.

11:45 AM — Lunch and Tomorrow's Plan

Emily prepares lunch, starts a load of laundry, straightens the kitchen, reviews tomorrow's appointments, and updates Lisa before leaving.

Family Insight

The best caregiver visits often feel wonderfully ordinary. The goal is not to take over someone's life. It is to make everyday life safer, easier, and more enjoyable.

FAMILY CARE GUIDE

How Care Changes as Needs Change

Support that grows with each stage of life.



Independent Living

Living life on your own terms.

- Occasional help with errands
- Transportation
- Companionship
- Light household chores
- Peace of mind for family

Minimal Support

A little help makes each day easier.

- Meal preparation
- Light housekeeping
- Grocery shopping
- Medication reminders
- Transportation to appointments
- Friendly companionship

Moderate Support

More support for daily comfort and safety.

- Personal care assistance
- Help with dressing and bathing
- Meal planning and preparation
- Medication management
- Mobility support
- Appointment support

Increased Support

More frequent care for changing needs.

- Assistance with all personal care
- Incontinence care
- Transfers and mobility help
- Regular monitoring and reminders
- Companionship and engagement
- Coordination with family

More Intensive

Higher levels of support to ensure safety and well-being.

- Comprehensive personal care
- 24-hour or extended care options
- Specialized support
- Close coordination with healthcare providers

Care is not one-size-fits-all. As needs change, so does the level of support. The goal is the same at every stage: to help older adults live safely, comfortably, and with **dignity** at home for as long as possible.

The right care today can help prevent bigger challenges tomorrow.

Support today. Independence tomorrow.

How Care Changes as Needs Change

A common misconception about private duty home care is that families must decide everything on day one.

Most care plans begin with a small amount of assistance and gradually change as a person's needs change.

Lisa did not begin with full-time care. She started with four mornings each week. As Ruth's needs changed, the schedule changed too.

Private duty home care is flexible because life is flexible. The right amount of care today may be different six months from now. The stages below match the illustration on the previous page.

Independent Living

Living life on your own terms, with a little backup. Often a few hours once or twice a week.

- Occasional help with errands
- Transportation
- Companionship
- Light household chores
- Peace of mind for family

Minimal Support

A little help makes each day easier. Commonly four hours a day, three or four days each week.

- Meal preparation
- Light housekeeping
- Grocery shopping
- Medication reminders
- Transportation to appointments
- Friendly companionship

Moderate Support

More support for daily comfort and safety. Commonly four to eight hours a day, five to seven days each week.

- Personal care assistance
- Help with dressing and bathing
- Meal planning and preparation
- Medication management
- Mobility support
- Appointment support

Increased Support

More frequent care for changing needs. Often eight to twelve hours a day, and appropriate when someone should not be alone for long periods.

- Assistance with all personal care
- Incontinence care
- Transfers and mobility help
- Regular monitoring and reminders
- Companionship and engagement
- Coordination with family

More Intensive

Higher levels of support to ensure safety and well-being. May be considered for advanced memory impairment, major mobility limitations, or a need for continuous supervision.

- Comprehensive personal care
- Twenty-four-hour or extended care options
- Specialized support
- Close coordination with healthcare providers

Family Insight

Private duty home care is not an all-or-nothing decision. Most families begin with the smallest amount of help needed and adjust gradually.

Who Provides the Care?

When families invite someone into the home, they are placing tremendous trust in that person. Professional agencies select caregivers, complete background screening, verify credentials, and provide ongoing supervision.

Home Health Aides (HHAs)

Home Health Aides are trained to assist with personal care and activities of daily living, including bathing, dressing, grooming, walking, meals, light housekeeping, reminders, and companionship.

Certified Nursing Assistants (CNAs)

Certified Nursing Assistants complete state-approved training and certification. In private duty settings, CNAs often perform many of the same personal care services as Home Health Aides and may bring additional experience supporting people with more complex physical needs.

The specific services provided depend on state regulations, agency policies, and the individualized care plan. Families do not need to choose between the two credentials themselves: the agency

matches the caregiver's training to the needs identified in the assessment. It is fair to ask which credential has been assigned to your loved one and why.

Supervision Matters

- Care coordination
- Ongoing caregiver supervision
- Schedule management
- Replacement caregivers when needed
- Communication with families
- Periodic reassessment as needs change

What Private Duty Caregivers Do Not Do

Clear expectations protect both the client and the caregiver. Private duty caregivers generally do not:

- Diagnose medical conditions
- Replace a physician, nurse, or therapist
- Perform skilled nursing procedures unless separately authorized and qualified
- Administer medications unless permitted by law and agency policy
- Perform heavy housekeeping, deep cleaning, construction, or yard work

When needs become more medical or complex, the agency should help the family understand whether additional skilled services or another level of care is appropriate.

How Private Duty Differs from Medicare Home Health

Private duty home care and Medicare Home Health are often confused because both are delivered at home. They serve different purposes.

	Medicare Home Health	Private Duty Home Care
Type of care	Skilled medical services: nursing and physical, occupational, or speech therapy	Non-medical help with daily living, personal care, and companionship
Who arranges it	Ordered by a physician	Arranged by the individual or family
How long it lasts	Part-time or intermittent, for a defined period	Ongoing, for as long as it is needed and wanted
Typical schedule	Short visits, a few times a week	Blocks of hours, from a few hours a week up to 24-hour care
Who pays	Medicare, when coverage requirements are met	Usually private pay; long-term care insurance, Veterans benefits, or Florida Medicaid long-term care may apply
Main goal	Recovery or clinical management after an illness or hospital stay	Safety, comfort, and independence in daily life

Medicare generally does not pay for ongoing help with daily personal care—bathing, dressing, meals, and supervision—when that is the only care a person needs. Insurers sometimes call this custodial care.

A person may receive both services at the same time when eligible. For example, a Medicare-covered nurse or therapist may visit twice a week while a private duty caregiver helps with daily routines on the days in between.

How Families Pay for Private Duty Home Care

Understanding payment options helps families plan realistically and avoid surprises.

What It Costs

Private duty home care is billed by the hour. Most agencies also set a minimum visit length—commonly four hours—because very short visits make it difficult to provide dependable, consistent coverage. That is why so many care plans begin at four hours rather than one or two.

Total cost depends on how many hours are scheduled each week and the level of support required, so two families using the same agency can have very different monthly costs. When you contact an agency, ask for its current hourly rate, its minimum visit length, whether rates differ for nights, weekends, or holidays, and whether there is any charge for the initial assessment.

Private Pay

Most private duty home care is paid directly by the individual or family. Private pay allows schedules to begin quickly and change as needs evolve.

Long-Term Care Insurance

Many long-term care insurance policies help pay for private duty home care when policy requirements are met. Coverage varies considerably by policy: review the elimination period, the daily or monthly benefit limit, and whether the policy requires a licensed agency. A future guide in this series will cover long-term care insurance in detail.

Veterans Benefits

Some Veterans and surviving spouses may qualify for benefits that help offset the cost of home care. Eligibility depends on military service, financial circumstances, and program requirements.

Florida Medicaid Long-Term Care

Florida provides its Medicaid long-term care benefit through the Statewide Medicaid Managed Care Long-Term Care program, which can cover personal care, homemaker services, and other in-home support for people who meet both financial and medical eligibility requirements.

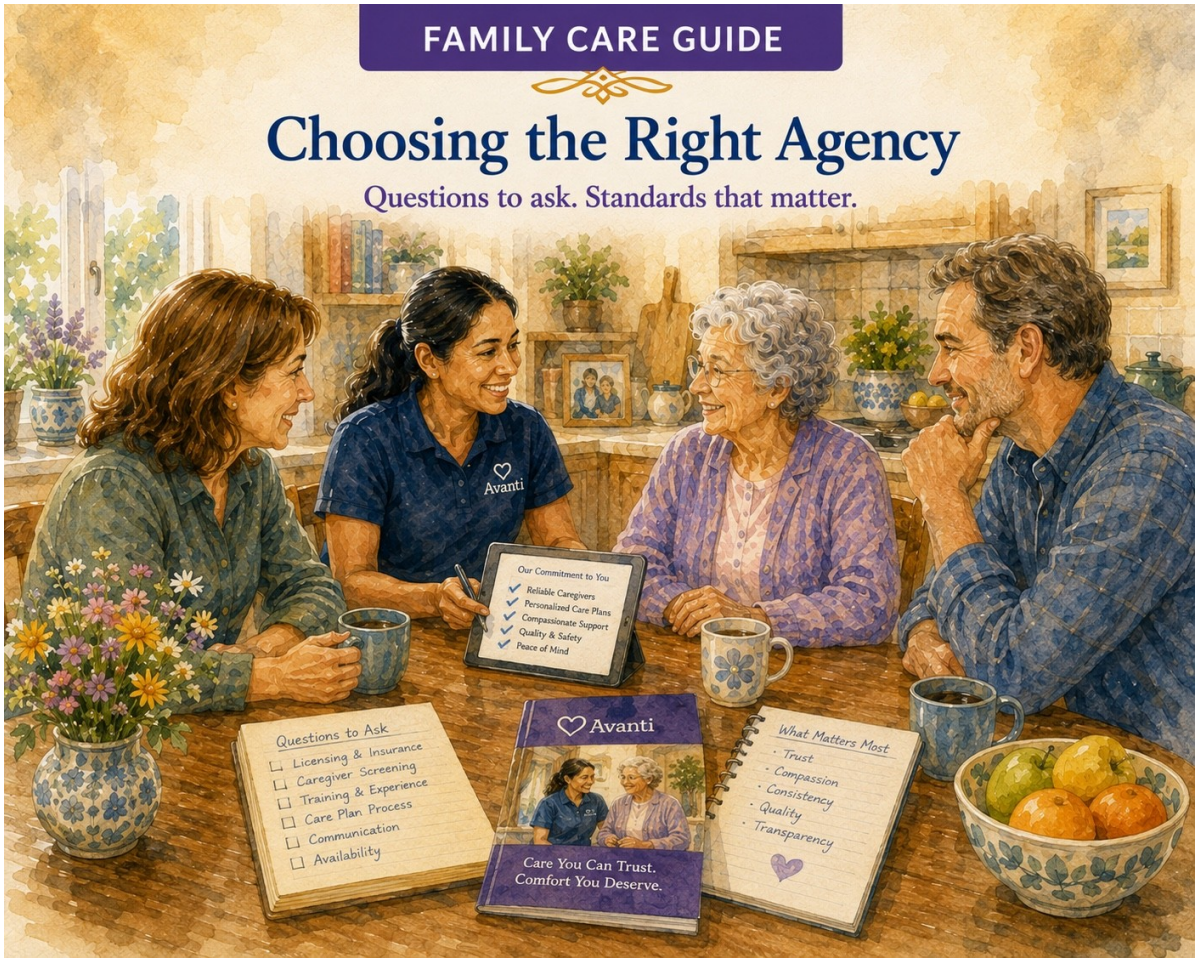
Enrollment is neither automatic nor immediate. Families begin with a telephone screening through their local Aging and Disability Resource Center, which produces a priority score used to place the person on a waitlist. Because that process takes time, some families begin private pay care while an application is pending. To request a screening, contact the Area Agency on Aging serving your county or call the statewide Elder Helpline at 1-800-96-ELDER (1-800-963-5337).

Other Resources

Depending on location and individual circumstances, community programs or other assistance may be available. A professional agency may help families identify potential resources.

Choosing the Right Home Care Agency

Inviting someone into the home is a deeply personal decision. Choosing the right agency matters just as much as choosing the right schedule.



Which type of license does the agency hold?

In Florida, in-home care is provided under different license types, and they are not interchangeable. A Home Health Agency license permits hands-on personal care such as bathing, dressing, and transfers. A Nurse Registry refers independent-contractor caregivers rather than employing them directly. A Homemaker and Companion Services registration permits housekeeping, meal preparation, errands, and companionship only—Florida law prohibits those providers from delivering any hands-on personal care.

If your loved one needs help bathing, dressing, or moving safely, confirm the agency holds a license that permits personal care. You can verify any Florida provider's license type, status, and inspection history at FloridaHealthFinder.gov.

Is the agency insured?

Liability coverage and workers' compensation protect the client, the family, and the caregiver. Ask whether caregivers are employees of the agency or independent contractors, because that determines who carries the insurance and who supervises the care.

How are caregivers screened?

Ask about background checks, references, employment screening, credentials, and training.

Who supervises the caregivers?

Ask how concerns are handled and how often the agency communicates with the family.

What happens if the regular caregiver is unavailable?

A reliable agency should have a plan for illness, vacations, and emergencies.

Can the schedule change later?

The agency should be able to increase or decrease services as circumstances change.

How will the family receive updates?

Ask how visits are documented and how meaningful changes are communicated.

Family Insight

The best agencies do not simply send caregivers. They build dependable relationships with families.

What Happens When You Call

Families often delay calling because they are not sure what they are committing to. In most cases, the answer is nothing. Here is what the process usually looks like.

1. The first conversation

A short telephone call, usually fifteen or twenty minutes. You describe what is happening, the agency describes what it does, and together you decide whether an assessment makes sense. No commitment is made on this call.

2. The in-home assessment

A nurse or care manager visits the home, usually within a few days. They talk with your loved one, look at the home for safety concerns such as lighting, rugs, and bathroom access, and review medications, mobility, nutrition, and daily routines. Family members are welcome, and it helps when at least one is present. Most agencies do not charge for this visit.

3. The care plan

The agency puts in writing what will be done, on which days, and for how many hours, along with the cost. You should receive a copy. Read it, and say so if something is missing or wrong—this document is what the caregiver will work from.

4. Matching a caregiver

The agency selects a caregiver based on the skills the care plan requires and, where possible, on personality and shared interests. Ask to be told who is coming and a little about them before the first visit.

5. The first visits

Expect the first week to feel awkward. Most families find that a consistent routine settles in within two or three weeks. If the match is not working, say so early; a good agency expects that call and will not take it personally.

6. Ongoing review

Care plans should be reviewed on a regular schedule and any time something changes—a hospital stay, a fall, a new diagnosis, or a change in the family's own availability.

What Families Often Worry About

"Mom says she doesn't need help."

Focus on what assistance will allow her to continue doing safely, rather than what she can no longer do. Starting with a small schedule, or a trial period with a clear end date, often makes the transition easier.

"Will she feel like she is losing independence?"

Good care should support choice and independence. The caregiver should encourage the older adult to participate in decisions and continue doing what remains safe.

"Am I giving up too soon?"

Asking for help is not giving up. It is often a practical way to prevent burnout, reduce risk, and preserve the relationship between parent and child.

"What if the caregiver is not a good fit?"

Personality and trust matter. Families should feel comfortable asking the agency for a different caregiver when the match is not working.

Frequently Asked Questions

Can we start with only a few hours?

Yes. Many families begin with four-hour visits a few days each week, which is the minimum visit length at most agencies, and adjust from there.

How quickly can care begin?

For private pay care, often within a few days of the assessment. Care funded through insurance or a public program takes longer because eligibility must be confirmed first.

Will my loved one always have the same caregiver?

Agencies generally try to provide consistency, although substitutions may be necessary for vacations, illness, or schedule changes. Ask how the agency handles coverage before you sign anything.

Can we use private duty care for just a few weeks after a hospital stay?

Yes. Short-term care during recovery is one of the most common reasons families start, and there is no obligation to continue once your loved one is steady again.

What if we are not sure how much help is needed?

That is what the assessment is for. It is also normal to begin with less help than you think you need and increase it after a few weeks, once you can see where the real gaps are.

Can family members continue helping?

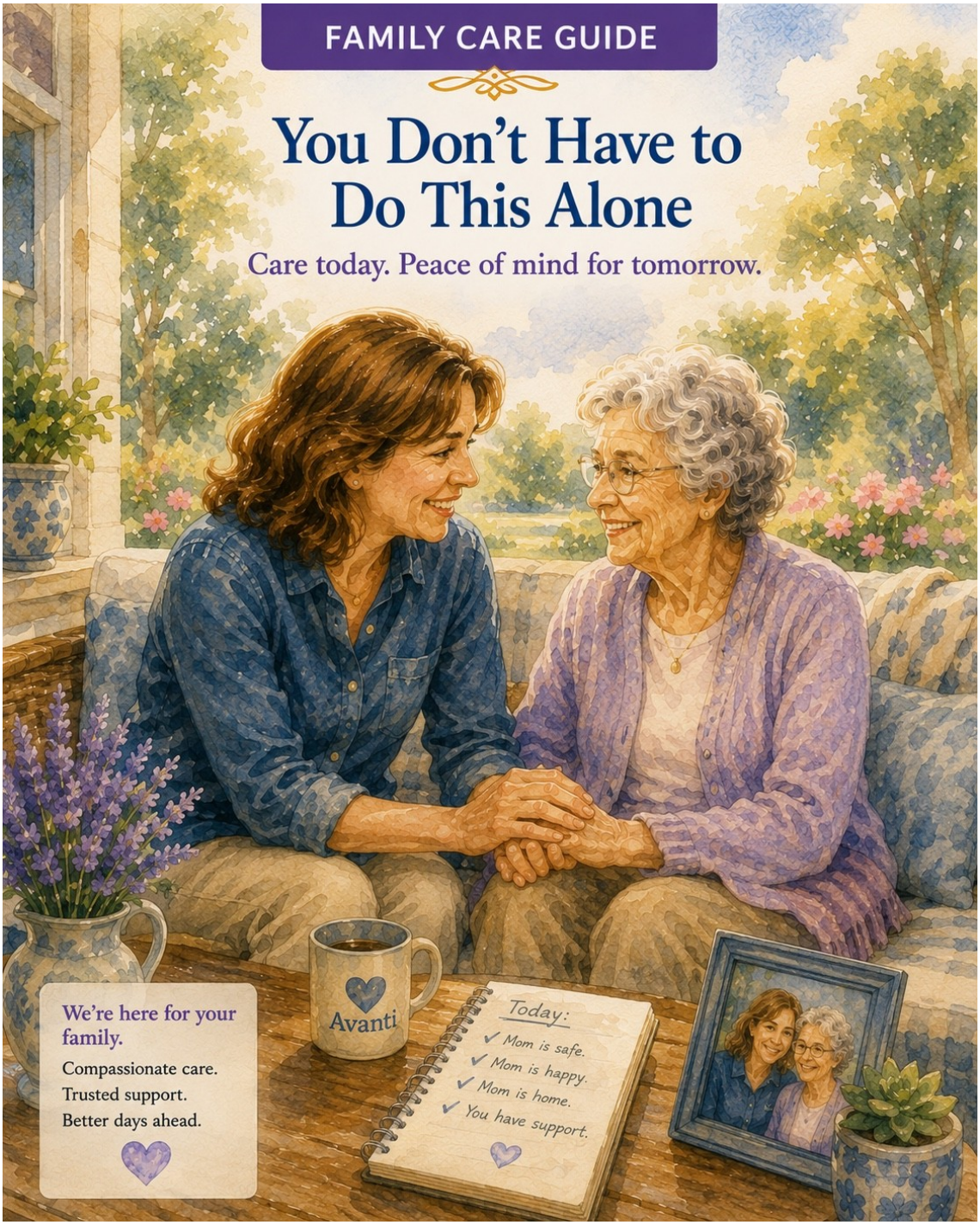
Absolutely. Private duty care supports the family; it does not replace family involvement.

Is private duty care appropriate for someone with dementia?

Often, yes. Familiar routines, gentle supervision, help with meals and personal care, and steady companionship can reduce agitation and lower the risk of falls, and many families use private duty care for years alongside a dementia diagnosis. What matters is matching the schedule to the person's actual risks rather than to the diagnosis alone. Private duty care may not be enough on its own when someone is leaving the home unsafely, needs supervision through the night, has become unsafe for one caregiver to transfer, or has medical needs requiring skilled nursing. A good agency will tell you when that line is approaching and help you plan the next step rather than waiting for a crisis.

Key Takeaways

- Private duty home care provides non-medical assistance that helps older adults remain safe and independent at home.
- Care plans are personalized and can grow gradually as needs change, from occasional help through around-the-clock support.
- Home Health Aides and Certified Nursing Assistants help with personal care, meals, transportation, light housekeeping, reminders, and companionship.
- Private duty home care differs from Medicare Home Health. It is billed hourly and usually paid privately, although long-term care insurance, Veterans benefits, and Florida Medicaid long-term care may help.
- In Florida, license type determines whether a provider may deliver hands-on personal care. Verify it before care begins.
- Choosing a licensed, well-supervised agency is just as important as choosing the right caregiver.
- Starting earlier, with less help than you think you need, is usually easier than starting after a crisis.


FAMILY CARE GUIDE
You Don't Have to Do This Alone
Care today. Peace of mind for tomorrow.
We're here for your family.
Compassionate care.
Trusted support.
Better days ahead.
Avanti
Today:
✓ Mom is safe.
✓ Mom is happy.
✓ Mom is home.
✓ You have support.

Closing Thoughts

When Lisa first began looking for help, she believed her only choices were to keep doing everything herself or move her mother into assisted living.

She eventually discovered another option.

Private duty home care did not change who Ruth was. It did not take away her independence. It did not replace family. It provided the extra support that allowed her to continue living safely in the home she loved.

Every family's journey is different. Some people need only a few hours of help each week. Others eventually require more. Some ultimately decide that a higher level of care is the safest choice.

There is no single right answer for every family. What matters is finding the solution that provides the greatest safety, dignity, comfort, and quality of life.

Sometimes asking for help is exactly what allows someone to remain independent for much longer than anyone thought possible.

Final Thought

The goal is not simply to help someone stay at home. It is to help them stay safe, comfortable, and independent at home for as long as possible.

Trusted Resources

Families looking for additional information may find these organizations helpful.

- Medicare — Medicare.gov
- Centers for Medicare & Medicaid Services (CMS) — cms.gov
- National Institute on Aging — nia.nih.gov
- Alzheimer's Association 24/7 Helpline — 1-800-272-3900
- Eldercare Locator — 1-800-677-1116
- Florida Department of Elder Affairs — elderaffairs.org
- Florida Elder Helpline — 1-800-96-ELDER (1-800-963-5337)
- Area Agency on Aging of Palm Beach / Treasure Coast — 1-866-684-5885
- Verify a Florida provider's license — FloridaHealthFinder.gov

About Avanti Home Health

At Avanti Home Health, we believe informed patients and caregivers make better healthcare decisions. The Avanti Family Care Guide Series provides clear, compassionate educational resources to help Florida families understand their care options with confidence.

To speak with someone about care for a loved one:

- Telephone: 561-733-1390
- Email: Kerry@avantiseniorcare.com
- Website: www.avantiseniorcare.com
- Office: 1015 Gateway Blvd., Suite 502, Boynton Beach, FL 33426
- Counties served: Palm Beach, Martin, St. Lucie, and Indian River
- Licensed by the Florida Agency for Health Care Administration (AHCA) — License #299993913

Educational Disclaimer

This publication is for general educational purposes only. It is not medical, legal, financial, or insurance advice, and it does not determine whether private duty home care is appropriate for any particular person. Program names, eligibility rules, and contact information change over time. Families should consult qualified healthcare professionals, licensed home care agencies, and the relevant state and federal agencies regarding their specific circumstances.