Aging In Place Directory Hub

# 7 Unusual Ways to Use ChatGPT in Your Aging-In-Place Business

**BEFORE YOU START — 3 Rules**

☐ **It's a conversation, not a search box.** Tell it who you are and what you do. Then go back and forth — "make it shorter," "too formal," "try again."

☐ **Never paste private client information.** No names, addresses, medical records, or photos showing faces or house numbers. Describe the situation instead: *"an 82-year-old woman living alone with moderate arthritis."*

☐ **Verify anything with a number attached.** Codes, dimensions, clinical guidance, regulations. It will give you a wrong grab bar height and sound completely certain. Check your own references.

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**SET IT UP ONCE (10 minutes, saves you time forever)**

☐ Click your name or initials → find **Custom Instructions** or **Personalization**

☐ Paste this in and fill in your blanks:

> I'm a [CAPS contractor / occupational therapist / geriatric care manager] serving [your area]. My clients are older adults aging in place and their adult children, usually in their 50s and 60s. My work focuses on [home modifications / fall prevention / care coordination].
>
> When you write for me: use plain language at about a seventh-grade reading level. Be warm but not sentimental. No hype, no exclamation points. Never invent statistics, codes, or clinical guidance — if you're unsure, say so and tell me to verify.

☐ Save. You never have to explain yourself again.

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# THE 7 USES

### ☐ 1. Rehearse the conversation you're dreading

> I want you to role-play with me. You are the 55-year-old daughter of my client. Your mother is 84, lives alone, and has fallen twice. I've recommended $6,000 of bathroom modifications. You think it's too expensive and you don't think she needs it yet. Be skeptical and a little defensive, the way a real person would be. Stay in character. I'll start.

**Then — don't skip this part:**

> Okay, step out of character. What did I handle well, and where did I lose you?

*Swap in any difficult person: the resistant parent, the out-of-state son, the client who ghosted you after the estimate.*

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### ☐ 2. Take a picture of the room

Tap the photo icon. Upload your phone picture.

> I'm an aging-in-place specialist. Looking at this bathroom, what fall risks do you see? Organize them by how urgent they are. Also tell me what you can't determine from a photo that I should check in person.

**Second set of eyes only. Never a replacement for your assessment.**

**Bonus — same photo, finished job:**

> Describe the safety improvements in this photo in plain, non-technical language a family member would understand.

*That paragraph goes straight into your next proposal.*

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### ☐ 3. Talk to it in the truck

Tap the voice icon. Talk like you're on the phone.

> I just finished a home assessment. I'm going to talk through what I saw. Don't interrupt me — just listen. When I'm done, organize it into: safety concerns, recommended modifications, and questions I still need answered.

Then ramble. Your notes are written before you pull into your own driveway.

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### ☐ 4. Ask it to reject your referral pitch

> You are a hospital discharge planner. You are overwhelmed, you have twelve discharges today, and you already have two contractors you trust. I'm going to give you my pitch for why you should refer to me. Tear it apart. Tell me honestly why you'd ignore this, and what would actually make you pay attention.

Then paste your current email, elevator pitch, or one-pager.

*Run it again as an OT. A realtor. A senior move manager. A skeptical adult child.*

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### ☐ 5. Translate your expertise into family language

> Rewrite this for a 55-year-old daughter with no medical or construction background. Seventh-grade reading level. Warm, not clinical. Don't dumb it down or talk down to her — just make it human. Keep it under 150 words.

**Then flip it:**

> Here's what I plan to tell this family. What will they misunderstand? What are they likely to worry about that I haven't addressed?

*The objection you didn't see coming is the one that kills the project.*

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### ☐ 6. Ask what you're missing

> Here's the situation: [describe it — no names or identifying details]. Here's what I'm recommending: [list it]. What am I missing? What would a different kind of professional — an OT, a contractor, a geriatric care manager, a fall prevention specialist — flag that I might not be thinking about?

*You won't agree with everything. About one time in five, it names something real. The lighting. The medication side effect. The 80-year-old spouse who's doing all the caregiving. The dog.*

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### ☐ 7. Stop starting over

You already did this one — see **Set It Up Once** above. ✓

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**NEVER**

☐ Never paste client names, addresses, or medical information

☐ Never upload photos showing faces, house numbers, or mail

☐ Never use it as your code book or clinical reference

☐ Never send anything you haven't read and edited yourself

☐ Never let it write in a voice that isn't yours — you'll lose the trust you built

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**THIS WEEK — PICK ONE**

Don't try all seven. You'll do none of them.

**Start with #1.** Pick the conversation you're least looking forward to this month. Spend ten minutes rehearsing it.

**My one thing this week is:** _____

**I'll do it on (day):** _____

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*You are still the professional. This makes you faster. It does not make you right.*

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