



BEST OF
**CAREGIVING
RESOURCES
GUIDE**

Savvy Caregiving  SM
FOR BOOMERS

"Best of" Caregiving Forms and Checklists

1. [Caregiving Decision Questionnaire](#)*
 - *Questions designed to help the caregiver work through the options.*
2. [Activity Levels Assessment](#)**
 - *Key checkpoints to determine level of care needed*
3. [Signs of Difficulty Managing Finances](#)**
 - *Clarify if your loved one needs help with finances*
4. [Signs of Financial Exploitation](#)**
 - *Be able to stop senior abuse early on*
5. [Home Safety Checklist](#)**
 - *A detailed list of items that need to be taken care of for a senior to remain at home*
6. [Personal Medical History](#)*
 - *Consolidate years of health data into one handy document*
7. [Medical Contacts](#)***
 - *Keep important contacts easily available in case of emergency*
8. [Medications List and Weekly Medications Chart](#)***
 - *A way to record medications so that everyone is on the same page*
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 - *Prepare for when your loved one can no longer take care of financial and legal business*
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 - *Keep track of all the services you subscribe to*
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 - *Spell out expectations in writing, even (especially) for family*
12. [Taking Care of Myself](#)**
 - *Ensure that the caregiver is staying physically and mentally healthy*
13. [Personal Records](#)*
 - *A form to help you keep track of your loved one's personal records and other important information.*
14. [Where to Find It](#)**
 - *A helpful list to write down the locations of many tangible and digital assets*

*From the National Caregivers Library, www.caregiverslibrary.org

**From *Checklist for Family Caregivers: A Guide to Making it Manageable*, produced by the AARP and the ABA

***From the Caregiver Organizer, a companion to *How to Care for Aging Parents* by Virginia Morris

Caregiving Decision Questionnaire

A brief list of questions to help you set priorities and solve caregiving problems.

Decision-Making Questions

1. What are your caregiving goals—What do you hope to accomplish as a caregiver?

2. Describe the most pressing problem in your caregiving role. What is most stressful to you as a caregiver? How does it prevent you from achieving your goals?

3. What are your options to help resolve your problem or ease the stress? Is the situation one you can change? What assistance is available? Brainstorm for options with family or other caregivers.

4. List your options at the bottom of this page. What are the advantages and disadvantages of each option?

5. Select one option, and develop a plan of action. What is your plan? What barriers to success do you see, and what resources can you draw on to help you overcome those?

6. Try the option for a specific period, such as one week. Evaluate your decision after the test period. How well is the option you chose helping you acheive your goals? If necessary, readjust your plan. Go through the points above again, and try a new solution.

NOTES:

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Adapted from *Elder Care Choices and Decisions: Caring For the Caregiver*, B3603-5, produced by the University of Wisconsin-Extension Cooperative Extension Services in conjunction with the United States Department of Agriculture.



For additional tools for caregiving or aging, visit www.CaregiversLibrary.org

Activity Levels

Activity	Can Do Independently	Needs Some Help	Needs Help
Get in and out of shower/tub			
Shave			
Wash hair			
Style hair			
Dress			
Brush teeth			
Trim fingernails			
Trim toenails			
Toilet			
Control bladder			
Manage incontinence			
Prepare meals			
Grocery shop			
Feed self			
Select appropriate foods			
Chew			
Swallow			
Make medical appointments			
Get to appointments			
Schedule tests			
Follow doctor's instructions			
Take medications on time/correct dosage			
React to an emergency			
Communicate needs			
Get into/out of a chair			
Get into/out of a bed			
Drive			

Activity	Can Do Independently	Needs Some Help	Needs Help
Use public transportation			
Do household chores			
Use checkbook			
Use ATM			
Manage personal expenses			
Manage investments			
Use telephone			
Use computer			
Use personal emergency response unit			
Take care of pets			
Stay safe from falls			

Signs of Difficulties Managing Finances

- ☐ I have observed the following difficulties managing finances:
 - ☐ Unopened mail
 - ☐ Late payment of bills
 - ☐ Repeat payments of bills
 - ☐ Unusual spending patterns
 - ☐ Mounting credit card debt
 - ☐ Calls from debt collection agencies
 - ☐ Utility shutoff
 - ☐ Foreclosure or eviction notice
 - ☐ Confusion about how to interpret an invoice, statement, or letter
 - ☐ Inability to write checks
 - ☐ Difficulty balancing checking account
 - ☐ Stress and confusion over paperwork
 - ☐ Disorganization of paperwork
 - ☐ Loss of ability to manage email or computer
 - ☐ Excessive telemarketing callers
 - ☐ Victimized by scammer
 - ☐ Multiple payments to charities
 - ☐ Trinkets and prizes
 - ☐ Sweepstakes mail

Signs of Financial Exploitation

- ☐ I have observed the following signs of possible financial exploitation:
 - ☐ Excessive telemarketing callers
 - ☐ Multiple payments to charities
 - ☐ Significant change in spending pattern
 - ☐ Unusual activity in bank accounts
 - ☐ Financial transactions that can't be explained
 - ☐ Use of credit card or ATM card by others
 - ☐ Bank statements no longer being received
 - ☐ Checks made out to cash
 - ☐ Wire transfers to nonfamily members
 - ☐ New "best friend"
 - ☐ Exclusion from usual circle of friends or social activities
 - ☐ Someone new making financial transactions or decisions
 - ☐ Missing money or property
 - ☐ Change in names on bank accounts, deeds
 - ☐ Change in power of attorney or will
 - ☐ Change in beneficiaries on life insurance, retirement accounts
 - ☐ Suspicious signatures on checks or documents

Home Safety

Steps, Stairways, and Walkways

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are they in good shape? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do they have a smooth, safe surface? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there handrails on both sides of the stairway? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there light switches at the top and bottom of the stairs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there grasping space for both knuckles and fingers on railings? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the stair treads deep enough for your whole foot? |
| <input type="checkbox"/> | <input type="checkbox"/> | Would a ramp be feasible in any of these areas if it became necessary? |

Floor Surfaces

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the surface safe? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the surface nonslip? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there any throw rugs or doormats that might slip underfoot? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is carpeting loose or torn? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there changes in floor levels? |
| <input type="checkbox"/> | <input type="checkbox"/> | If so, are they obvious or well marked? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have to step over any electric, telephone, or extension cords? |

Driveway and Garage

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is there always space to park? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is it convenient to the entrance? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the garage door open automatically? |

Windows and Doors

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are windows and doors easy to open and close? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are locks sturdy and easy to operate? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do doorways accommodate a walker or wheelchair? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can you walk through the doorways easily? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there space to maneuver while opening and closing doors? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the front door have a view panel or peephole at the correct height? |

Appliances, Kitchen, and Bath

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is the room arranged safely and conveniently?
<input type="checkbox"/>	<input type="checkbox"/>	Do the oven and refrigerator open easily?
<input type="checkbox"/>	<input type="checkbox"/>	Are stove controls clearly marked and easy to use?
<input type="checkbox"/>	<input type="checkbox"/>	Is the counter the correct height and depth?
<input type="checkbox"/>	<input type="checkbox"/>	Can you work sitting down?
<input type="checkbox"/>	<input type="checkbox"/>	Are cabinet doorknobs easy to use?
<input type="checkbox"/>	<input type="checkbox"/>	Are faucets easy to use?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a handheld shower head?
<input type="checkbox"/>	<input type="checkbox"/>	Are the items you use often on high shelves?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a step stool with handles?
<input type="checkbox"/>	<input type="checkbox"/>	Can you easily get into and out of the tub or shower?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a bath or shower seat?
<input type="checkbox"/>	<input type="checkbox"/>	Are there grab bars where needed?
<input type="checkbox"/>	<input type="checkbox"/>	Is the water heater regulated to prevent scalding or burning?

Lighting and Ventilation

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Are there enough lights, and are they bright enough?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have night lights where needed?
<input type="checkbox"/>	<input type="checkbox"/>	Is area well ventilated?

Electrical Outlets, Switches, and Alarms

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Can you turn switches on and off easily?
<input type="checkbox"/>	<input type="checkbox"/>	Are outlets properly grounded to prevent a shock?
<input type="checkbox"/>	<input type="checkbox"/>	Are extension cords in good shape?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have smoke detectors in all key areas?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have an alarm system?
<input type="checkbox"/>	<input type="checkbox"/>	Do you use a personal emergency response system?
<input type="checkbox"/>	<input type="checkbox"/>	Is the telephone readily available for emergencies?
<input type="checkbox"/>	<input type="checkbox"/>	Does the telephone have volume control?
<input type="checkbox"/>	<input type="checkbox"/>	Can you hear the doorbell ring throughout the entire house?

Making a Personal Medical History Chart

A sample chart to help you document your loved one's medical history.

In addition to the doctor's medical history chart, a personal health history is an excellent resource, as it provides a consolidated history of all medical care and conditions over a stated period of years. Doctors find this information especially useful—even critical—when prescribing drugs or preparing treatment plans. It can alert them to any complications that might exist based on previous conditions or medications.

Your Loved One's Personal Health History

Use this form to keep track of your loved one's health history. Print out a copy and take it with you to your doctor appointments to help keep your doctor up to date

Full Name:

Date of Birth:

I was in the hospital for (list conditions):	Date

I have had these surgeries:	Date

I have had these injuries/conditions/illnesses:	Date

I have these allergies:	Date

I have had these immunizations(shots):

Suggested age Date(s) received

Influenza Every year starting at age 65 _____

Pneumococcal Once at age 65 _____

Tetanus (Td) Every 10 years _____

I take the following medicines/supplements:

My family members (parents, brothers, sisters and grandparents) have/had these major conditions:

I see these health care providers: (List provider's name and condition treated.)

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Adapted from materials developed by the National Institutes of Health.

For additional tools for caregiving or aging, visit www.CaregiversLibrary.org

Medical Contacts

PRIMARY PHYSICIAN _____

Address _____ Email _____

Phone _____ Second phone _____

PHYSICIAN _____

Address _____ Email _____

Phone _____ Second phone _____

PHYSICIAN _____

Address _____ Email _____

Phone _____ Second phone _____

DENTIST _____

Address _____ Email _____

Phone _____ Second phone _____

PHYSICAL / OCCUPATIONAL THERAPIST _____

Address _____ Email _____

Phone _____ Second phone _____

PHARMACY _____

Address _____

Phone _____

HOSPITAL _____

Address _____

Phone _____

OTHER _____

Address _____

Phone _____

Medications List

Keep track of all your parent's medications (including over-the-counter drugs and supplements). Update this list any time prescriptions change.

DRUG <small>(brand and generic)</small> DESCRIPTION <small>(ex.: white, oval)</small>	START / END DATES	PURPOSE	DOSE / INSTRUCTIONS <small>(ex.: 10 mg, 3x/day, with food)</small>	PRESCRIBING DOCTOR / PHONE

Weekly Medications Chart

When multiple medications and/or multiple caregivers are involved, it's wise to have people check off when each pill is taken so there are no mix-ups.

Drug: _____	TIME	SUN	MON	TUES	WED	THU	FRI	SAT
Dose: _____								
Instructions: _____								

Drug: _____	TIME	SUN	MON	TUES	WED	THU	FRI	SAT
Dose: _____								
Instructions: _____								

Drug: _____	TIME	SUN	MON	TUES	WED	THU	FRI	SAT
Dose: _____								
Instructions: _____								

Drug: _____	TIME	SUN	MON	TUES	WED	THU	FRI	SAT
Dose: _____								
Instructions: _____								

Drug: _____	TIME	SUN	MON	TUES	WED	THU	FRI	SAT
Dose: _____								
Instructions: _____								

Drug: _____	TIME	SUN	MON	TUES	WED	THU	FRI	SAT
Dose: _____								
Instructions: _____								

Drug: _____	TIME	SUN	MON	TUES	WED	THU	FRI	SAT
Dose: _____								
Instructions: _____								

Financial/Legal Contacts

Account information and passwords are extremely private, so store this in a safe place.

PRIMARY BANK _____

Contact _____ Phone _____

Account #/description _____

Website _____ Login/password _____

SECONDARY BANK _____

Contact _____ Phone _____

Account #/description _____

Website _____ Login/password _____

ACCOUNTANT _____

Firm _____ Phone _____

Email _____

LAWYER _____

Firm _____ Phone _____

Email _____

FINANCIAL ADVISOR _____

Firm _____ Phone _____

Email _____

INSURANCE AGENT _____

Firm _____ Phone _____

Email _____

Community Services

To find services in your parent's community, contact the area agency on aging, which you can find through the Eldercare Locator (eldercare.gov or 800-677-1116).

	PHONE / WEBSITE	CONTACT PERSON	NOTES
Area agency on aging			
Senior center			
Adult day services			
Transportation services			
Meal programs			
Chores / Home repair			
Companions / Visitors			
Home care agency			
Phone reassurance			
Geriatric care manager			
Hospice			

Family Caregiver Contract

When one family member does most of the caregiving, compensation for the work can ease family tensions and reduce stress on the primary caregiver. However, the details need to be carefully ironed out. It's wise to consult an attorney when drafting such a document, because taxes and Medicaid eligibility can be affected. This provides a starting point as you write your own agreement:

This agreement between _____ (caregiver) and _____ (family members) is effective starting on _____ (date).

The caregiver agrees to care for _____ (parent's name) during
the following days and hours: _____

The duties will include, but are not limited to [be as specific as possible]:

--

As compensation, the caregiver will receive _____

[This might be a weekly fee comensurate to what local home care agencies charge, a lump sum, or some other compensation, such as free rent or proceeds from a life insurance policy.]

Note: Compensation is considered income and is subject to taxes.]

The caregiver will get vacation and personal days as follows:_____

When a sibling steps in to provide respite, he or she will not be paid, as assisting temporarily is a filial duty and not a full-time arrangement. If the caregiver is sick, the backup plan is _____

We, the other siblings and family members, understand that compensation is the right thing to do and we fully support it. We bear no grudges or reluctance in endorsing this agreement. We will continue to help our parent and the primary caregiver in any way we can.

Signed by:

_____(date)_____
_____(date)_____
_____(date)_____
_____(date)_____

Taking Care of Myself

All the time	Never	Needs work	
			I eat healthfully
			I sleep enough
			I get adequate exercise
			I take breaks
			I pursue my hobbies
			I have a network of friends and family I can rely on
			I have people I can talk to
			I take time to have fun
			I ask for help when I need to
			I take steps to manage stress and difficult emotions
			I'm gentle with myself when things go wrong
			I recognize what I can't or don't have time to do
			My finances are in order
			I get annual physicals
			I visit the dentist twice a year
			My employer knows about my caregiving responsibilities

Personal Records

A form to help you keep track of your loved one's personal records and other important information.

Personal Records and Important Documents of

(your loved one's name)

Last Will and Testament

Location: _____
 Attorney's name/Phone No.: _____

Doctors:

Primary Care-Name/Phone No.: _____

Other Specialists:

Name/Phone No.: _____
 Name/Phone No.: _____

Social Security Number:

Contact regarding information and benefits: _____

Insurance Policies:

Location: _____

Name of Ins Co.	Phone No.	Policy No.	Beneficiary	Value

Burial Policy/Funeral Plan.

Location: _____
 Contact/Phone No.: _____

Cemetery Property

Ownership certificate location: _____

Birth Certificate

Location: _____
 Name on Certificate: _____
 Date of Birth: _____ City/County: _____ State: _____
 Father's Name: _____
 Mother's Name: _____

Marriage License

Location: _____

Wedding: _____ City/County: _____ State _____

Divorce Records

Location: _____
Attorney's _____
Name/Phone: _____

Military Records

Location: _____
Military ID No.: _____ Veterans Benefits/Info.: _____
Military Retirement Benefits
(Branch of Military Contact Phone No.): _____

Assets:**Checking, Savings, CD Accounts**

	Account Number	Name on Account	Branch Location
Checking			
Checking			
Savings			
Savings			
CDs			

Safe Deposit Box

Location: _____
Key Location: _____
Contents: _____

Retirement, 401(k) and/or IRA Documents

Contact/Phone No.: _____
Contact/Phone No.: _____

Investments—Stocks and Bonds

Location: _____

Deed to House/Other property and Mortgage Info

Location: _____
Mortgage Co. Name/Policy No.: _____
Contact/Phone No.: _____

Automobile Ownership

Title(s) Location: _____

Vehicle ID No.	Year	Make	Model

Other Vehicle (truck, motor home, boat)

Title(s) Location: _____

Vehicle ID No.	Year	Make	Model

Other Assets

Description: _____
Location of Important Documents: _____

Debts

Credit Cards

Location: _____

Credit Card Co.	Name on Account	Account No.	Contact Phone No.

Loans

Type of Loan	Contact Phone No.	Documents Located

Tax Records

Location: _____

Accountant's Name/Phone No.: _____

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Where to Find It

Record Type	Location
Personal history	
Academic records	
Adoption papers	
Animal care information	
Annulment decrees or judgments	
Appointment book or calendar	
Baptismal certificates	
Birth certificates	
Citizenship papers	
Driver's license	
Educational transcripts	
Employment records	
Keys to home	
Keys to other real estate	
Keys to post office box	
Keys to safe deposit box	
Keys to vehicles	
Lock combinations	
Military separation papers	
Naturalization papers	
Passport	
Photo albums	
Property settlement agreement	
Qualified domestic relations order	
Security system information	
Social Security card	
Tax returns and records	

Record Type	Location
Family history	
Adoption papers	
Birth certificates	
Family tree	
Marriage certificate	
Newspaper articles and mementos	
Photo albums	
Portraits	
Insurance policies	
Annuities	
Life	
Long-term care	
Medical	
Medicare card	
Medicare Supplemental	
Umbrella	
Vehicle	
Benefits	
401(k) agreements/statements	
403(b) agreements/statements	
Disability agreements	
IRA agreements/statements	
Keogh plan agreements/ statements	
Pension agreements	
Simplified employee pension (SEP) agreements/statements	
Social Security benefit statement	
Social Security card	

Banking and savings	
Checking account statements	
Credit union account statements	
Savings account statements	
Investments	
Brokerage account statements	
Certificates of deposit	
Savings bonds	
Real estate	
Deeds	
Home improvement records	
Leases	
Mortgages	
Reverse mortgage	
Tax records	
Time-share agreements and records	
Other assets and debts	
Business records	
Computers	
Heirlooms and collectibles	
Credit card contracts	
Jewelry appraisals	
Jewelry inventory	
Jewelry of value	
Judgments	
Loans	
Vehicle certificates of title	
Warranties	

Record Type	Location
Estate planning	
Durable power of attorney	
Trust agreement	
Will and codicils	
Final wishes	
Advance directives	
Body bequeathal papers	
Celebration of life prearrangements	
Cemetery deed	
Cremation prearrangement agreement	
Ethical will/legacy documents	
Funeral prearrangement agreement	
Health care power of attorney	
Legacy information	
Living will	
Medical records	
Obituary	
People to contact	
Pet continuing care	
Physician orders for life sustaining treatments	
Uniform organ donor card	

Safe Deposit Boxes

- ☐ The person I care for has the following safe deposit boxes:

Name of institution: _____

Phone: _____ Fax: _____

Address: _____

Email: _____ Website: _____

Box #: _____

Key location: _____

Box rent: _____

People who have access to the safe deposit box: _____

Items stored in this box:

Name of institution: _____

Phone: _____ Fax: _____

Address: _____

Email: _____ Website: _____

Box #: _____

Key location: _____

Box rent: _____

People who have access to the safe deposit box: _____

Items stored in this box:

Name of institution: _____

Phone: _____ Fax: _____

Address: _____

Email: _____ Website: _____

Box #: _____

Key location: _____

Box rent: _____

People who have access to the safe deposit box: _____

Items stored in this box:

Storage Units

- ☐ The person I care for has the following public storage units:

Storage company: _____

Address: _____

Unit #: _____

Website: _____

Username: _____ Password/PIN: _____

Monthly rent: _____ Autopay: Yes No

Location of the key or lock combination: _____

Storage company: _____

Address: _____

Unit #: _____

Website: _____

Username: _____ Password/PIN: _____

Monthly rent: _____ Autopay: Yes No

Location of the key or lock combination: _____

Storage company: _____

Address: _____

Unit #: _____

Website: _____

Username: _____ Password/PIN: _____

Monthly rent: _____ Autopay: Yes No

Location of the key or lock combination: _____

Digital Assets

☐ The person I care for has designated _____
to serve as agent to have access to digital assets.

☐ Usernames and passwords:

Facebook profile name: _____

Twitter profile name: _____

MySpace profile name: _____

Instagram profile name: _____

Computer password: _____

Smartphone password: _____

Tablet password: _____

Website: _____

Username: _____ Password: _____

Website: _____

Username: _____ Password: _____

Website: _____

Username: _____ Password: _____

Website: _____

Username: _____ Password: _____

Website: _____

Username: _____ Password: _____

Website: _____

Username: _____ Password: _____

Website: _____

Username: _____ Password: _____

Website: _____

Username: _____ Password: _____

Website: _____

Username: _____ Password: _____

Website: _____

Username: _____ Password: _____

Website: _____

Username: _____ Password: _____

Website: _____

Username: _____ Password: _____

Website: _____

Username: _____ Password: _____

Website: _____

Username: _____ Password: _____