

ElderCareResourcesUSA™



CAREGIVER INFORMATION GUIDE



INFORMATION MY LOVED ONES NEED TO KNOW ABOUT ME

Caregiver Information Guide

Caring for the people that once looked out for you is one tough job. At various times, you'll have to act as an elder advocate, financial expert, nurse, doctor, housekeeper, cook and personal assistant. In addition to all this, you're still the child to your parents.

Just remember to take care of yourself first and maintain your sense of humor, and remember you're not alone. Nearly one in four American households includes someone who provides care for an aging parent, older relative or friend. Many have discovered that having a plan in place before its needed makes everything easier. If you wait for a crisis to force a quick decision, your options may be limited.

You might want to seek assistance from a case manager, referral service or similar professionals. It's best if your care recipient participated in development of a plan, maintaining as much control as feasible. The goal is for your care recipient to remain as independent as possible for as long as possible.

It's also a good idea to include other members of your family in the planning process. Doing so will help to avoid communication problems and conflicts later. Family conferences are the place to emphasize the need for flexibility, cooperation and shared responsibility.

Needs Assessment

The first step in developing an effective eldercare plan is determining the scope of the needs of the care recipient. Keep in mind that needs assessment is not a one-time deal; the situation is bound to change.

Professional help is available from case or care managers, who visit with you and the care recipient, help assess the need for outside services, and then recommend appropriate services. The best professionals can answer questions ranging from the effects of disease to insurance payments. Some case managers also make the initial contact with providers, coordinate services, monitor them periodically, and provide counseling. Fees vary.

Planning for Care

Once the care recipient's needs are assessed, it's time to look at options available to meet those needs. Talk with family members and close friends about what they might be able to contribute toward the care giving effort: time, skills, space, equipment, money and moral support.

You can't do it alone; no one can. It's important to define the tasks and agree upon them in advance to avoid difficulties later. Perhaps one person can prepare meals, one can do the yard work, one can provide beauty treatments and manicures, and another can provide transportation. Other tasks you might want to divvy up: making home repairs, cleaning the house, paying bills, balancing the checkbook, coordinating healthcare, and filling out tax forms.

Someone needs to gather basic information on the care recipient, as healthcare professionals will need this information. Include the Social Security number, Medicare ID number, insurance policies and numbers, doctors' names and numbers, medications, allergies, family medical history, and lifestyle information (smoking, caffeine, alcohol, and sleep patterns). Keep the information handy in a wallet or on the refrigerator door. *(A helpful questionnaire is included)*

Once family and friends choose their responsibilities, you can tap into community resources to fill the eldercare gaps.

Support Groups

Besides the practical help, you will need all the emotional support you can muster. Caregiver support groups are an ideal place to share your concerns and feelings with others who understand and can offer solution options and moral support.

How do you get Mom to go for a thorough examination when she refuses, because she doesn't see a problem? How do you convince your parent to give up driving? What if Dad insists he doesn't need a wheelchair when he falls at least once a day? What if parents won't share their personal financial matters? Getting parents to realize their increasing physical and mental limitations is a particularly thorny problem for families.

Care giving is stressful and probably one of the most difficult jobs you've ever had. The common desire to do everything you can for your loved one often leads to physical and emotional exhaustion. Financial and social stresses also take their toll. It's imperative that you take good care of yourself or you'll become ill and unable to provide help.

Most support groups are free or low cost and are led by a healthcare professional. Caregivers also can call information and assistance hotlines sponsored by local hospitals and nonprofits.

Assisted Living Choices

Even with your best efforts to manage the care for an aging or disabled relative there may come a time when Mom's care needs increase and you need to consider moving her to an assisted living, memory care, or skilled nursing facility. The responsibility of 24 hour care may be more than you and your family members can manage. If this situation occurs case and care managers, attorneys, moving specialist and other professionals are available to assist you in choosing and relocating your parent to an appropriate care facility.

Remember, though it might not always feel like it, providing care for an aging parent can be extremely rewarding. It can bring you closer than you've ever been before. So, cherish the moments of joy. And don't forget to laugh with your loved one, for without laughter, aging is no laughing matter.

This document is provided as a public service for older adults, persons with disabilities, and their caregivers by **ElderCareResourcesUSA™**

Date Completed:				Date Updated:			
By:				Relationship:			
My Legal Residence							
City:			State:			Zip:	
Home Phone:				Mobile Phone:			
The person who has access to my important papers is:				My important papers are located here:			
Name:				Safe Deposit Box #			
Home Phone:				Bank/Branch:			
Mobile Phone:				Key Location:			
Street Address:				Authorized signer(s)			
City/ State/Zip:				Other Location:			
PERSONAL DATA							
(This information is required for insurance purposes, social security, pensions and in other case where legal proof of age, relationships or birthplace are required)							
Birth date:				PARENTS			
City:		State:		Father:			
County:				Date of Birth:		Date of Death:	
My birth certificate is located here:				Burial Site:			
				Mother:			
If a citizen of another country				Date of Birth:		Date of Death:	
Country:				Burial Site:			
Date entered USA:							
Citizenship papers are located here:							

MARRIAGE				CHILDREN			
(If married more than once use additional page)				List name (maiden name) and birthdates			
I am currently married <input type="checkbox"/> Yes <input type="checkbox"/> No				1.)			
Spouse name:				2.)			
Date from:		Date to:		3.)			
Place:				4.)			
Marriage records located at:				5.)			
				6.)			
If Widowed							
Deceased's name				LEGAL INFORMATION			
Date of death:				My attorney is:			
If Divorced or Separated:				Phone number:			
<input type="checkbox"/> I was divorced <input type="checkbox"/> I was legally separated				Power of Attorney is:			
Name of partner:							
Date of marriage:				Healthcare Power of Attorney is:			
Date of dissolution:							
City:		State:		My Legal Guardian is:			
MY PERSONAL POCESSIONS							
CHECKING AND SAVINGS				Name on savings account			
Bank & Location				1.)		2.)	
Names on checking account				Name of POA or person authorized to sign checks:			
1.)							
2.)				Additional account information (intuition, type and name(s) on account:			
Person who has account number:				1.)			
				2.)			

REAL ESTATE		Broker contact information:	
(if more than one attach information)		Name:	
Own Real Estate <input type="checkbox"/> Yes <input type="checkbox"/> No		Firm:	
Co-owner :	Phone:	Phone:	
Address (if not the same as your residence)		I have these securities pledged for loans:	
Mortgage is held by:		Information on these loans can be found here:	
Taxes are paid on this property until:		CAR(S) make, model, year	
The deed, tax, and mortgage documents are located:			
		Location of car titles:	
STOCKS and BONDS and ANNUITIES		1.)	
<input type="checkbox"/> I do <input type="checkbox"/> do not own stocks and/or bonds		2.)	
An updated list of all my stocks/bonds and their numbers and beneficiaries can be found here:			
		JOINT OWNERSHIP	
Certificates are located here:		<input type="checkbox"/> I do <input type="checkbox"/> do not Own any property or businesses jointly	
		If so, partner information can be found here:	
<input type="checkbox"/> I do <input type="checkbox"/> do not have a brokerage account			
LIFE INSURANCE		My principal insurance broker is:	
<input type="checkbox"/> I do <input type="checkbox"/> I do not have life insurance on			
		Phone:	
Complete itemized list and policies can be found		<input type="checkbox"/> I do <input type="checkbox"/> I do not have annuities	
		Location of my annuity contracts:	

MEDICAL and LONG TERM INSURANCE		TRUST FUNDS	
Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part D <input type="checkbox"/>			
HMO Policy :		Lawyer who drew up trust:	
Primary Physician:			
Phone:		Phone:	
Additional medical, long-term care, supplemental or corporate insurance policies:		Trust agreement located:	
Location insurance policies:			
MY PERSONAL PROPERTY		CREDIT CARDS	
My personal property are itemized and assigned in my will.		Card company (Visa, MC, Discover) and last four digits of card number:	
		1.)	
		2.)	
MISCELLANEOUS ASSETS		3.)	
I have these additional assets:			
<input type="checkbox"/> Fraternal ad benevolent memberships		TAX RECORDS	
<input type="checkbox"/> Royalty rights or patents		Copies of my tax record are located at:	
<input type="checkbox"/> Debts owed to me			
<input type="checkbox"/> Others:		Tax Preparer:	
		Phone:	
You can find documents pertaining to these here:		RELIGIOUS AFFLIATION	
		Church or Temple:	
BURIAL		Address:	
Complete if not in will			
I wish <input type="checkbox"/> I do not wish <input type="checkbox"/> to be buried			

I do <input type="checkbox"/> do not <input type="checkbox"/> own a burial plot		Clergy member:	
		Phone:	
Cemetery name:			
Location of deed:		If not a church member who would you like to officiate over your funeral service:	
There is <input type="checkbox"/> is not <input type="checkbox"/> provision for perpetual care			
I prefer to be buried here (if no contract)		Favorite prayer, scripture, and /or poem etc:	
I wish for cremation or other disposition of my body. Specify:		Favorite hymn or spiritual song:	
MILITARY SERVICE (if applicable)		FINANCIAL MATTERS	
Branch of Service:		EMPLOYMENT	
Discharge Date:		My present/ former employer is:	
Highest Rank/Grade:			
Military Serial Number:		Address:	
Veterans Claim Number:		Phone:	
Service connected disabilities and percentage:		Fax/ Email:	
		Supervisor:	
Describe how / where injury occurred:		Social Security Card location:	
1.)			
		I am eligible for the following (include information) pension, profit sharing, or benefit plans:	
2.)			
		Union <input type="checkbox"/> member <input type="checkbox"/> non-member	
Military discharge papers are located:		Union name and contact information:	

MY WILL	
My will is the document that assures that when I die my property is distributed as I wish—otherwise the state will do so according to state laws. Please be sure that my last will (and any revisions) are honored.	
Original executed copy of my will and any revision is located:	I have a “Living Will”
	<input type="checkbox"/> Yes <input type="checkbox"/> No
The attorney who drew up the will is:	If so, the will is located at:
Name:	
City:	
Phone:	
Name of Executor:	I have a Durable Power of Attorney (Financial)
	If so, it is located here:
Phone:	
Witnesses to Will:	The Attorney who drew up the document is:
1.)	
Phone:	Phone:
2.)	
Phone:	
	I have a Durable Power of Attorney for Healthcare
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, copies are located here:

Names and phone numbers of people not mentioned before to contact should I become seriously ill:		Personal Notes
1.)		
2.)		
3.)		
4.)		
5.)		
6.)		
7.)		
8.)		
9.)		
10.)		
Please do not contact:		
1.)		
2.)		
3.)		