

# MY CAREGIVING PLAN

*Customizable Resource to Begin Developing a Comprehensive Plan*

## How to Use this Resource:

*Complete the worksheets in this plan to begin organizing your family's information, establishing your support team, and knowing your goals and priorities to move forward. Consider creating a folder or binder with this and other information that would be helpful when working on your loved one's needs or discussing their care with health professionals and service providers. Caregivers can complete on behalf of their loved one and are encouraged to involve them in the process.*

## Further Assistance:

*You are not alone on your caregiving journey. If you need support, please explore the services available through JABA at [jabacares.org](http://jabacares.org) You may also call our **Senior Helpline** (434-817-5244 or toll-free 833-559-2428) for further information about services within JABA and the community. Refer to an **Aging Services Coordinator** who can assist in facilitating these discussions with your loved one.*



NAME \_\_\_\_\_

DATE \_\_\_\_\_

## EVALUATE LOVED ONE'S GOALS & NEEDS

GOALS	STRENGTHS
<input type="checkbox"/> Remain healthy and active	<input type="checkbox"/> Advocate for self
<input type="checkbox"/> Stay/move near family	<input type="checkbox"/> Savings and/or income
<input type="checkbox"/> Remain in home as long as possible	<input type="checkbox"/> Low-maintenance single-story home
<input type="checkbox"/> Stay active with religious or community groups	<input type="checkbox"/> Family and friends nearby
<input type="checkbox"/> Maintain hobbies	<input type="checkbox"/> Relationships with family
<input type="checkbox"/> Be around people	<input type="checkbox"/> Access to services
<input type="checkbox"/> Move to a residence with support services	<input type="checkbox"/> Overall health
<input type="checkbox"/> Move to a more accessible home (one story or apt with elevator)	<input type="checkbox"/> Other:
<input type="checkbox"/> Financially secure and/or budget for future needs	<input type="checkbox"/> Other:
<input type="checkbox"/> Travel/visit relatives	<input type="checkbox"/> Other:
<input type="checkbox"/> Identify physician/gerontologist	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

## OTHER NOTES

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## NEED ASSESSMENT & SUPPORT PERSON

AREA OF NEED	TYPES OF TASKS	POINT PERSON
<b>Financial Affairs</b>	<input type="checkbox"/> Pay rent/mortgage	
	<input type="checkbox"/> Paying bills	
	<input type="checkbox"/> Keeping track of financial records	
	<input type="checkbox"/> Managing assets	
	<input type="checkbox"/> Applying for and supervising public benefits	
<b>Home Maintenance and Living Situation</b>	<input type="checkbox"/> Home repairs/modifications	
	<input type="checkbox"/> Ongoing maintenance	
	<input type="checkbox"/> Safety concerns	
	<input type="checkbox"/> Grocery shopping & meal preparation	
	<input type="checkbox"/> Lawn care	
	<input type="checkbox"/> Pet care	
	<input type="checkbox"/> Housekeeping	
	<input type="checkbox"/> Research alternative living situations	
	<input type="checkbox"/> Other:	
<b>Transportation Needs</b>	<input type="checkbox"/> Driving directions	
	<input type="checkbox"/> Coordinating rides	

<b>Transportation Cont.</b>	<input type="checkbox"/> Locating transportation services	
<b>Personal Care</b>	<input type="checkbox"/> Coordinating personal care activities	
	<input type="checkbox"/> Help with daily grooming and dressing	
	<input type="checkbox"/> Rides to hair stylist	
<b>Health Care</b>	<input type="checkbox"/> Monitor and record physical and emotional symptoms	
	<input type="checkbox"/> Arrange medical appointments, transportation, and someone to accompany as needed	
	<input type="checkbox"/> Submit medical insurance and bills	
	<input type="checkbox"/> Explain medical decisions	
	<input type="checkbox"/> Medication management (fill prescriptions, fill pill boxes, give reminders and dispense medications)	
	<input type="checkbox"/> Preform medical tasks (wound care, injections, and catheter)	
	<input type="checkbox"/> Obtain medical bracelet and/or medical alert system if needed	
<b>Communications</b>	<input type="checkbox"/> Keeping family caregiving team informed	
	<input type="checkbox"/> Coordinating team visits	
	<input type="checkbox"/> Daily check-in	
	<input type="checkbox"/> Obtain cell phone and/or internet to enhance communication	
<b>Socialization</b>	<input type="checkbox"/> Arranging for visitors	
	<input type="checkbox"/> Arranging outings	
	<input type="checkbox"/> Arranging socialization services from JABA like Community Senior Centers, Respite & Enrichment Centers, or volunteer callers.	



# LOVED ONE'S HEALTH INFORMATION & SUPPORT PERSON

ITEM	WHERE IS IT KEPT? <i>(attach copy of documents)</i>	CONTACT NAME
<b>Medicare Original or Medicare Advantage</b> (Company Name):		
ID Number:		
<b>Medicare Prescription Drug Coverage</b> (Company Name):		
ID Number: <i>(does not apply to an Advantage plan with drug coverage)</i>		
<b>Other Health Insurance Policy</b> (Medigap):		
Company:		
Premium:		
Payment Schedule:		
<b>Veterans Health System</b>		
ID Number:		
<b>Do Not Resuscitate (DNR) Order:</b> <i>(If applicable)</i>		
<b>Physician Orders for Life-Sustaining Treatment (POLST) form</b> – if available in your state:		
<b>Living Will/Advanced Directives:</b>		
<b>Durable Power of Attorney for Health Care:</b>		
<b>Other:</b>		
<b>Other:</b>		

## LOVED ONE'S PERSONAL INFORMATION

PERSONAL INFORMATION	WHERE IT'S KEPT <i>(attach copy of the documents)</i>	CONTACT NAME
<b>Social Security Card:</b>		
<b>Birth Certificate:</b>		
<b>Marriage Certificate:</b>		
<b>Death Certificate</b> (for deceased spouse):		
<b>Divorce Papers:</b>		
<b>Military Records:</b>		
Branch of Service VA ID#:		
Discharge of Papers:		
<b>Driver's License/Organ Donor Card:</b>		
<b>Passport/Citizenship Papers:</b>		
<b>Address Books</b> (names and addresses of friends and colleagues):		
<b>List of church &amp; community memberships and contact information:</b>		
<b>Info on waiting lists or contracts with retirement communities or nursing homes:</b>		
<b>Info on funeral arrangements:</b>		
<b>Info on advanced directives/end of life planning:</b>		
<b>Pet care</b> (vet, sitter, walker, etc.):		

Beautician/barber:		
Lawyer:		
Passwords*:		
Other:		

**OTHER NOTES**

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*\*For security purposes, we do not suggest you store important passwords or login information (including but not limited to banking, health records, and email passwords) in one place. Instead, you may choose to use hints or reminders where you stored passwords securely.*



# FINANCIAL INFORMATION FOR LOVED ONE & SUPPORT PERSON

ITEM	WHERE IS IT KEPT? <i>(attach copy of documents)</i>	CONTACT NAME
<b>Bank Records:</b>		
Pin number and online account clues:		
<b>Trusts:</b>		
<b>Will:</b>		
<b>Durable Power of Attorney for Finances:</b>		
<b>Any Rental Agreements or Business Contracts:</b>		
<b>Complete List of Assets &amp; Debts:</b>		
<b>List of Household Bills:</b>		
<b>Federal &amp; State Tax Returns (past 3-5 years):</b>		
Tax Preparer:		
<b>Records of Personal Loan Made to Others:</b>		
<b>Financial Planner or Broker:</b>		
<b>Life Insurance Policy(ies):</b>		
<b>Disability Insurance (long- and short-term):</b>		
<b>Long-Term Care Insurance:</b>		
<b>Safe Deposit Box(es):</b>		
Location(s):		



## LOVED ONE'S HOME MAINTENANCE CHECKLIST

HOME ITEM	WHERE IS IT KEPT? <i>(attach copy of documents)</i>	CONTACT NAME
<b>Mortgage or Rental Company Name:</b>		
Amount due:		
<b>Rental/Real Estate Agent:</b>		
<b>Gas/Electric/Water Company:</b>		
<b>Cable/Internet/Telephone:</b>		
<b>Home Security Company:</b>		
<b>Loved One's Neighbor's Contact Information:</b>		
Neighbor 1:		
Neighbor 2:		
<b>Homeowners Insurance Agent:</b>		
Insurance Policy #:		
Homeowners Premium:		
<b>Garbage Pickup Day is:</b> M T W Th F (circle)		
<b>Recycle Service Pickup Day is:</b> M T W Th F (circle)		
<b>Home Services:</b>		
Handy person:		
Lawn care:		



## TRANSPORTATION INFORMATION FOR LOVED ONE

ITEM	WHERE IS IT KEPT <i>(attach copy of documents)</i>	NOTES:
<b>Auto(s):</b>		
Make(s) & Model(s):		
Auto Loan Info:		
Title for Car(s):		
Auto Insurance Company:		
<b>Recreational Vehicles:</b>		
Title:		
Insurance:		
<b>Transportation Services</b> (such as JAUNT or cab service):		

## OTHER NOTES

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## LOVED ONE'S BENEFITS & SERVICES CHECKLIST

BENEFITS/SERVICE	NOTES
Food Assistance (Home Delivered Meals, SNAP, other)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Low Income Home Energy Assistance (LIHA)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Supplemental Security Income (SSI)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Property Tax Assistance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Extra Help Paying for Medicare Part D (prescription coverage)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Medicare Parts A, B, and D Premium Support?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Medicaid (help with long-term care and medical care) <b>Number &amp; ID Card?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Transportation Assistance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
JABA Aging Services Coordinator?	<input type="checkbox"/> YES <input type="checkbox"/> NO

### OTHER NOTES

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## MEDICATION CHART FOR LOVED ONE

PRESCRIPTION NAME	STRENGTH	DOSAGE	WARNINGS/INSTRUCTIONS

*If you need additional pages, consider printing a second copy of this page, attaching another page, or writing on the back of this page.*





