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THE COMPLETE CAREGIVER WORKBOOK

CAREGIVER SUPPORT

CAREGIVER'S JOURNAL

Tips for setting up a notebook to keep track of your caregiving situation.

This can be a notebook, three-ring binder, journal, or online location where you record information, monitor changes, and keep track of important contacts. Photocopy this information and distribute it to other key family members or share online access. This will save time and reduce risks in the event of an emergency. It will also provide someone else with a caregiving “blueprint” to follow if they fill in for you.

Other information that might go into this workbook:

- ▶ A list of informal support networks, such as a neighbor who runs errands or a youth who shovels snow and chops wood.
- ▶ An informal draft of your action plan, or record of a family discussion.
- ▶ Services or support your loved one says he or she needs or wants.
- ▶ A list of your needs as a caregiver. This will give you something easy and specific to refer to when someone asks, “What can I do to help?”
- ▶ Any obligations that compete for your time and resources.
- ▶ Your goals as a caregiver. What do you hope to accomplish?
- ▶ A list of situations that need attention or changing.
- ▶ A plan for maintaining your own physical, mental, and financial well-being.

Notes

Notes

CAREGIVER'S DOCUMENT ORGANIZER

A form that will help you identify, locate, and organize the important documents you will need as a primary caregiver. Check "yes" or "no" to indicate whether or not you can put your hands on the document if applicable. For every "no" (or if you know the particular document needs to be updated), write its name on a to-do list and work to locate, create, or revise these important papers.

Personal Records

Your loved one's current name:

Maiden or other names:

Health Care

YES <input type="checkbox"/>	NO <input type="checkbox"/>	PERSONAL MEDICAL INFORMATION AND HEALTH HISTORY
<i>This includes a list of the names and numbers of doctors, a summary of the care recipient's medical history, and information about the health of immediate family members.</i>		
Document Location:		
Doctor's Name/Phone:		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	LIST OF CURRENT MEDICATIONS
<i>For each medication, include the name, dosage, frequency and time of day, special instructions, prescription number, and physician.</i>		
Document Location:		
Pharmacy Name/Phone:		

Identification

YES <input type="checkbox"/>	NO <input type="checkbox"/>	IDENTIFICATION RECORDS FOLDER
<p><i>Identification numbers should be guarded and given out only when the situation demands it. However, there may be circumstances when the primary caregiver must have proof of the care recipient's identity. Gather photocopies of the following documents if applicable in a single protected location.</i></p>		
Folder Location:		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	SOCIAL SECURITY CARD
Number:		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	DRIVER LICENSE
Number:		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	BIRTH CERTIFICATE
YES <input type="checkbox"/>	NO <input type="checkbox"/>	MARRIAGE LICENSE(S)
YES <input type="checkbox"/>	NO <input type="checkbox"/>	DIVORCE RECORD(S)
YES <input type="checkbox"/>	NO <input type="checkbox"/>	SPOUSE'S DEATH CERTIFICATE
YES <input type="checkbox"/>	NO <input type="checkbox"/>	ADOPTION CERTIFICATE
YES <input type="checkbox"/>	NO <input type="checkbox"/>	NATURALIZATION PAPERS

Military Records

YES <input type="checkbox"/>	NO <input type="checkbox"/>	MILITARY RECORDS
Military ID Number:		
Discharge Certificate:		
Location of Documents:		

Financial

YES <input type="checkbox"/>	NO <input type="checkbox"/>	FINANCIAL ASSETS INVENTORY
<i>This is a master list of the care recipient's assets showing account number and type, the name and location of the financial institution, and the contact names and phone numbers. This inventory should also account for property owned and any sources of income due the care recipient.</i>		
Inventory Location:		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	CHECKING ACCOUNTS
<i>These may be held by banks, credit unions, or brokerage houses and can take the form of standard checking or Money Market accounts.</i>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	SAVINGS INSTRUMENTS
<i>There are multiple types of savings instruments including regular savings accounts, Certificates of Deposit, and savings bonds.</i>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	INVESTMENTS
<i>Investment vehicles include publicly traded stocks and bonds, shares of mutual funds, IRAs, Keogh plans, and 401-k plans.</i>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	SOURCES OF REVENUE
<i>The care recipient may have funds coming from wages, a retirement plan, Social Security, pension plans, annuity contracts, military retirement benefits, other government programs, tax refunds, insurance claims or settlements, and the like.</i>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	REAL ESTATE OWNED
<i>Includes independent or joint ownership of a primary or secondary residence, vacation property (or time share), real property, or vacant land.</i>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	PERSONAL PROPERTY OWNED
<i>Includes automobiles or other vehicles, antiques and collections, and jewelry.</i>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	INVENTORY OF MONEY OWED
<i>This is a master listing of the care recipient's debts showing the account number, the name and location of the financial institution, and a contact name and phone number. A checklist of items that go into this inventory includes:</i>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	MORTGAGES
YES <input type="checkbox"/>	NO <input type="checkbox"/>	HOME EQUITY LOANS

YES <input type="checkbox"/>	NO <input type="checkbox"/>	AUTOMOBILE LOANS OR LEASES
YES <input type="checkbox"/>	NO <input type="checkbox"/>	OTHER SECURED LOANS
YES <input type="checkbox"/>	NO <input type="checkbox"/>	BUSINESS LOANS (IF SELF-EMPLOYED)
YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNSECURED LOANS
YES <input type="checkbox"/>	NO <input type="checkbox"/>	CREDIT CARD DEBT
YES <input type="checkbox"/>	NO <input type="checkbox"/>	DEED TO HOUSE/OTHER PROPERTY

Document Location:

YES <input type="checkbox"/>	NO <input type="checkbox"/>	AUTOMOBILE TITLE(S)
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Document Location:

YES <input type="checkbox"/>	NO <input type="checkbox"/>	LOAN AGREEMENTS
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Document Location:

YES <input type="checkbox"/>	NO <input type="checkbox"/>	PERSONAL PROPERTY APPRAISALS (JEWELRY, ANTIQUES, COLLECTIONS)
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Document Location:

YES <input type="checkbox"/>	NO <input type="checkbox"/>	TAX RECORDS
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Document Location:

Accountant's Name/Phone:

YES <input type="checkbox"/>	NO <input type="checkbox"/>	VETERANS BENEFITS DOCUMENTATION
Document Location:		
Contact Name/Phone:		

End-Of-Life Planning

YES <input type="checkbox"/>	NO <input type="checkbox"/>	LAST WILL AND TESTAMENT AND FINAL INSTRUCTIONS
<i>Have circumstances changed? Does the care recipient want to make any revisions?</i>		
Document Location:		
Attorney's Name/Phone:		

YES <input type="checkbox"/>	NO <input type="checkbox"/>	ADVANCE MEDICAL DIRECTIVES
<i>Has the care recipient signed a living will or other medical directive?</i>		
Document Location:		

YES <input type="checkbox"/>	NO <input type="checkbox"/>	BURIAL POLICY/OWNERSHIP CERTIFICATE FOR CEMETERY
Document Location:		

Insurance

YES <input type="checkbox"/>	NO <input type="checkbox"/>	INSURANCE COVERAGE WORKSHEET
<i>This is a master list of all of the care recipient's insurance coverage information, which shows the number of each policy, the amount of coverage, the name and location of the company, contact names and phone numbers, premium amounts and due dates, and beneficiaries.</i>		
Document Location:		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	LIFE INSURANCE
<i>Includes multiple policies and different types of insurance (group, whole life, term life, universal life, etc.).</i>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	HEALTH INSURANCE
<i>Multiple sources of coverage are common, including a health insurance supplement, Medigap policy, or major medical benefits.</i>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	DISABILITY INSURANCE
YES <input type="checkbox"/>	NO <input type="checkbox"/>	LONG-TERM CARE INSURANCE
YES <input type="checkbox"/>	NO <input type="checkbox"/>	HOMEOWNERS/RENTERS INSURANCE
YES <input type="checkbox"/>	NO <input type="checkbox"/>	VEHICLE INSURANCE
<i>Includes policies for all automobiles, as well as RVs, campers, boats, and other recreational vehicles. Be sure to account for each.</i>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	LIABILITY INSURANCE (PERSONAL, BUSINESS, OR PROFESSIONAL)

Notes

CAREGIVER'S LOG

Use copies of this form to monitor daily changes and help with communication among care providers working in shifts.

Caregiver Name:	
Title/Association:	
Phone:	
Day and Date:	

Changes Noted:

Food	Amount	Time	Comment
Activities	Duration	Time	Comment
Medication	Dose	Time	Comment

Rate the following from 1 to 10, with 1 being the lowest and 10 being the highest.

Pain & Discomfort	1	2	3	4	5	6	7	8	9	10
Energy Level	1	2	3	4	5	6	7	8	9	10
Sleep Pattern	1	2	3	4	5	6	7	8	9	10

Miscellaneous:

Notes

SAMPLE FILING SYSTEM

Listed below is one possible method for setting up a home filing system. Adopt a system that fits your needs and those of your family.

Accounts and Records

- ▶ Automobile Records
- ▶ Education Records
- ▶ Employment Papers and Records of Earnings
- ▶ Funeral and Burial Instructions
- ▶ Family Account Book/Record of Expenditures
- ▶ Health Records
- ▶ Household Inventory
- ▶ Income Tax Records
- ▶ Letter of Last Instructions
- ▶ Net Worth Statements
- ▶ Retirement Papers
- ▶ Warranties, Care Manuals and Instruction Booklets
- ▶ Will and Trust (copy)

Banking, Savings, and Investment Records

- ▶ Canceled Checks and Bank Statements
- ▶ Deposit Slips
- ▶ Safety Deposit Box—List of Contents
- ▶ Savings and Investment Records

Bills—Paid

- ▶ Canceled Contracts
- ▶ Credit Card Payments
- ▶ Receipts and Records of Payments:
 - › Automobile
 - › Business-related
 - › Clothing
 - › Education
 - › Food
 - › Furnishings and Equipment
 - › Gifts and Contributions
 - › Housing
 - › Insurance
 - › Medical and Dental
 - › Recreation and Entertainment
 - › Taxes (Income, Property, Personal Property, etc.)
 - › Utilities

Bills—Unpaid

- ▶ Installment Agreements and Loan Contracts
- ▶ Unpaid Bills

Correspondence

Insurance Policies

- ▶ Automobile
- ▶ Health and Accident
- ▶ Homeowners/Renters
- ▶ Liability
- ▶ Life
- ▶ Other

List of Valuable Records

Organizations

- ▶ Church
- ▶ School
- ▶ Other

Personal

- ▶ Addresses
- ▶ Birthdays
- ▶ Christmas Card List
- ▶ Gift Suggestions

Reference Material

- ▶ Budgeting
- ▶ Child Care
- ▶ Cleaning
- ▶ Clothing
- ▶ Crafts
- ▶ Equipment
- ▶ Foods and Nutrition
- ▶ Gardening
- ▶ Health and Safety
- ▶ Home Furnishings
- ▶ Housing
- ▶ Landscaping
- ▶ Laundry
- ▶ Remodeling—Building and Repair

Notes

CHECKLIST FOR VISITING ELDERLY PARENTS

In general, look for signs of trouble with or changes in thinking skills, vision, and physical activity.

PHYSICAL AND MENTAL HEALTH	YES	NO
Have they lost weight or do they seem more frail?	<input type="checkbox"/>	<input type="checkbox"/>
Do they have trouble having normal conversations?	<input type="checkbox"/>	<input type="checkbox"/>
Do you notice any strange new behaviors, like repeating stories or being unusually confused about simple things?	<input type="checkbox"/>	<input type="checkbox"/>
Are they squinting or tripping over things much more than usual?	<input type="checkbox"/>	<input type="checkbox"/>
GETTING AROUND	YES	NO
Are their driving skills the same as before? Do you feel safe when they drive you around?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any unexplained dents or scratches on the car?	<input type="checkbox"/>	<input type="checkbox"/>
Have you heard about any traffic tickets?	<input type="checkbox"/>	<input type="checkbox"/>
Do they still do the activities they used to enjoy?	<input type="checkbox"/>	<input type="checkbox"/>
Are they reluctant to leave the house?	<input type="checkbox"/>	<input type="checkbox"/>
Are they keeping up with their usual friends and community organizations?	<input type="checkbox"/>	<input type="checkbox"/>
THE HOUSE	YES	NO
Is the house messier or dirtier than normal?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a lot of unopened mail? Are unpaid bills lying around?	<input type="checkbox"/>	<input type="checkbox"/>
Are there broken household items like clogged drains, burned out light bulbs, or broken appliances?	<input type="checkbox"/>	<input type="checkbox"/>
THE KITCHEN	YES	NO
Is the refrigerator stocked with fresh foods they normally eat?	<input type="checkbox"/>	<input type="checkbox"/>
Is there moldy or expired food around?	<input type="checkbox"/>	<input type="checkbox"/>
Are there burned pots and pans? Or burn marks on the floors or counters?	<input type="checkbox"/>	<input type="checkbox"/>
MEDICATION	YES	NO
Are there any new medications, vitamins, or supplements you haven't seen before?	<input type="checkbox"/>	<input type="checkbox"/>
Is their medication organized so it's easy to take the correct dose at the correct time?	<input type="checkbox"/>	<input type="checkbox"/>
Are expired medications mixed up with current ones?	<input type="checkbox"/>	<input type="checkbox"/>

Notes

GENERAL

PERSONAL DETAILS

Personality:

Values:

Religious beliefs or practices:

Skills and talents:

Short-term goals:

Long-term goals:

Interests and activities:

Special likes:

Special dislikes:

IMPORTANT CONTACT INFORMATION

Important Information for:

Address:

Date of Birth: Phone:

Use the chart below to write how to reach your loved one's important contacts such as doctors, lawyers, and financial advisors.

CATEGORY	NAME/BUSINESS AND ADDRESS	PHONE/FAX	ACCOUNT/POLICY #	OTHER IMPORTANT INFORMATION
Emergency				
General Practice				
Optometrist				
Ophthalmologist				
Dentist				
Lawyer				
Accountant				
Veterans Group				
Safe Deposit Box				
Religious Leader				
Church or Synagogue				
Power of Attorney Agent				
Other Medical Specialist				

CATEGORY	NAME/BUSINESS AND ADDRESS	PHONE/FAX	ACCOUNT/POLICY #	OTHER IMPORTANT INFORMATION
Bank Accounts				
Insurance Agents & Policies				
Retirement Plans & Investments				
Other Contacts				
Utilities & Newspapers (in case of long-term hospitalization or death)				

YOUR VALUABLE RECORDS

A form to help you keep track of your family's valuable records.

Your family is a small business unit, and it deserves to be operated just as efficiently as any other business. You have many papers necessary for managing your personal and business affairs. Some are more important than others, but all need to be accessible when needed, and stored in a safe place.

Receipts, documentation, proofs of ownership, and forms of identification may be needed to collect insurance, pension, or retirement benefits; to receive military compensation; and to solve tax or inheritance problems. Do you know where all your records are located? Would someone else know in the case of your injury or death?

You may wish to keep two copies of this listing of valuable records—one in a safe deposit box or fireproof and burglarproof home safe, and another in a convenient location at home. Because of the nature of the information, even the copy kept at home should be stored in as safe of a location as possible.

Name: **Date:**

Copy One Stored Location:

Copy Two Stored Location:

Safe Deposit Box Number/Location:

Key Location:

Important Advisors

TYPE	NAME	ADDRESS	TELEPHONE
Attorney			
Executor: Husband's Trust			
Executor: Wife's Trust			
Religious Advisor			
Doctor(s)			
Accountant/Tax Advisor			
Bank or Trust Officer			
Business Manager			
Health Insurance Agent			
Auto Insurance Agent			
Home Insurance Agent			
Other			

Property

TYPE	OWNER	TYPE OF OWNERSHIP	DATE ACQUIRED	LOCATION/ DESCRIPTION	TITLE LOCATION	ADDITIONAL INFORMATION
REAL ESTATE						
Residences						
Business						
Vacation						
MOTOR VEHICLES						
OTHER						

Banking, Savings, and Investments

TYPE	INSTITUTION	OWNER	BENEFICIARY	RECORDS LOCATION	ID #	VALUE

Banking, Savings, and Investments (Cont.)

TYPE	INSTITUTION	OWNER	BENEFICIARY	RECORDS LOCATION	ID #	VALUE
Stocks, Mutual Funds, Investment Trusts, Etc.						
IRAs, KEOGH, Accts., SEPs						
Retirement Plans, Pensions, etc.						
Other						

Other Important Records

GROUP	RECORD TYPE	LOCATION	ADDITIONAL INFORMATION
A	Adoption Papers		
	Baptismal Records		
	Bill(s) of Sale		
	Citizenship Papers		
	Diplomas		
	Divorce Papers		
	Easements/Right-of-way		
	Household Inventory		
	Irreplaceable Receipts/Proofs of Tax Deductions		
	Marriage Certificate		
	Military Records		
	Passport Papers		
	Power of Attorney		
	Will(s)		
	Trusts		
B	Education Records		
	Employment Records		
	Family History		
	Funeral/Burial Records		
	Household Inventory (copy)		
	Income/Expense Records		
	Income Tax Returns/Replaceable Proofs of Deduction		
	Medical Records		
	Net Worth Statements		
	Safe Deposit Box Inventory		
	Appliance Manuals/Warranties		
C	Employee ID Card(s)		
	ID Card/Whom to notify in emergency		
	Insurance/Medical Cards		
OTHER			

***Guideline:** *The more important the record, and the more expensive and difficult it is to replace, the safer the storage location should be. For some records (will, family history, tax returns, and household inventory) you may wish to keep copies in more than one location.*

- *Group A items should be kept in a safe deposit box or fireproof and burglarproof house safe*
- *Group B items can be generally be stored in a home business center, file cabinet, desk, etc.*
- *Group C items should be carried in your purse or pocket*

Notes

REWARD PROGRAMS INFORMATION

Airline

Airline:
Website:
Frequent flyer #:
Username: Password/PIN:.....
Date miles expire:
Current balance:

Airline:
Website:
Frequent flyer #:
Username: Password/PIN:.....
Date miles expire:
Current balance:

Airline:
Website:
Frequent flyer #:
Username: Password/PIN:.....
Date miles expire:
Current balance:

Airline:
Website:
Frequent flyer #:
Username: Password/PIN:.....
Date miles expire:
Current balance:

Hotel

Hotel:
Website:
Rewards #:
Username: Password/PIN:.....
Date rewards expire:
Current balance:

Hotel:
Website:
Rewards #:
Username: Password/PIN:.....
Date rewards expire:
Current balance:

Hotel:
Website:
Rewards #:
Username: Password/PIN:.....
Date rewards expire:
Current balance:

Rental

Rental company:
Website:
Rewards #:
Username: Password/PIN:.....
Date rewards expire:
Current balance:

Rental company:
Website:
Rewards #:
Username: Password/PIN:.....
Date rewards expire:
Current balance:

Rental company:
Website:
Rewards #:
Username: Password/PIN:.....
Date rewards expire:
Current balance:

Other Reward Programs

Name:
Website:
Rewards #:
Username: Password/PIN:.....
Date rewards expire:
Current balance:

Name:
Website:
Rewards #:
Username: Password/PIN:.....
Date rewards expire:
Current balance:

Name:
Website:
Rewards #:
Username: Password/PIN:.....
Date rewards expire:
Current balance:

Name:
Website:
Rewards #:
Username: Password/PIN:.....
Date rewards expire:
Current balance:

Notes

NET WORTH CALCULATION WORKSHEET

A form to help you assess your loved one's financial situation.

Name: Date:

1. Assets—List everything your loved owns that has cash value.

A. LIQUID ASSETS

Checking Accounts:		
Bank Name:	Account Number:	Account Balance:
Bank Name:	Account Number:	Account Balance:
Bank Name:	Account Number:	Account Balance:
Checking Total:		\$

Savings Accounts:		
Bank Name:	Account Number:	Account Balance:
Bank Name:	Account Number:	Account Balance:
Bank Name:	Account Number:	Account Balance:
Savings Total:		\$

Certificates of Deposit, Treasury Bills, Money Market Accounts (List funds deposited for a specific period of time.)		
Bank Name:	Account Number:	Account Balance:
Bank Name:	Account Number:	Account Balance:
Bank Name:	Account Number:	Account Balance:
Total:		\$
Cash Value Life Insurance (Include cash value, equity, investment built up in each policy; NOT in the face value.)		
Insurance Agency:	Policy Number:	Cash Value:
Insurance Agency:	Policy Number:	Cash Value:
Insurance Agency:	Policy Number:	Cash Value:
Total:		\$
Total Liquid Assets: (Add totals from all tables above)		\$

B. EQUITY ASSETS

Include current market value of U.S. Savings Bonds, Treasury Bonds, and other money market and stock investments.	
Stocks:	Amount:
Bonds:	Amount:
Other Securities:	Amount:
Total Equity Assets: (Add totals from this table above)	
\$	

C: TAX SHELTERED/TAX DEFERRED ASSETS

Pension and/or Profit Sharing Plans (these are only an asset if your loved one can convert them to cash and receive income from them.)		
Plan:	Account Number:	Amount:
Plan:	Account Number:	Amount:
Plan:	Account Number:	Amount:
Plan:	Account Number:	Amount:
Total:		\$

Individual Retirement Account Balance	
Account:	Amount:
Account:	Amount:
Account:	Amount:
Total:	\$

Other-Tax Sheltered Annuities or other annuities	
Description:	Amount:
Description:	Amount:
Description:	Amount:
Total:	\$
Total Tax-Sheltered Assets: (Add totals from all tables above)	\$

D. NON-INCOME EARNING ASSETS

Home(s): (Contact real estate agent or professional appraiser to estimate current market value)	\$
Car(s): (Use current "Blue Book" or other valuation guide)	\$
Other Vehicle(s):	\$
Personal Property: (Includes home furnishings, appliances, antiques, collectibles, art, jewelry, tools, livestock, etc.)	\$
Total Non-Income Earning Assets: (Add totals from this table above)	\$

E. OTHER ASSETS

Accounts or Notes Receivable:	\$
Rebates or Refunds:	\$
Trusts, Patents, or Memberships:	\$
Other: (Include non-residential real estate)	\$
Total Other Assets: (Add total from this table above)	\$

TOTAL ASSETS:

Total Assets: (Add totals from A-E above)	\$
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2. Debt/Liabilities—List everything your loved one owes in depth

F. SHORT-TERM DEBT

Car:		\$
Car:		\$
Other Vehicle:		\$
Credit Card: (Check current monthly statement)	Account Number:	\$
Credit Card:	Account Number:	\$
Credit Card:	Account Number:	\$
Total Installment Debt: (Check contracts by the number of months remaining on the contract)		\$
Other Loans: (List of loans of less than 5 years in length. Also list doctor bills, service bills, etc.)		\$
Other Liabilities: (List any court-ordered payments, lawsuit settlements, past-due accounts, and taxes due)		\$
Total Short-Term Debt: (Add totals from this table above)		\$

G. LONG-TERM DEBT

Home Mortgage(s): (Check the current period statements from the financial institution)	\$
Other Mortgages:	\$
Other Loans:	\$
Total Long-Term Debt: (Add totals from this table above)	\$

H. CONTINGENT LIABILITIES

Debts your loved one has cosigned:	\$
Suits pending against your loved one:	\$
Other contingent liabilities:	\$
Total Contingent Liabilities: (Add totals from this table above)	\$

TOTAL DEBT:

Total Debt/Liabilities: (Add totals from F-H above)	\$
---	----

3. Net worth

Total Assets: (Enter total from section 1. above)	\$
Total Debt/Liabilities: (Enter total from section 2. above)	\$
Net Worth: (Subtract Total Debt/Liabilities from Total Assets)	\$

- ▶ How is the planner paid? By the hour? A flat fee for services? On commission? Ask for this in writing.

- ▶ Ask for a cost estimate, based on your loved one's situation and what is required. How much do these services typically cost? How long will the process take?

- ▶ Will you be able to put the plan into effect without retaining the planner's ongoing services?

- ▶ How does the planner keep up with changes in tax laws?

- ▶ What companies also stand to benefit from the planner's recommendations? Is this individual "tied" to certain groups or financial products?

- ▶ Ask for a sample plan from another client facing some of the same issues.

- ▶ What does the planner want to know about your loved one's situation? How specific are his or her questions? What do they recommend?

- ▶ Which organizations regulate the planner? (These might include the Association of Securities Dealers (NASD), state insurance and securities departments, and the Certified Financial Planner's Board.) Has this person ever been disciplined?

HOME SAFETY

ALL AREAS OF THE HOME

In all areas of the home, check all electrical and telephone cords; rugs, runners and mats; telephone areas; smoke detectors; electrical outlets and switches; light bulbs; space heaters; wood burning stoves; and your emergency exit plan.

Electrical Outlets and Switches

Are any outlets and switches unusually warm or hot to the touch?

Unusually warm or hot outlets or switches may indicate that an unsafe wiring condition exists.

YES NO If YES, where

- ▶▶ Unplug cords from outlets and do not use the switches.
- ▶▶ Have an electrician check the wiring as soon as possible.

Do all outlets and switches have cover plates so that no wiring is exposed?

Exposed wiring presents a shock hazard.

YES NO If NO, where

- ▶▶ Add a cover plate.

Does any outlet have smudge marks around the socket where plugs are inserted?

Smudge marks are an indicator that an electrical short has occurred in a plug that was inserted, inside the socket itself, or in both places.

YES NO If YES, where

- ▶▶ Unplug all cords from the outlet.
- ▶▶ Either replace the outlet yourself or call a qualified electrician to replace it.
- ▶▶ Find the plug that was involved in the short and repair or replace it, if necessary.

Are light bulbs the appropriate size and type for the lamp or fixture?

A bulb of too high wattage or the wrong type may lead to fire through overheating. Ceiling fixtures, recessed lights, and "hooded" lamps will trap heat.

YES NO If NO, where

- ▶▶ Replace with a bulb of the correct type and wattage, if you do not know the correct wattage, use a bulb no larger than 60 watts.

Electrical and Phone Cords

Are lamp, extension, and telephone cords placed out of the flow of traffic?

Cords stretched across walkways may cause someone to trip.

YES NO If NO, where

- ▶▶ Arrange furniture so that outlets are available for lamps and appliances without the use of extension cords.
- ▶▶ If you must use an extension cord, place it on the floor against a wall where people cannot trip over it.
- ▶▶ Move the phone so that telephone cords will not lie where people walk.

Are cords out from beneath furniture and rugs or carpeting?

Furniture resting on cords can damage them, creating fire and shock hazards.

Electric cords which run under carpeting may cause a fire.

YES NO If NO, where

- ▶▶ Remove cords from under furniture or carpeting.
- ▶▶ Replace damaged or frayed cords.

Are cords attached to the walls, baseboards, etc., with nails or staples?

Nails or staples can damage cords, presenting fire and shock hazards.

YES NO If YES, where

- ▶▶ Remove nails, staples, etc.
- ▶▶ Check wiring for damage.
- ▶▶ Use tape to attach cords to walls or floors.

Are electrical cords in good condition, not frayed or cracked?

Damaged cords may cause a shock or fire.

YES NO If NO, where

- ▶▶ Replace frayed or cracked cords

Do extension cords carry more than their proper load, as indicated by the ratings labeled on the cord and the appliance?

Overloaded extension cords may cause fires. Standard 18-gauge extension cords can carry 1250 watts.

YES NO If YES, where

- ▶▶ If the rating on the cord is exceeded because of the power requirements of one or more appliances being used on the cord, change the cord to a higher rated one or unplug some appliances.

Rugs, Runners and Mats

Are all small rugs and runners slip-resistant?

Falls are the most common cause of fatal injury for older people.

YES NO If NO, where

- Remove rugs and runners that tend to slide.
- Apply double-faced adhesive carpet tape or rubber matting to the backs of rugs and runners.
- Purchase rugs with slip-resistant backing.
- Check rugs and mats periodically to see if backing needs to be replaced.
- Place rubber matting under rugs (Rubber matting that can be cut to size is usually available at your local hardware store).
- Purchase new rugs with slip-resistant backing.

Tip: Over time, adhesive on tape can wear away. Rugs with slip-resistant backing also become less effective as they are washed. Periodically check rugs and mats to see if new tape or backing is needed.

Shelves

Are shelves well-secured to the wall and not overburdened with items that have a potential of falling?

YES NO If NO, where

- Check each shelf to see if it is well-secured to the wall; if it isn't, secure to the wall. Contact a professional if needed.
- Check each shelf to see if it is overburdened with items that have a potential of falling; if it is, rearrange the items stored on the shelf, or store some of the items elsewhere.
- If shelves are not in easy reach for your loved one, consider adding new lower ones that can be reached without using a step stool or chair.

Telephones/Emergencies

Do your loved ones have trouble hearing the telephone ring, or do they have trouble hearing a caller when using the telephone?

Hearing difficulties increase for most people as they get older.

YES NO

- Turn up the ringer volume on the telephone, or go to a hardware store to get a separate ringer with an adjustable volume control.
- Consider adding a light that flashes when someone is calling.
- Purchase a telephone that includes an adjustable volume control so that a caller's voice can be heard more clearly.

Are emergency numbers posted on or near the telephone?

Emergency telephone numbers for the police, fire department, local poison control center, and your loved one's doctor, along with a neighbor's number, and numbers for close family members, should be highly visible and printed clearly in large letters.

YES NO

- ▶ Write the numbers in large print and tape them to each phone in the home, or place them near each phone where they can be seen easily.

Does your loved one live alone and are they frail or unstable when they walk?

Once again, falls are the most common cause of fatal injury for older people.

YES NO

- ▶ Subscribe to an emergency medical response system from a company such as Lifeline, Lifealert, etc. Your loved one will receive an emergency call button to wear as a necklace pendant, on their wrist, or clipped to their belt. If they fall and can't get up, they can press the call button; that will automatically activate an emergency call for help over their telephone. Call your local hospital to find out who they recommend for this service.
- ▶ If your loved one is on Medicare, call his or her doctor. Explain their condition and ask if physical therapy would be appropriate to strengthen their muscles and improve their ability to walk. If it is appropriate, Medicare will usually pay for it even if it is done in your loved one's home. But, be certain the therapy is done by an agency that is certified by Medicare; otherwise, your loved one will have to pay the bill out of their own pocket.

Doorbell

Can your loved one hear the doorbell?

Once again, hearing difficulties increase for most people as they get older.

YES NO

- ▶ Consider an alternative to a doorbell such as a flashing light indicating someone is at the door.

Smoke/Carbon Monoxide Detectors

Have smoke/carbon monoxide detectors been installed in their home?

At least one detector should be placed on every floor.

YES NO

- ▶ Read the instructions that come with the detector for advice on the best place to install it.
- ▶ Make sure detectors are placed near bedrooms, either on the ceiling or 6-12 inches below the ceiling on the wall.
- ▶ Install detectors away from air vents.

Are the detectors working properly?

Many home fire injuries and deaths are caused by smoke and toxic gases, rather than the fire itself. Carbon monoxide poisoning is caused by poorly operating furnaces and chimneys.

YES NO If NO, where

- ▶ Check and replace batteries and bulbs according to the manufacturer’s instructions.
- ▶ Periodically vacuum the grillwork of each detector.
- ▶ Replace any detector that cannot be repaired.

Tip: Some fire departments or local governments will provide assistance in acquiring or installing these detectors.

Space Heaters

Are heaters that come with a 3-prong plug being used in a 3-hole outlet or with a properly attached adapter?

The grounding feature provided by a 3-hole receptacle or an adapter for a 2-hole receptacle is a safety feature designed to reduce the risk of shock.

YES NO If NO, where

- ▶ Never defeat the grounding feature.
- ▶ If you do not have a 3-hole outlet, use an adapter to connect the heater’s 3-prong plug. Make sure the adapter ground wire or tab is attached to the outlet.

Are small stoves and heaters placed where they cannot be knocked over, and away from furnishings and flammable materials, such as curtains or rugs?

Heaters can cause fires or serious burns if they cause you to trip or if they are knocked over.

YES NO If NO, where

- ▶ Move heaters away from passageways and flammable materials such as curtains, rugs, furniture, etc.

If your home has space heating equipment, such as a kerosene heater, a gas heater or an LP gas heater, do you understand the installation and operating instructions thoroughly?

Unvented heaters should be used with room doors open or windows slightly open to provide ventilation. The correct fuel, as recommended by the manufacturer, should always be used. Vented heaters should have proper venting, and the venting system should be checked frequently. Improper venting is the most frequent cause of carbon monoxide poisoning, and older consumers are at special risk.

YES NO

- ▶ Review the installation and operating instructions.
- ▶ Call your local fire department if you have additional questions.

Woodburning Stoves

Is woodburning equipment installed properly?

Woodburning stoves should be installed by a qualified person according to local building codes.

YES NO

▶▶ Local building code officials or fire marshals can provide requirements and recommendations for installation.

Note: Some insurance companies will not cover fire losses if wood stoves are not installed according to local codes.

Emergency Exit Plan

Does your loved one have an emergency exit plan and an alternate emergency exit plan in case of a fire?

Once a fire starts, it spreads rapidly. Since they may not have much time to get out and there may be a lot of confusion, it is important that they know what to do.

YES NO

▶▶ Develop an emergency exit plan.

▶▶ If more than one person lives in the house, choose a meeting place outside their home so they can be sure that everyone is capable of escape quickly and safely.

▶▶ Practice the plan from time to time to make sure everyone is capable of escape quickly and safely.

KITCHEN

In the kitchen, check the range area, all electrical cords, lighting, stools, all throw rugs and mats, and the telephone area.

Are towels, curtains, and other things that might catch fire located away from the range?

Placing or storing non-cooking equipment like potholders, dish towels, or plastic utensils on or near the range may result in fires or burns.

YES NO

- ▶▶ Store flammable and combustible items away from range and oven.
- ▶▶ Remove any towels hanging on oven handles. If towels hang close to a burner, change the location of the towel rack.
- ▶▶ If necessary, shorten or remove curtains which could brush against heat sources.

Does your loved one wear clothing with short or close-fitting sleeves while they are cooking?

Long sleeves are more likely to catch fire than are short sleeves. Long sleeves are also more apt to catch on pot handles, overturning pots and pans and causing scalds.

YES NO

- ▶▶ Roll back long, loose sleeves or fasten them with pins or elastic bands while cooking.

Are kitchen ventilation systems or range exhausts functioning properly and are they in use while cooking?

Indoor air pollutants may accumulate to unhealthy levels in a kitchen where gas or kerosene-fire appliances are in use.

YES NO

- ▶▶ Use ventilation systems or open windows to clear air of vapors and smoke.

Are all extension cords and appliance cords located away from the sink or range areas?

Electrical appliances and power cords can cause shock or electrocution if they come in contact with water. Cords can also be damaged by excess heat.

YES NO

- ▶▶ Move cords and appliances away from sink areas and hot surfaces.
- ▶▶ Move appliances closer to wall outlets or to different outlets so extension cords won't be needed.
- ▶▶ If extension cords must be used, install wiring guides so that cords will not hang near sink, range, or working areas.
- ▶▶ Consider adding new outlets for convenience and safety; ask an electrician to install outlets equipped with ground fault circuit interrupters (GFCIs) to protect against electric shock. A GFCI is a shock-protection device that will detect electrical fault and shut off electricity before serious injury or death occurs.

Does good, even lighting exist over the stove, sink, and countertop work areas, especially where food is sliced or cut?

Low lighting and glare can contribute to burns or cuts. Improve lighting by:

YES NO

- ▶ Opening curtains and blinds (unless this causes too much glare).
- ▶ Using the maximum wattage bulb allowed by the fixture (If you do not know the correct wattage for the fixture, use a bulb no larger than 60 watts).
- ▶ Reducing glare by using frosted bulbs, indirect lighting, shades or globes on light fixtures, or partially closing the blinds or curtains.
- ▶ Installing additional light fixtures, e.g., under cabinet/over countertop lighting.

Does the kitchen have a step stool that is stable and in good repair?

Standing on chairs, boxes, or other makeshift items to reach high shelves can result in falls.

YES NO

- ▶ If your loved one doesn't have a step stool, consider buying one. Choose one with a handrail they can hold onto while standing on the top step.
- ▶ Before climbing on any step stool, make sure it is fully opened and stable.
- ▶ Tighten screws and braces on the step stool.
- ▶ Discard step stools with broken parts.

Have any of the foods in the refrigerator or freezer become outdated?

Outdated foods can cause food poisoning. While this can be very uncomfortable for younger and middle age people, it can be much more serious for frail elderly persons, sometimes even requiring hospitalization.

YES NO

- ▶ Periodically go through everything in the refrigerator and freezer and throw away all outdated foods.

LIVING ROOM/FAMILY ROOM

In the living room/family room, check all rugs and runners, electrical and telephone cords, lighting, the fireplace and chimney, the telephone area, and all passageways.

Are chimneys clear from accumulations of leaves, and other debris that can clog them?

A clogged chimney can cause a poorly-burning fire to result in poisonous fumes and smoke coming back into the house.

YES NO

- ▶ Do not use the chimney until the blockage has been removed.
- ▶ Have the chimney checked and cleaned by a registered or licensed professional.

Has the chimney been cleaned within the past year?

Burning wood can cause a build up of a tarry substance (creosote) inside the chimney. This material can ignite and result in a serious chimney fire.

YES NO

- ▶ Have the chimney checked and cleaned by a registered or licensed professional.

HALLWAYS

Are hallways, passageways between rooms, and other heavy traffic areas well lit?

Shadowed or dark areas can hide tripping hazards.

YES NO If NO, where

- ▶▶ Use the maximum wattage bulb allowed by the fixture, if you don't know the correct wattage, use a bulb no larger than 60 watts.
- ▶▶ Install night lights.
- ▶▶ Reduce glare by using frosted bulbs, indirect lighting, shades or globes on light fixtures, or partially closing blinds or curtains.
- ▶▶ Consider using additional lamps or light fixtures. Make sure the bulbs you use are the right type and wattage for the light fixture.

Are exits and passageways kept clear?

Furniture, boxes, or other items could be an obstruction or tripping hazard, especially in the event of an emergency or fire.

YES NO If NO, where

- ▶▶ Rearrange furniture to open passageways and walkways.
- ▶▶ Remove boxes and other clutter.

BATHROOM

In the bathroom, check bathtub and shower areas, water temperatures, rugs and mats, lighting, small electrical appliances, and medication storage areas.

Bathtub and Shower Areas

Are bathtubs and showers equipped with non-skid mats, abrasive strips, or surfaces that are not slippery?

Wet, soapy tile or porcelain surfaces are especially slippery and may contribute to falls.

YES NO If NO, where

- ▶ Apply textured strips or appliqués on the floors of tubs and showers.
- ▶ Use non-skid mats or appliqués in the tub and shower, and on the bathroom floor.
- ▶ Add a bath or shower seat if your loved one is frail or unstable when standing.

Do bathtubs, showers, and toilet areas each have at least one (preferably two) grab bars?

Grab bars can help your loved one get into and out of the tub or shower, or up from the toilet, and can help prevent falls.

YES NO If NO, where

- ▶ Check existing bars for strength and stability, and repair if necessary.
- ▶ Attach grab bars, through the tile, to structural supports in the wall, or install bars specifically designed to attach to the sides of the bathtub. If you are not sure how it is done, get someone who is qualified to assist you.
- ▶ An over-the-toilet commode or raised toilet seat can make it easier for older people to get on and off the toilet.

Is the water temperature 120 degrees or lower?

Water temperatures above 120 degrees can cause tap water scalds.

YES NO

- ▶ Lower the setting on the hot water heater to “Low” or 120 degrees. If you are unfamiliar with the controls of the water heater, ask a qualified person to adjust it for you. If the hot water system is controlled by the landlord, ask the landlord to consider lowering the setting.

Tip: If the water heater doesn't have a temperature setting, use a thermometer to check the temperature of the water at the tap.

- ▶ Always check water temperature by hand before entering bath or shower.
- ▶ Taking baths, rather than showers, reduces the risk of a scald from suddenly changing water temperatures.

Is a light switch located near the entrance to the bathroom?

A light switch near the door will prevent loved ones from walking through a dark area.

YES NO If NO, where

- ▶ Install a night light. Inexpensive lights that plug into outlets are available. *This is especially important if your loved one makes frequent trips to the bathroom at night.*
- ▶ Consider replacing the existing switch with a “glow switch” that can be seen in the dark.

Are small electrical appliances such as hair dryers, shavers, curling irons, etc., unplugged when not in use?

Even an appliance that is not turned on, such as a hairdryer, can be potentially hazardous if it is left plugged in.

If it falls into water in a sink or bathtub while plugged in, it could cause a lethal shock.

YES NO

- ▶ Unplug all small appliances when not in use.
- ▶ Never reach into water to retrieve an appliance that has fallen in without being sure the appliance is unplugged.
- ▶ Install a ground fault circuit interrupter (GFCI) in your bathroom outlet to protect against electric shock.

MEDICATIONS

Are all medicines stored in the containers that they came in and are they clearly marked?

Medications that are not clearly and accurately labeled can be easily mixed up. Taking the wrong medicine or missing a dosage of medicine you need can be dangerous.

YES NO

- ▶▶ Be sure that all containers are clearly marked with the contents, doctor's instructions, expiration date, and patient's name.
- ▶▶ Dispose of outdated medicines properly.
- ▶▶ Request non-child-resistant caps from the pharmacist if your loved one cannot open child-resistant caps.
- ▶▶ Use a pill dispenser if they take several medications daily. Filling a pillbox may take a few extra moments once a week and reduces the chance of errors. The pillbox will also help indicate if they are taking the medications as prescribed. Using a weekly dispenser will help remind you to refill prescriptions before the last pill is gone.

Tip: Many poisonings occur when children visiting grandparents go through the medicine cabinet or their grandmother's purse. In homes where grandchildren or other youngsters are frequent visitors, medicines should be purchased in containers with child-resistant caps, and the caps closed properly after each use. Always store medicines beyond the reach of children.

BEDROOMS

Are lamps or light switches within reach of each bed?

Lamps or switches located close to each bed will enable people getting up at night to see where they are going.

YES NO

- ▶▶ Rearrange furniture closer to switches or move lamps closer to beds.
- ▶▶ Install night lights. *Once again, this is especially important if your loved one makes frequent trips to the bathroom at night.*

Are ash trays, smoking materials, or other heat sources (heaters, hot plates, teapots, etc.) located away from beds or bedding?

Burns are a leading cause of accidental death among seniors. Smoking in bed is a major contributor to this problem.

YES NO

- ▶▶ Remove sources of heat or flame from areas around beds.
- ▶▶ Don't smoke in bed.

Are electric blankets being used correctly?

"Tucking in" electric blankets, or placing additional coverings on top of them can cause excessive heat buildup which can start a fire.

YES NO If NO, where

- ▶▶ Use electric blankets according to the manufacturer's instructions.
- ▶▶ Don't allow anything on top of the blanket while it is in use. (This includes other blankets or comforters, even pets sleeping on top of the blanket.)
- ▶▶ Don't set electric blankets so high that they could burn someone who falls asleep while they are on.

Is a working flashlight close to the bed in case electrical power goes out?

YES NO

- ▶▶ Check the flashlight to see if the batteries are still good.

Is a telephone close to your loved ones' bed?

In case of an emergency, it is important to be able to reach the telephone without getting out of bed.

YES NO

Do they ever go to sleep with a heating pad that is turned on?

Never go to sleep with a heating pad if it is turned on because it can cause serious burns even at relatively low settings.

YES NO

BASEMENT/GARAGE/WORKSHOP/STORAGE AREAS

In the basement, garage, workshop, and storage areas, check lighting, fuse boxes or circuit breakers, appliances and power tools, electrical cords, and flammable liquids.

Are work areas, especially areas where power tools are used, well lit?

Three-fourths of injuries caused by power tools are finger injuries.

Good lighting can reduce the chance they will accidentally cut their finger.

YES NO If NO, where

➤ Either install additional light, or avoid working with power tools in the area.

Can lights be turned on without first having to walk through a dark area?

Basements, garages, and storage areas can contain many tripping hazards and sharp or pointed tools that can make a fall even more hazardous.

YES NO If NO, where

➤ Keep an operating flashlight handy.

➤ Have an electrician install switches at each entrance to a dark area.

If fuses are used, are they the correct size for the circuit?

Replacing a correctly-sized fuse with a larger size fuse can create a serious fire hazard.

If the fuse in the box is rated higher than intended for the circuit, excessive current will be allowed to flow and possibly overload the outlet and house wiring to the point that a fire can begin.

YES NO If NO, where

➤ Be certain that correct-size fuses are used. (If you do not know the correct sizes, consider having an electrician identify and label the sizes to be used.)

NOTE: If all, or nearly all, fuses used are 30-amp fuses, there is a chance that some of the fuses are rated too high for the circuit.

Are power tools equipped with a 3-prong plug or marked to show that they are double insulated?

These safety features reduce the risk of an electric shock.

YES NO If NO, where

➤ Use a properly connected 3-prong adapter for connecting a 3-prong plug to a 2-hole receptacle.

➤ Consider replacing old tools that neither have a 3-prong plug nor are double insulated.

Are power tool guards in place?

Power tools used with guards removed pose a serious risk of injury from sharp edges or moving parts.

YES NO If NO, where

➤ Replace guards that have been removed from power tools.

Has the grounding feature on any 3-prong plug been defeated by removal of the grounding pin or by improperly using an adapter?

Improperly grounded appliances can lead to electric shock.

YES NO If NO, where

▶▶ Check with an electrician if you are in doubt.

Flammable and Volatile Liquids

Are containers of volatile liquids tightly capped?

If not tightly closed, vapors may escape that may be toxic when inhaled.

YES NO If NO, where

▶▶ Check containers periodically to make sure they are tightly closed.

Are gasoline, paints, solvents, or other products that give off vapors or fumes stored away from ignition sources?

Gasoline, kerosene, and other flammable liquids should be stored out of living areas in properly labeled, non-glass safety containers.

YES NO If NO, where

▶▶ Remove these products from areas near sources of heat or flame such as heaters, furnaces, water heaters, ranges, and other gas appliances.

Note: The CPSC has reports of several cases in which gasoline stored as much as 10 feet from a gas water heater exploded. Many people are unaware that gas fumes can travel that far.

STEPS, STAIRS AND WALKWAYS

Are they in good repair with smooth, safe surfaces?

Once again, the goal is to avoid falls that can result from tripping.

YES NO If NO, where

- ▶▶ Have a qualified person make any necessary repairs.

Are stairs well lit?

Stairs should be lit so that each step, particularly the step edges, can be clearly seen while going up and down stairs.

The lighting should not produce glare or shadows along the stairway.

YES NO If NO, where

- ▶▶ Use the maximum wattage bulb allowed by the light fixture (If you do not know the correct wattage, use a bulb no larger than 60 watts.)
- ▶▶ Reduce glare by using frosted bulbs, indirect lighting, shades or globes on light fixtures, or partially closing blinds and curtains.
- ▶▶ Have a qualified person add additional light fixtures. Make sure the light bulbs are the right type and wattage for the light fixture.

Are light switches located at both the top and bottom of the stairs?

Even if your loved one is very familiar with the stairs, lighting is an important factor in preventing falls. They should be able to turn on the lights before they use the stairway from either end.

YES NO If NO, where

- ▶▶ If no other light is available, keep an operating flashlight in a convenient location at the top and bottom of the stairs.
- ▶▶ Install night lights at nearby outlets.
- ▶▶ Consider installing switches at the top and bottom of the stairs.

Do the steps allow secure footing?

Worn treads or loose carpeting can lead to insecure footing resulting in slips or falls.

YES NO If NO, where

- ▶▶ Try to avoid wearing only socks or smooth-soled shoes or slippers when using stairs.
- ▶▶ Make certain the carpet is firmly attached to the steps all along the stairs.
- ▶▶ Consider refinishing or replacing worn treads, or replacing worn carpeting.
- ▶▶ Paint outside steps with paint that has a rough texture, or use abrasive strips.

Are steps even and of the same size and height?

Even a small difference in step surfaces or riser heights can lead to falls.

YES NO If NO, where

- ▶▶ Mark any steps that are especially narrow or have risers that are higher or lower than the others. Be especially careful of these steps when using the stairs.

Are the coverings on the steps in good condition?

Worn or torn coverings or nails sticking out from coverings could snag their foot or cause them to trip.

YES NO If NO, where

- ▶▶ Repair coverings.
- ▶▶ Remove coverings.
- ▶▶ Replace coverings.

Can the edges of the steps be clearly seen?

Falls may occur if the edges of the steps are blurred or hard to see.

YES NO If NO, where

- ▶▶ Paint edges of outdoor steps white to see them better at night.
- ▶▶ Add extra lighting.
- ▶▶ If you plan to carpet the stairs, avoid deep pile carpeting or patterned or dark colored carpeting that can make it difficult to see the edges of the steps clearly.

Are handrails on both sides of the stairway and outside steps, and are they firmly attached?

As people age, they tend to rely more and more on handrails for stability when going up or down stairs.

YES NO If NO, where

- ▶▶ Have a qualified person add any needed handrails and/or make any necessary repairs.
- ▶▶ Make certain to allow enough space between the wall and the handrails so they can be firmly grasped.

Is anything stored on the stairway, even temporarily?

People can trip over objects left on stairs, particularly in the event of an emergency or fire.

YES NO If YES, where

- ▶▶ Remove all objects from the stairway.

Remember to periodically re-check the home.

DRIVING ASSESSMENT CHECKLIST

If you are unsure about your loved one's ability to drive, this checklist can help

Asking an elderly parent or relative to stop driving is difficult, because driving provides individuals with the ability to remain independent. Still, many elderly (65 years and older) drivers are a danger to themselves and others on the road. It's important, therefore, that the family, friends, and other caregivers of these individuals be able to identify potential driving problems and to ask that person to stop any dangerous driving behavior.

For some individuals this may be as simple as driving only on certain kinds of roads (e.g., no highway) or driving only during daylight hours. For some dangerous drivers, however, it is important that the individual stop driving altogether, and find other transportation options that will provide him or her with continued independence.

If your loved one's driving worries you—or if you are unsure whether your loved one should continue to drive—you will probably want to perform a specific assessment before talking to him or her about the problem.

Below is a list of items. Check "yes" if any item applies to your loved one:

DRIVING ASSESSMENT CHECKLIST	YES	NO
A police officer has given your loved one a warning because of poor driving behavior.		
Your loved one's record shows a pattern of close calls, violations, and/or minor collisions.		
Driving makes your loved one nervous and anxious.		
It is difficult for your loved one to look over his or her shoulder or to turn his or her head to the side to look before changing lanes.		
Driving makes your loved one tired very quickly.		
Your loved one has trouble climbing stairs or walking more than one block in a day.		
Your loved one often becomes disoriented about where he or she is in relation to home when driving.		
Making good decisions quickly is difficult for your loved one when he or she is driving.		
Your loved one has difficulty with the glare of oncoming headlights, streetlights, or other shiny objects while driving during the day or at night.		
Your loved one has a difficult time seeing people, traffic signs, lane lines, or other objects around or on the road.		
Your loved one often visually "misses" red lights or stop signs and as a consequence goes through them.		

DRIVING ASSESSMENT CHECKLIST	YES	NO
Your loved one backs into other things such as curbs.		
Passing cars frighten your loved one due to their noise or speed.		
Other drivers tailgate or pass your loved one most of the time.		
Your loved one has a difficult time with hand/foot coordination.		
Your loved one has mistaken the gas for the break.		
Your loved one's driver license was not checked when he or she turned age 70.		
Your loved one's driver license has not been checked every three years since he or she turned 70 (e.g., 73, 76, 79) or annually since he or she turned 80.		
Your loved one has had a stroke, or has amyotrophic lateral sclerosis (ALS), dementia, epilepsy, multiple sclerosis, Parkinson's disease, seizure or sleep disorders, or uncontrolled diabetes that could affect his or her driving ability.		
Your loved one takes medication for a prior stroke or for amyotrophic lateral sclerosis (ALS), dementia, epilepsy, multiple sclerosis, Parkinson's disease, seizure or sleep disorders or uncontrolled diabetes that could affect his or her driving ability.		

Although there is no specific number of times that you can answer “yes” before your loved one should no longer drive, answering “yes” to multiple items suggests that you might want to talk to your loved one about his or her driving, and look into alternative transportation options.

MEDICAL CARE

CHOOSING THE RIGHT DOCTOR

Consider the following questions and steps as you and your loved one evaluate physicians.

- Does the doctor accept your loved one's health insurance?

- Is the doctor specialized in the areas of your loved one's needs?

- Which hospitals does the doctor use?

- What are the office hours (when is the doctor available and when can you speak to office staff)?

- Does the doctor speak the language you and your loved one are most comfortable speaking?

- How many other doctors "cover" for the doctor when he or she is not available? Who are they?

- How long does it usually take to get routine appointments?

- What happens if your loved one needs to cancel an appointment? Is there a fee?

- Can the office send you reminders about prevention tests?

- What do you do if your loved one has an "after hours" emergency?

- Does the doctor give advice over the phone?

If possible, accompany your loved one on his or her first visit. Bring a prepared list of questions with you.

Did the doctor:

➤ Give you and your loved one a chance to ask questions?

➤ Really listen to these questions?

➤ Answer in terms you understood?

➤ Show respect for you and your loved one?

➤ Ask you both questions?

➤ Make you both feel comfortable?

➤ Address the health problem(s) your loved one may have?

➤ Ask about treatment preferences?

➤ Spend enough time with you?

When evaluating a doctor, trust your own reactions but also give the relationship some time to develop. It will take more than one visit for you, your loved one, and the doctor to get to know each other.

And keep in mind:

➤ Give information. Don't wait to be asked.

➤ You know important things about your loved one's symptoms and health history. Tell the doctor what you think he or she needs to know.

➤ It is important to tell the doctor personal information—even if it makes you feel embarrassed or uncomfortable.

➤ Take your loved one's "health history" list with you (and keep it up to date).

➤ Make sure the doctor is aware of any medicines your loved one is taking. Mention any allergies or reactions to medicines.

➤ Tell the doctor about any natural or alternative medicines or treatments used by your loved one.

➤ Bring other medical information, such as x-ray films, test results, and medical records.

➤ Ask questions. If you don't, the doctor may think you understand everything that was said.

➤ Write down questions before your visit. List the most important ones first to make sure they get asked.

➤ Take Notes.

SOCIAL SERVICE CHECKLIST

Use this form to keep a record of in-person and phone interviews with social service agencies.

Note: Social Services benefit programs are determined by income. Agencies in your loved one's area can inform you on specific eligibility requirements.

Agency Name: Date:

Address:.....

Phone:.....

Name/Title of Person Interviewed:.....

Are there eligibility requirements?

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.....

Is there an application process? What's required?

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List services provided. Is there a fee?

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Accepts Medicare, Medicaid, Medical Assistance or private insurance?

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Is there a sliding fee scale? What are the qualifications for a reduced rate?

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Is written information available? Is it being sent?

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Notes

BEHAVIORS ASSOCIATED WITH ALZHEIMER'S DISEASE OR OTHER DEMENTIAS

Outlined below are behaviors that may become evident with the progression of Alzheimer's disease or other dementias. The following chart may be helpful to indicate the prevalence of these behaviors.

BEHAVIOR	NEVER	SOMETIMES	ALWAYS
DELUSIONS ▶▶ Doesn't recognize familiar surroundings or faces ▶▶ Hearing/seeing/believing things that are not real ▶▶ Demonstrates impaired perception of reality ▶▶ Acts fearful without good reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WANDERING ▶▶ Trying to leave home to look for something ▶▶ Wanting to go outside without proper clothing ▶▶ Loses way in familiar surroundings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFUSAL ▶▶ Refusing to do personal care activities (bathing, dressing, eating, etc.) ▶▶ Refusing to get out of bed ▶▶ Refusing to take medications ▶▶ Refusing or unwilling to attend social activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AGGRESSIONS ▶▶ Easily frustrated ▶▶ Physical altercations (push or strike out) ▶▶ Yelling and/or swearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REPETITION ▶▶ Repeating questions and/or words ▶▶ Repeating stories ▶▶ Repeating activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AGITATION ▶▶ Restless ▶▶ Pacing around the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEXUAL INAPPROPRIATENESS ▶▶ Inappropriate with self ▶▶ Inappropriate with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FALSE ACCUSATIONS ▶▶ Becoming suspicious ▶▶ Reaches illogical conclusions ▶▶ Missing items are "stolen"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes

DOCTOR'S VISIT WORKSHEET

Write down your loved one's answers to the questions below.
Then, use the answers to talk to a doctor about any concerns.

Doctor Name: Date of Visit:

What is your main concern right now?

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Do you have any new symptoms, such as pain?

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What changes have you noticed since your last visit?

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If medication is taken for pain or any other symptom, how is it working?

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.....

Have new medications been introduced? What are they? Do you have any side effects?

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.....

Have other doctors been seen before this visit? Have diagnostic tests or other treatments been prescribed in the past?

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Use this page to write down what your loved one and the doctor discussed.

Test(s) ordered

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Test(s) results

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Recommendations

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Notes

ASTHMA EMERGENCY PLANS

A worksheet to help your loved one develop a plan for controlling his or her asthma attacks.

You or your loved one should prepare a plan to manage an asthma attack by consulting with their doctor. Your loved one must know in advance how to avoid asthma triggers, respond to early warning signs of an episode, and take medication properly. A key part of any plan must include the best way to reach the doctor for routine questions and urgent care.

Write out your plan for an asthma emergency.

What does the doctor recommend the patient do in an emergency?

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What are the signs that indicate the patient should seek care immediately?

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What should the patient do if the medication does not seem to be working?

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Where should the patient go to get care quickly?

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Should the patient call the doctor first or go to the emergency room?

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What does the patient do if he or she has an asthma emergency very late at night?

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When you or the patient calls, what information will the doctor want?

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EMERGENCY CHECKLIST

Name: Date of Birth:
Address:
Religion: Male Female

Emergency Contacts

Name:
Address:
Relation:
Home Phone: Work Phone:
Cell Phone:

Name:
Address:
Relation:
Home Phone: Work Phone:
Cell Phone:

Name:
Address:
Relation:
Home Phone: Work Phone:
Cell Phone:

Medical Data

Last Updated:
Doctor Name:
Doctor Name:
Blood Type: Phone: Phone:

Do you have a living will?..... Yes No
Located:
Do you have a healthcare proxy?..... Yes No
Located:
Do you have an EMS-NO CPR Directive or DNR Form?..... Yes No
Located:

Medical Condition Checklist

- | | |
|--|---|
| <input type="checkbox"/> No known medical conditions | <input type="checkbox"/> Hemodialysis |
| <input type="checkbox"/> Abnormal EKG | <input type="checkbox"/> Hemolytic Anemia |
| <input type="checkbox"/> Adrenal Insufficiency | <input type="checkbox"/> Hepatitis—Type |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Implantable Devices: |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Laryngectomy |
| <input type="checkbox"/> Cardiac Dysrhythmia | <input type="checkbox"/> Leukemia |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Lymphoma |
| <input type="checkbox"/> Clotting Disorder | <input type="checkbox"/> Memory Impaired |
| <input type="checkbox"/> Coronary Bypass Graft | <input type="checkbox"/> Myasthenia Gravis |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Renal Failure |
| <input type="checkbox"/> Diabetes/Insulin Dependent | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Eye Surgery | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Heart Valve Prosthesis | <input type="checkbox"/> Vision Impaired |
| <input type="checkbox"/> Other: | |
| | |
| | |
| | |

Allergies

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> No known allergies | <input type="checkbox"/> Lidocaine |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Morphine |
| <input type="checkbox"/> Barbiturate | <input type="checkbox"/> Novocain |
| <input type="checkbox"/> Codeine | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Demerol | <input type="checkbox"/> Sulfa |
| <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Tetracycline |
| <input type="checkbox"/> Latex | <input type="checkbox"/> X-Rays Dyes |
| <input type="checkbox"/> Environmental: | |

Notes

HMO, PPO, OR FEE-FOR-SERVICES?

Would your loved one prefer using an HMO, PPO, or fee-for-service insurance? Use this worksheet to find out. For each group, have your loved one choose the statement (1 or 2) that best describes how he or she feels.

1. Having complete freedom to choose doctors and hospitals is the most important thing to me in a health plan, even if it costs more.

2. Holding down my costs is the most important thing to me, even if it means limiting some of my choices

1. I travel a lot or have children that live far away from me and we may need to see doctors in other parts of the country

2. I do not travel a lot and almost all care for my family will be needed in our local area.

1. I don't mind a health insurance plan that includes filling out forms or keeping receipts and sending them in for payment.

2. I prefer not to fill out forms or keep receipts. I want most of my care covered without a lot of paperwork.

1. In addition to my premiums, I am willing to pay for the cost of routine and preventive care, such as office visits, checkups, and shots. I also like knowing that I can get an appointment for these services when I want one.

2. I want a health plan that includes routine and preventive care. I don't mind if I have to wait for these services to be scheduled for an available appointment with my doctor.

1. If I need to see a specialist, I probably will ask my doctor for a recommendation, but I want to decide whom to go to and when. I don't want to have to see my primary care doctor each time before I can see a specialist.

2. I don't mind if my primary care doctor must refer me to specialists. If my doctor doesn't think I need special services, that is fine with me.

If your loved one's answers are mostly 1: He or she wants to make his or her own health care choices, even if it costs more and takes more paperwork. Fee-for-service may be the best plan.

If your loved one's answers are mostly 2: He or she is willing to give up some choices to hold down medical costs. Consider a health maintenance organization (HMO).

If your loved one's answers are some 1s and some 2s: He or she might want to look for a plan such as a preferred provider organization (PPO) that combines some of the features of fee-for-service and a health maintenance organization.

The differences among fee-for-service plans, HMOs, and PPOs are not as clear-cut as they once were. Fee-for-service plans have adopted some activities used by HMOs and PPOs to control the use of medical services. The HMOs and PPOs are offering more freedom to choose doctors, the way fee-for-service plans do. By studying your loved one's health insurance options carefully, you will be able to pick the one that provides him or her with the necessary coverage, no matter what it is called.

CONTINUING CARE QUESTIONNAIRE

A list of questions to ask when you and your loved one visit a continuing care retirement community.

Questions about the Contract

What total fees must be paid, including the entrance fee, monthly fees, processing fees, and other fees?

.....
.....
.....

How often—and under what circumstances—can the monthly fee be increased?

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.....
.....

Is the entrance fee refundable?

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.....
.....

What are the terms or refund policy if your loved one decides to leave the community?

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.....
.....

What services are included in the baseline fees?

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.....

What services cost extra?

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.....

Are credits given for meals or other services when your loved one is absent from the community (e.g. if he or she goes on an extended vacation)?

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.....

Does the facility's nursing center participate in Medicare?

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.....
.....

Does the facility's nursing center accept Medicaid?

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.....
.....

What type of insurance—including health insurance, long-term care insurance, renters insurance, etc.—does the facility require residents to carry?

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.....
.....

Under what conditions can the community terminate the agreement?

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.....
.....

What are the residents' legal rights?

.....
.....
.....

NEEDS ASSESSMENT WORKSHEET

Date of Assessment:

This worksheet will help you and other family members determine what types of assistance your loved one needs.

Activities of Daily Living (ADLs)

ACTIVITIES	ACCOMPLISHES ALONE	NEEDS SOME HELP	NEEDS MUCH HELP	NOTES
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating a nutritious diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Getting out of bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Getting out of chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Instrumental Activities of Daily Living (IADLs)

ACTIVITIES	ACCOMPLISHES ALONE	NEEDS SOME HELP	NEEDS MUCH HELP	NOTES
Using the telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shopping for personal items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Managing money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doing laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doing light housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Conditions/Functional Status

How do limitations/difficulties with the following affect the person's ability to function?

ACTIVITIES	NO EFFECT	SOME EFFECT	MAJOR EFFECT	NOTES
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Decision-Making/Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Dexterity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ACTIVITIES	NO EFFECT	SOME EFFECT	MAJOR EFFECT	NOTES
Strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bladder or bowel control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical deformity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Environmental Safety

Which barriers can be removed or changed?

LIMITATION	NO PROBLEM	NEEDS TO BE CHANGED
Neighborhood:		
Safety	<input type="checkbox"/>	<input type="checkbox"/>
Convenience	<input type="checkbox"/>	<input type="checkbox"/>
Friends or relatives nearby	<input type="checkbox"/>	<input type="checkbox"/>
Living Quarters:		
Condition	<input type="checkbox"/>	<input type="checkbox"/>
Age of dwelling	<input type="checkbox"/>	<input type="checkbox"/>
Roof in good repair	<input type="checkbox"/>	<input type="checkbox"/>
Windows in good repair	<input type="checkbox"/>	<input type="checkbox"/>
Siding in good condition	<input type="checkbox"/>	<input type="checkbox"/>
Looks cared for	<input type="checkbox"/>	<input type="checkbox"/>
Security and safety	<input type="checkbox"/>	<input type="checkbox"/>
Dead bolt locks on outside doors	<input type="checkbox"/>	<input type="checkbox"/>
Peephole in front door	<input type="checkbox"/>	<input type="checkbox"/>
Window bars or locks	<input type="checkbox"/>	<input type="checkbox"/>
Visible from road (no large trees or bushes block view)	<input type="checkbox"/>	<input type="checkbox"/>
Smoke alarms installed, tested	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguisher, not expired	<input type="checkbox"/>	<input type="checkbox"/>
Passageways clear of wires and clutter	<input type="checkbox"/>	<input type="checkbox"/>
Stairs:		
Free of obstacles and clutter	<input type="checkbox"/>	<input type="checkbox"/>
Well-lit	<input type="checkbox"/>	<input type="checkbox"/>
Handrails on both sides	<input type="checkbox"/>	<input type="checkbox"/>
In good repair and nonskid	<input type="checkbox"/>	<input type="checkbox"/>
Clearly marked	<input type="checkbox"/>	<input type="checkbox"/>

LIMITATION	NO PROBLEM	NEEDS TO BE CHANGED
Floors:		
Nonskid level surfaces	<input type="checkbox"/>	<input type="checkbox"/>
Nonglare surfaces	<input type="checkbox"/>	<input type="checkbox"/>
No loose rugs	<input type="checkbox"/>	<input type="checkbox"/>
Furnishings:		
Couch and chair easy to use	<input type="checkbox"/>	<input type="checkbox"/>
Tables the right height	<input type="checkbox"/>	<input type="checkbox"/>
Bed easy to get in and out of	<input type="checkbox"/>	<input type="checkbox"/>
Lighting:		
Light switches easy to reach	<input type="checkbox"/>	<input type="checkbox"/>
Entries and walkways well-lit	<input type="checkbox"/>	<input type="checkbox"/>
Reading areas well-lit	<input type="checkbox"/>	<input type="checkbox"/>
Light diffused from windows and surfaces (no glare)	<input type="checkbox"/>	<input type="checkbox"/>
Passageways have night lights	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen:		
Lever handles on sink	<input type="checkbox"/>	<input type="checkbox"/>
Clean rubber mat by the sink	<input type="checkbox"/>	<input type="checkbox"/>
Items used often are accessible	<input type="checkbox"/>	<input type="checkbox"/>
Storage is easy to get to	<input type="checkbox"/>	<input type="checkbox"/>
No objects are over the stove	<input type="checkbox"/>	<input type="checkbox"/>
Well-lit	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom:		
Grab bars attached to studs, by the toilet and tub or shower	<input type="checkbox"/>	<input type="checkbox"/>
Nonskid strips in the tub or shower	<input type="checkbox"/>	<input type="checkbox"/>
Hand-held shower head	<input type="checkbox"/>	<input type="checkbox"/>
Nonslip bath mat or rug	<input type="checkbox"/>	<input type="checkbox"/>

Other Information:

List your loved one's informal support networks, such as a neighbor who runs errands or a youth who shovels snow and chops wood

List social services your loved one uses, such as home-delivered meals or home services

List services or support your loved one says he or she needs or wants

List your needs as a caregiver

What obligation competes for your time and resources?

How can you maintain your physical, mental, social, and financial well-being?

List services or support you use as a caregiver need to help provide care

HOME CARE TASKS CHECKLIST

Directions: This checklist is to help identify the tasks requiring a home care worker. For each question, answer if help is needed and indicate how often. This will help in determining who to hire for work in the home.

BEDROOM	YES	NO	FREQUENCY AND COMMENTS
Assist with getting in/out of bed	<input type="checkbox"/>	<input type="checkbox"/>	
Make bed	<input type="checkbox"/>	<input type="checkbox"/>	
Change bed linen	<input type="checkbox"/>	<input type="checkbox"/>	

BATHROOM	YES	NO	FREQUENCY AND COMMENTS
Help with bathing	<input type="checkbox"/>	<input type="checkbox"/>	
Help with toileting	<input type="checkbox"/>	<input type="checkbox"/>	
Help with grooming	<input type="checkbox"/>	<input type="checkbox"/>	
Clean sink, tub, toilet, and surfaces	<input type="checkbox"/>	<input type="checkbox"/>	

PERSONAL CARE	YES	NO	FREQUENCY AND COMMENTS
Help with dressing	<input type="checkbox"/>	<input type="checkbox"/>	
Help with transferring	<input type="checkbox"/>	<input type="checkbox"/>	
Help with walking	<input type="checkbox"/>	<input type="checkbox"/>	

HEALTH	YES	NO	FREQUENCY AND COMMENTS
Manage medications	<input type="checkbox"/>	<input type="checkbox"/>	
Nursing care	<input type="checkbox"/>	<input type="checkbox"/>	
Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>	
Physical therapy	<input type="checkbox"/>	<input type="checkbox"/>	
Speech therapy	<input type="checkbox"/>	<input type="checkbox"/>	

MEALS	YES	NO	FREQUENCY AND COMMENTS
Plan menus	<input type="checkbox"/>	<input type="checkbox"/>	
Prepare and serve meals	<input type="checkbox"/>	<input type="checkbox"/>	
Help with feeding	<input type="checkbox"/>	<input type="checkbox"/>	
Wash, dry and store dishes and utensils	<input type="checkbox"/>	<input type="checkbox"/>	
Clean sink, stove, counters, refrigerators	<input type="checkbox"/>	<input type="checkbox"/>	

HOUSEHOLD	YES	NO	FREQUENCY AND COMMENTS
Wash, dry and fold clothing and linens	<input type="checkbox"/>	<input type="checkbox"/>	
Empty and take out trash	<input type="checkbox"/>	<input type="checkbox"/>	
Clear, dust and organize surfaces	<input type="checkbox"/>	<input type="checkbox"/>	
Vacuum carpets	<input type="checkbox"/>	<input type="checkbox"/>	
Sweep floors	<input type="checkbox"/>	<input type="checkbox"/>	
Wet or dry mop floors	<input type="checkbox"/>	<input type="checkbox"/>	
Complete yard work	<input type="checkbox"/>	<input type="checkbox"/>	

SHOPPING	YES	NO	FREQUENCY AND COMMENTS
Prepare list	<input type="checkbox"/>	<input type="checkbox"/>	
Run errands	<input type="checkbox"/>	<input type="checkbox"/>	
Buy food and supplies	<input type="checkbox"/>	<input type="checkbox"/>	
Store items in the home as requested	<input type="checkbox"/>	<input type="checkbox"/>	

TRANSPORTATION	YES	NO	FREQUENCY AND COMMENTS
Transport to and from social activities	<input type="checkbox"/>	<input type="checkbox"/>	
Transport to and from doctor's appointments	<input type="checkbox"/>	<input type="checkbox"/>	
Transport to and from other activities (religious, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	

SOCIAL ACTIVITIES	YES	NO	FREQUENCY AND COMMENTS
Reading to your loved one	<input type="checkbox"/>	<input type="checkbox"/>	
Playing games with your loved one	<input type="checkbox"/>	<input type="checkbox"/>	
Visit with your loved one (conversation)	<input type="checkbox"/>	<input type="checkbox"/>	

OTHER TASKS	YES	NO	FREQUENCY AND COMMENTS
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

KEEPING TRACK OF CHEMOTHERAPY SIDE EFFECTS

A form to help you chart eating-related side effects of your loved one's chemotherapy.

Name:

Week of:

Write the type and date of your loved one's last treatment(s)

Type of Treatment:

Date: Weight (measure once a week):

Below is the list of some eating-related side effects that cancer patients may experience. Check the box next to any side effect that your loved one experiences. Next to each checked side effect, write a number from 1 to 3 indicating how severe it is, where: **1 = mild; 2 = moderate; and 3 = severe**. Note: while this form was designed for chemotherapy patients, it can be used to track the side effects of any medication.

SIDE EFFECT	MON	TUE	WED	THU	FRI	SAT	SUN
Reduced Appetite							
Sore/Dry Mouth							
Nausea							
Vomiting							
Constipation							
Diaerrhea							
Fatigue							
Other:							

Other Questions or Concerns

(Use this space to write down questions or concerns you may want to talk about with your loved one's health care provider.)

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Notes

CHOOSING A REHABILITATION PROGRAM

<i>A list of questions to consider as you and your loved one prepare to choose a rehabilitation program.</i>	YES	NO
Does the program provide the services your loved one needs?		
Does it match your loved one's abilities?		
Too demanding?		
Not demanding enough?		
Is there an assigned Patient Care Coordinator or Case Worker?		
Is the program certified?		
Does its staff have valid credentials?		
Is it located where you and family members can easily visit?		
Does it actively involve you and other family members in rehabilitation decisions?		
If it is an outpatient program, is transportation available?		
Are online reviews about the program positive?		
Are the facilities clean and well kept?		
Are its costs covered by insurance or Medicare?		
Does it encourage caregivers to participate in some rehabilitation sessions and practice with their loved ones?		
If it is an outpatient or home program, will you or someone else be available to provide in-home care?		

Notes

WEEKLY REHAB CALENDAR

A form to help you and your loved one track his or her rehabilitation goals and successes.

Rehab Calendar

Schedule of Activities

When:	
Where:	
When:	
Where:	
When:	
Where:	

The name, phone number, and job of each person on the rehab team:

Questions and concerns to talk about with the program staff:

Goals for the week (include check marks showing which plans have been carried out and which goals have been reached):

-
-
-
-
-
-
-
-

Successes (smaller steps taken to reach larger goals):

-
-
-
-
-
-

ASSISTED LIVING

ASSISTED LIVING: COSTS AND CONTRACTS

A list of financial questions to ask when you and your loved ones visit an assisted living facility.

Costs & Contracts

The contract is a legal document, obligating you to potentially pay very large sums of money for care. CCAL encourages you to consult with an elder law attorney before signing the document.

What is the baseline fee?

.....
.....
.....

What services are provided for that fee?

.....
.....
.....

What initial payments are required? What portion is refundable?

.....
.....
.....

If the patient is away from the facility for an extended period of time, (in the hospital or temporarily in a nursing home) what fees continue to apply?

.....
.....
.....

When, how often, and why can the fees be changed?

.....
.....
.....

When fees are changed, who is informed? How much advanced warning is provided?

.....
.....
.....

What happens if funds run out? Is there any financial assistance?

.....
.....
.....

Is renters insurance required?

.....
.....
.....

What happens if there is a spill or accident that destroys property—the resident’s or the facility’s? Who is responsible for cleaning/repairing, payment or replacement?

.....
.....
.....

Examine the contract. Is the print large enough for you to read? If not ask for a copy that is. Does the contract clearly describe:

Monthly fees and extra charges, including charges to hold a bed during an absence?

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A refund policy in cases of transfers, discharges, changes in ownership, or closure of the facility?

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Responsibilities of the resident and of the facility?

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Behavioral conditions or other circumstances that may result in termination of services and an explanation of discharge policies?

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Notes

ASSISTED LIVING: PERSONAL CARE

A checklist of personal and health care questions to ask when you and your loved one visit an assisted living facility.

Personal Care

In addition to the questions below, ask the facility to specifically describe how it meets known care needs such as incontinence, mental health, supervision, or dementia. Take into consideration that more care may be needed in the future.

Meeting Individual Needs

What kind of assessment is done to determine the resident's needs? What are the qualifications of the person conducting the assessment? How often is the assessment done?

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What happens if the resident's needs change?

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How does the facility tailor the schedule for bathing and dressing to accommodate the preferences of residents? Can changes be made?

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How does the facility help residents maintain their ability to care for themselves, especially in regard to toileting, dressing, and eating?

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If a resident displays a difficult behavior, what steps will the facility take?

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How often is the resident's room cleaned?

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Is there a schedule for staff to check on a resident's whereabouts and well-being?

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Staffing

How many staff members are there for each shift? What are their responsibilities?

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What is the training/certification of the staff members who care for residents? What are the trainer's qualifications?

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How many residents are assigned to each direct care staff member? What other duties do direct care staff have during these hours?

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Are there direct care staff who speak the resident's native language clearly?

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Is there special training for staff regarding dementia and Alzheimer's disease? How long is the training?

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Are staff members trained to deal with aggressive individuals? Wanderers?

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What if the residents don't like the staff member assigned to their care?

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What is the staff turnover rate?

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Emergencies

Who decides whether to call 911? Are there written policies about how that decision is made?

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What kind of emergencies are staff expected to handle and how are they trained for them?

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Health Care

While assisted living facilities are not designed to provide medical care, the facility should be able to meet the medical needs of their residents, especially if the facility has an aging in place philosophy. This philosophy allows residents to remain in the facility if they become more infirm and to receive more care as needed. It is important to evaluate the facility's capacity to manage health care needs even if your loved one is healthy now, because he or she may need more help in the future. Also, although many seniors are basically healthy, many take a variety of medications, requiring assistance or supervision.

Written Plans

Does the facility prepare a written plan describing how it will care for its residents? How often is it revised?

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What professionals/staff are involved in the development of this plan?

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What involvement does a confused resident have?

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What if the resident does not agree with the facility's plan of care?

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Provision

To what extent will the facility monitor the resident's health?

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Is there a nurse on staff? What are the nurse's hours and responsibilities?

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Who is responsible when the nurse is not on duty?

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If a nurse is not on staff, are there regularly scheduled visits by a nurse or other health provider?

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Does the nurse or provider see residents regularly?

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If the resident doesn't feel well, how quickly and to what extent will the resident receive medical attention?

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What health services are available on site: e.g. lab work, physical therapy, wound care, hospice, social work, podiatrist, etc.? What does the facility provide, and what can outside agencies provide? What are the costs?

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Under what circumstances and when does the facility call the family? The doctor?

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Medication

What safeguards are in place to ensure that the resident receives the appropriate medications on time and in the correct dosage?

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How are prescriptions filled? Must the residents use the facility pharmacy? What are the costs?

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Who gives out medications?

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Who reviews the medication procedures and how frequently? What are their qualifications?

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Transportation

Is transportation to health appointments available? Are there any limitations?

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Is transportation available if the resident wants to go somewhere alone or with a friend?

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What are the fees associated with using the facility's transportation?

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Is the transportation wheelchair accessible?

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ASSISTED LIVING: QUALITY OF LIFE

A checklist of questions dealing with socializing, meals, safety, and other issues to consider when you and your loved one visit an assisted living facility.

Activities and Socializing

When looking at the activities a facility offers, think about your preferences. Some people enjoy scheduled activities, such as current events discussions, crafts, bingo, card games, etc. Others have never been “activities people” and won’t care to participate. They would rather read a book or go for a walk. A third group may want to spend a lot of time at cultural or community events such as museums, theaters and concerts. The last group will be more concerned about location of the facility and whether transportation is available, its cost, and who goes on these trips. Look at a monthly activity schedule, do the activities appeal to the resident?

How often are activities in the community scheduled? What staff are included?

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Can residents walk on the grounds? Are there protected/enclosed walking areas for residents with dementia?

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How are religious/spiritual needs met? Is there transportation to the resident’s church or synagogue? Is there room and arrangements for worship programs in the facility?

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Who develops and supervises recreational activities? What is this person’s background?

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How do residents give input towards activities offered?

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Meals

Meals are important to many residents of assisted living. Sample a few meals, how does the food taste? If your loved one has special dietary needs, describe them and ask how those needs can be met. Ask to see a printed menu for the month. Does it look appealing?

What times are meals served?

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What if meals are skipped regularly? Is the answer different if a resident is confused?

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Can a tray be delivered to the resident's room? Is there an additional charge?

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Are there choices available for meal options or alternatives for dietary restrictions?

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Are snacks available at any time? What kinds of snacks are available?

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Does a nutritionist or dietitian review meals and special diets? If yes, how often?

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Safety /Choices

Assisted living facilities emphasize independence and choice as vital to their philosophy. They also have rules and procedures designed to protect residents from harm. It is important to match the ability with the extent of choices and opportunities offered by the facility, as well as the limitations it will impose. Facilities vary with regard to the extent of protection they offer residents and may use negotiated risk agreements or contracts when issues of safety and choice arise. Because each facility may define the terms differently, use a different term, or not believe in using such agreements, ask the facility whether it uses any form of negotiated risk agreements. If they do, they should clearly explain what they mean by the terms that they use and how they use such agreements in practice at the facility.

What safety measures are in place to protect residents from wandering away? Personal property being stolen?

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What if a resident wants an exception to a policy, e.g. signing in and out, smoking, or eating foods that are not on a prescribed diet? Is the answer different if a resident is confused?

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Are background checks performed on all staff? What kind?

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Which doors of the facility are locked and when? When doors are locked, how does one access the home? Are exit doors alarmed?

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Are there safety locks on the windows?

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Are there call bells in each room and bathroom? How often are they checked to be sure they are working correctly?

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Is there a fire emergency plan? Are there fire drills? Are emergency plans publicly displayed?

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Is the floor covering of the facility made of nonskid material?

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Facility Initiated Discharge

Answers to these questions will help you clarify a facility's ability to care for people with health and behavior conditions that are more difficult to manage. It will also help you determine what recourse is available if your loved one is asked to leave.

What are potential reasons for discharge?

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Is there an internal appeal process? What is it?

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How many days notice is given and to whom?

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How does the facility assist your loved one if they proceed with discharge?

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Accessibility

Are hallways, doorways, bathrooms and common areas fully accessible to people in wheelchairs?

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If it is a multi-floor facility, what are the safety arrangements for escape in case of fire for people in wheelchairs?

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Questions About Hospice Care

A checklist of questions to ask as you try to find the right hospice service for your loved one.

Involvement with a hospice service can be a choice that is planned for, or one that comes up suddenly. Regardless, it helps to know the right questions to ask when shopping for hospice care.

Below are some of the most important questions you should ask when interviewing a hospice service. Before you go to an interview, print this list of questions, read over it, and identifies the questions that are most important to you and your loved one. Take the sheet along with you, and jot down the answers during the interview. If you go on several interviews, the answers to this questionnaire will allow you to more easily compare services and decide which is right for your loved one.

Is the hospice accredited by a nationally recognized accrediting body?

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Is the program Medicare and/or Medicaid certified?

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Does the state require hospice licensing? If so, is the hospice licensed?

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Is there written documentation regarding the eligibility requirements, financial aspects, employee jobs, liability insurance, and general services of the hospice?

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Will the hospice provide references from the other healthcare organizations?

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Is the hospice in good standing with the Better Business Bureau or State Attorney General's office?

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How flexible is the hospice service in negotiating patient differences?

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Does the hospice work with the family to generate a professional plan of care for each patient? Will the services provide you with a copy of this plan?

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Is this plan updated periodically or when the need arises?

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Does the hospice require a primary caregiver?

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Will the hospice work with the caregiver to cover job schedules, travel plans, or other responsibilities?

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Does the hospice hold an evaluation to determine patient needs?

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Does the hospice consider what the patient can do for him or herself?

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How many personnel references does the hospice require?

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Are the hospice workers licensed and bonded?

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Does the hospice have a routine way of handling complaints?

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How does the hospice handle billing?

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Will the hospice help find financial assistance?

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Are there payment plans available?

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Does the hospice have a 24 hour on-call service?

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Did the hospice inform you of the patient's rights and responsibilities?

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How quickly do the hospice services begin?

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What specialized services are available?

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What are the policies regarding residential admission? Inpatient care?

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Which hospitals work closely with the residential facilities?

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Notes

FUNERAL PLANNING

FUNERAL PLANNING CHECKLIST

A list of all of the factors to consider when planning a funeral.

Planning a funeral is a complicated process, which is made even more difficult by the emotional stress that accompanies the death of a loved one. Fortunately, many of the arrangements can be made ahead of time, which will decrease the burden on those left behind. Use the checklist below when discussing funeral plans with your loved one, to make sure that his or her final wishes are carried out.

Pre-Planning

All of these items can be arranged in advance of a person's death.

- ▶ Determine if your loved one has a "Funeral Trust" set up to cover costs. If so, learn what you need to do to access those funds. Also, check to see if your loved one has any prepaid funeral arrangements, who those arrangements are with and what they will need from you. The facilities you work with have counselors available to guide you through some of those responsibilities.

General Preparations

- ▶ Assemble personal information for obituary
- ▶ Choose a charity to direct donations to
- ▶ Decide if jewelry is to remain or be returned
- ▶ Choose a funeral home

Funeral Home Services

- ▶ Choose between burial or cremation
- ▶ Select a casket or cremation container
- ▶ Select a burial vault or cremation urn
- ▶ Choose the location/type of service
- ▶ Choose family viewing or visitation
- ▶ Choose floral arrangements
- ▶ Select a photograph to be displayed
- ▶ Decide which religious or fraternal items are to be displayed
- ▶ Decide what the deceased will wear
- ▶ Select music, hymns, and solos
- ▶ Select scripture or literature to be read
- ▶ Select a memorial register
- ▶ Select memorial folders and acknowledgement cards

Funeral Home Services: Transportation

- ▶ Funeral coach
- ▶ Clergy car
- ▶ Family limousine
- ▶ Pallbearer limousine
- ▶ Flower car

Participants

- ▶ Choose clergy or officiator
- ▶ Choose organists or other musical participants

- Select pallbearers
- Select family member or friend to perform the eulogy
- Select family member or friend to read scripture or literature

Cemetery Selections

- Choose a cemetery
- Select a burial or cremation plot
- Decide whether above or below ground

Final Arrangements

The following items cannot be arranged beforehand.

- Ambulance transfer from place of death
- Apply for death certificates
- Apply for a burial permit
- Set a time and date for the service
- Request preparation and embalming
- Compose and submit obituary
- Arrange location and food for reception

FUNERAL PLANNING FORM

As your loved one makes his or her funeral plans, use this form to record all of his or her wishes for final arrangements.

Final Arrangements for:

Memorial Services

Funeral Home:

Funeral Director:

Location of Service:

To be officiated by:

Military/Fraternal/Social organization or lodge members to be present:

Pallbearers:

Veteran's flag: Folded Draped on casket.....

Music:

Reading or Scripture Selections:

Flowers: Yes No If yes,

Memorial Donations: Yes No If yes,

Name of charitable organization:

Casket: Open Closed OR Cremated remains present? Yes No

Preparation and printing of the schedule of memorial services (usually provided as part of service by funeral director with assistance from family):.....

Burial

Name, address, and phone number of cemetery:

Cemetery documents located:

Casket: Wood Bronze Copper Steel

Burial Vault (usually required by cemetery/may be purchased through funeral home or cemetery-check on pricing)

Property or Crypt purchased? Yes No

Location:

No. of spaces: Type of burial: Earth Burial Crypt Mausoleum Other:

Inscription to read:

Other information or instructions:

Cremation

Name, address, and phone number of funeral home or cremation society:

Urn: Wood Bronze Marble Other:

Location of cremated remains:

Cemetery:

Private estate:

No. of spaces:

Final Disposition: Earth Burial Crypt Mausoleum Columbarium Other:

Alternative disposition:

Type of memorial or monument:

Inscription:

Preparing the Obituary

This form will guide you through the preparation of information needed for the obituary

Name:Spouse's name:

Date and place of death:

Children/cities where they reside:

Grandchildren/cities where they reside:

Siblings/cities where they reside:

Parents/cities where they reside (or resided, if deceased):

Date, time, and place of funeral or memorial service and burial:

Clergy/person officiating:

Address of funeral home:

Address of cemetery:

Memorial contributions may be made in lieu of flowers to (optional):

Photo preferred:

Place and date of birth:

Education:

Wedding date:

Military service:

Employment:

Religious affiliation:

Other affiliations:

Significant achievements

Notes

FUNERAL PLANNING: PERSONAL INFORMATION

A form to help you record important personal information for use in planning a funeral, informing friends and relatives, and writing an obituary.

Important Personal Information For My Family

PERSONAL INFORMATION	
Full Name:	
Address:	
City, State, Zip:	
Place of Birth:	Date of Birth:
Country of Citizenship:	Social Security Number:
Spouse's Name:	Maiden Name:
Religious Affiliation:	Place of Worship:
EDUCATION	
High School:	Institution:
Undergraduate Degree:	Institution:
Graduate Degree:	Institution:

PARENTS

Father's name:	Place of Birth:
Mother's name:	Place of Birth:

CHILDREN

Name:	Name:
Address:	Address:
Phone:	Phone:
Special Instructions:	Special Instruction:
Name:	Name:
Address:	Address:
Phone:	Phone:
Special Instructions:	Special Instructions:



SIBLINGS

Name:

Name:

Address:

Address:

Phone:

Phone:

Special Instructions:

Special Instructions:

Name:

Name:

Address:

Address:

Phone:

Phone:

Special Instructions:

Special Instructions:

Notes