



## 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 when needed. For every "no," (or if you know that 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**

**No**

#### Personal Medical Information and Health History

This includes a listing 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.

Document Location:

\_\_\_\_\_

Doctor's Name/Phone:

\_\_\_\_\_

**Yes**

**No**

#### List of Current Medications

For each medication, include the name, dosage, frequency and time of day, special instructions, prescription number, and physician.

Document Location:

\_\_\_\_\_

Pharmacy Name/ Phone:

\_\_\_\_\_

### Military Records

For additional tools for caregiving or aging, visit [www.CaregiversLibrary.org](http://www.CaregiversLibrary.org)

Yes

No

**Military Records**

Military ID Number:

\_\_\_\_\_

Discharge Certificate:

\_\_\_\_\_

Location of Documents:

\_\_\_\_\_

## Identification

Yes

No

**Identity Records Folder**

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 in a single, protected location.

Folder Location:

\_\_\_\_\_

Yes

No

**Social Security Card**

Number: \_\_\_\_\_

Yes

No

**Driver's License**

Number: \_\_\_\_\_

Yes

No

**Birth Certificate**

Yes

No

**Marriage License(s)**

Yes

No

**Divorce Record(s)**

Yes

No

**Spouse's Death Certificate**

Yes

No

**Adoption Certificate**

Yes

No

**Naturalization Papers**

## Financial

Yes

No

**Financial Assets Inventory**

This is a master listing of the care recipient's assets showing account number and type, name and location of the financial institution, and contact name and phone numbers. This inventory should also account for property owned and any sources of income due the care recipient.

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Inventory Location:

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**Yes**

**No**

**Checking Accounts**

These may be held by banks, credit unions, or brokerage houses and can take the form of standard checking or Money Market accounts.

**Yes**

**No**

**Savings Instruments**

There are multiple types of savings instruments including regular savings accounts, Certificates of Deposit, and savings bonds.

**Yes**

**No**

**Investments**

Investment vehicles include publicly traded stocks and bonds, shares of mutual funds, IRAs, Keogh plans, and 401-K plans.

**Yes**

**No**

**Sources of Revenue**

The care recipient may have funds coming from an employer (or business if self-employed) from wages or a retirement plan, from Social Security, pension plans, annuity contracts, military retirement benefits, other government programs, tax refunds, insurance claims or settlements, and the like.

**Yes**

**No**

**Real Estate Owned**

Includes independent or joint ownership of a primary or secondary residence, vacation property (or time share), real property, or vacant land.

**Yes**

**No**

**Personal Property Owned**

Includes automobiles or other vehicles, antiques and collections, and jewelry.

**Yes**

**No**

**Inventory of Money Owed**

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:

**Mortgages**

**Home Equity Loans**

**Automobile Loans or Leases**

**Other Secured Loans**

**Business Loans (if self-employed)**

**Unsecured Loans**

**Credit Card Debt**

**Yes**

**No**

**Deed to House/Other Property**

Document Location:

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**Yes**

**No**

**Automobile Title(s)**

Document Location:

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**Yes**

**No**

**Loan Agreements**

Document Location:

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**Yes**

**No**

**Personal Property Appraisals** (jewelry, antiques, collections)

Document Location:

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**Yes**

**No**

**Tax Records**

Document Location:

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Accountant's Name/Phone:

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**Yes**

**No**

**Veterans Benefits Documentation**

Document Location:

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Contact Name/Phone:

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## Insurance

**Yes**

**No**

**Insurance Coverage Worksheet**

This is a master listing of all of the care recipient's insurance coverage, which shows the number of each policy, the amount of coverage, the name and location of the company, and contact name and phone numbers, premium amount and due dates, and beneficiary.

Document Location:

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**Yes**

**No**

**Life Insurance**

Includes multiple policies and different types of insurance (group, whole life, term life, universal life, etc.)

**Yes**

**No**

**Health Insurance**

Multiple sources of coverage are common, including a health insurance supplement, Medigap policy, or major medical benefits.

**Yes**

**No**

**Disability Insurance**

**Yes**

**No**

**Long-Term Care Insurance**

**Yes**

**No**

**Homeowner's/Renter's Insurance**

**Yes**

**No**

**Vehicle Insurance**

Includes policies for all automobiles, as well as RVs, campers, boats, and other recreational vehicles. Be sure to account for each.

**Yes**

**No**

**Liability Insurance** (personal, business, or professional)

## End-of-Life Planning

**Yes**

**No**

**Last Will and Testament and Final Instructions**

Have circumstances changed? Does the care recipient want to make any revisions?

Document Location:

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Attorney's Name/Phone:

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**Yes**

**No**

**Advance Medical Directives**

Has the care recipient signed a living will or other medical directive?

Document Location:

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**Yes**

**No**

**Burial Policy/Ownership Certificate for Cemetery Plot**

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Document Location:

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