



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

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:

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

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Yes

No

Deed to House/Other Property

Document Location:

Yes

No

Automobile Title(s)

Document Location:

Yes

No

Loan Agreements

Document Location:

Yes

No

Personal Property Appraisals (jewelry, antiques, collections)

Document Location:

Yes

No

Tax Records

Document Location:

Accountant's Name/Phone:

Yes

No

Veterans Benefits Documentation

Document Location:

Contact Name/Phone:

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:

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:

Attorney's Name/Phone:

Yes

No

Advance Medical Directives

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

Document Location:

Yes

No

Burial Policy/Ownership Certificate for Cemetery Plot

Document Location:

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