

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
<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>		
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/REVOCABLE TRUST
<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/GDPOA
<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)