



For My Parents Care

# ELDER CARE PLANNING CHECKLIST



## *Gentle Reminder:*

***Elder care planning isn't about having all the answers—it's about taking the next right step. You don't have to do this alone.***



## PERSONAL & DAILY LIVING

- Full legal name, date of birth, Social Security Number
- Current address and phone number
- Emergency Contacts
- Primary language & communication needs
- Daily routine (sleep, meals, preferences)
- Mobility needs (walker, cane, wheelchair, fall risk)
- Vision, hearing, or speech challenges
- Transportation needs (driving status, rides, services)



## HEALTH & MEDICAL CARE

- Primary care physician contact information
- Specialists (cardiology, neurology, etc.)
- Diagnoses and chronic conditions
- Allergies (medications, food, environmental)
- Current medications (name, dosage, schedule)
- Pharmacy contact information
- Medical equipment used (oxygen, CPAP, monitors)
- Recent hospitalizations or surgeries
- Cognitive changes or memory concerns



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## COGNITIVE & EMOTIONAL WELL-BEING

- Noted memory or behavioral changes
- Mood changes (anxiety, depression, withdrawal)
- Social engagement level
- Hobbies and meaningful activities
- Triggers that cause confusion or agitation
- What brings comfort and calm



## LEGAL DOCUMENTS

- Living Trust, Last Will and Testament
- Durable Power of Attorney (for financial)
- Healthcare Power of Attorney (medical proxy)
- Advanced Healthcare Directive/Living Will
- HIPAA Authorization
- Guardianship or Conservatorship (if applicable)
- List of Assets, Liabilities, and Insurance policies
- Beneficiary designations (retirement accounts, life insurance)
- Funeral and Burial instructions
- Location of Documents



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## FINANCIAL AND INSURANCE INFORMATION

- Health insurance details (Medicare, supplements plans)
- Long-term care insurance
- Prescription coverage
- Social Security or pension income
- Monthly expense overview
- Bank account numbers and institutions
- Financial advisor(s) contact information
- Veterans benefits (if applicable)



## LIVING SITUATION AND CARE OPTIONS

- Current living arrangement (home, with family, community)
- Safety concerns in the home
- In-home support needs
- Companion care vs medical care needs
- Assisted Living or Board & Care (RCFE) consideration
- Short-term vs. long-term care goals
- Budget comfort range
- Geographic preferences



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## FAMILY AND CAREGIVER SUPPORT

- Primary caregiver identification (family, friend)
- Backup caregiver plan
- Family members involved in decisions
- Caregiver stress or burnout concerns
- Communication plan for family updates
- Community or support resources needed
- Religious or church contact information



## FINAL NOTES

- Personal wishes and values
- Cultural or spiritual preferences
- End-of-Life consideration
- Questions or concerns to explore further



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## Notes, Questions, or Things to Come Back To

A sheet of handwriting practice paper designed for cursive writing. It features 10 identical rows, each consisting of a large, hollow circle on the left and three horizontal dotted lines to the right. The top dotted line is for the baseline, the middle dotted line is for the midline, and the bottom dotted line is for the descender line. This pattern repeats 10 times down the page, providing ample practice space for letter formation and placement.