



ELDER CARE PLANNING CHECKLIST

If you have older parents, you'll be very glad you completed this form. Completing this checklist now and knowing where important documents are kept will save you precious time in case of an emergency. It is especially important if you are trying to help from long distance.

The checklist is also a great planning tool, for you, your parents and your siblings. It will help you understand your relative's wishes, remind them to get or update important documents like living wills, and it will help inventory and organize vital information. It might also prompt you to start the same kind of checklist for yourself.

At some point you're going to need all this information. It's far easier to compile it now.

You may want to complete it in a couple of sessions, rather than all at once. At a minimum you should know where key documents are filed; it's even better to have a copy on hand for yourself.

Make a separate copy of this planning checklist for each relative.



ELDER CARE PLANNING CHECKLIST

Date: _____

Name: _____

Social Security Number _____

Health and Medical Care

Medicare Number _____

Medicaid Number _____

Doctors:

Name _____

Specialty _____

Address _____

Phone Number _____

Other health care or in-home care providers:

Name _____

Address _____

Phone Number _____



Dentists:

Name _____

Address _____

Phone Number _____

Current Medications:

<u>Name of Drug</u>	<u>Dosage</u>	<u>How Often Taken</u>
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Legal and Financial Information

Location of important papers and documents:

- Will
Living Will
Power of Attorney
Durable Medical Power of Attorney
Health Care Proxy
Birth Certificate
Divorce Decree
Property Deeds
Safe Deposit Box
Location of Keys

Other Documents:

Table with 2 columns: Sources of Income, Monthly Amount. Rows include Social Security, Retirement/pension, and Other.

Bank Accounts:

Table with 3 columns: Account Type, Name of Bank, Account Number. Rows include Checking and Savings.



Investments:

	Institution or Broker	Phone Number	Location of Account Statements
Stocks	_____	_____	_____
Bonds	_____	_____	_____
Annuities	_____	_____	_____
Certificates of Deposit (CDs)	_____	_____	_____
Mutual Funds	_____	_____	_____
IRAs	_____	_____	_____
Money Market	_____	_____	_____
Other	_____	_____	_____

Name of Accountant/ Broker /Financial Planner:

Name	_____	_____
Address	_____	_____
	_____	_____
	_____	_____
	_____	_____
Phone Number	_____	_____

Insurance:

	Company or Agent	Location of Policy
Life	_____	_____
Health	_____	_____
Medigap	_____	_____
Disability	_____	_____
Long Term Care	_____	_____
Dental	_____	_____
Homeowners/rental	_____	_____
Liability	_____	_____
Automobile	_____	_____

Funeral/Burial Instructions:



Clergy: _____

Close Friends/Neighbors:

Name _____

Address _____

Phone _____

Other Information: