

Dear Client,

You'll be glad you have completed your Elder Care Planning Checklist. Once you have it all filled out in detail, you will know where important documents are kept and it will save you time in case of an emergency.

This checklist is a great planning tool for you. It will assist your children or other responsible persons caring for you in time of emergency. It will help them understand your wishes and it may remind them to get or update their important documents like living wills. At some time you will need all this information and it is easier to do now to avoid frustration at a later date during a crisis.

Keep copies for yourself and give them to your family or responsible persons.

Sincerely,

Bettyray A. Lawrence, CIRS
Area Agency on Aging of the Capital Area

Elder Care Planning Checklist

Date: _____

Name: _____

Social Security Number: _____

Health and Medical Care

Medicare Number _____

Medicaid Number _____

Doctors:

Name: _____

Specialty: _____

Address: _____

Phone # _____

Other health care or in-home care provider:

Name: _____

Address: _____

Phone #: _____

Dentists:

Name: _____

Address: _____

Phone #: _____

Current Medications:

<u>Name of Drug</u>	<u>Dosage</u>	<u>How Often Taken</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

Sources of Income:

Monthly Amount:

Social Security	_____
Retirement/Pension	_____
Other:	_____

Bank Accounts:

	<u>Name of Bank</u>	<u>Account Number</u>
Checking	_____	_____
Savings	_____	_____

Investments:

	<u>Institution or Broker</u>	<u>Phone #</u>	<u>Location of Account Statements</u>
Stocks	_____		
Bonds	_____		
Annuities	_____		
Certificates of Deposit (CD's)	_____		

Mutual Funds _____
IRA's _____
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: