

Caregiver's Essential Document List



If you are a caregiver for an elderly loved one, you already know that it is a tremendous responsibility. Taking care of someone's financial, personal, and emotional needs can be stressful and is definitely time-consuming. The typical caregiver accepts this responsibility on top of their own responsibilities which can often make things feel overwhelming. That is why we created this caregiver's checklist. Being organized is one of the biggest favors you can do for yourself. Having critical information organized and easily accessible can help you save time and ensure that you make the best decisions for your elderly loved one. This checklist is provided to you and will help you identify, locate, and organize the important documents you will need as primary caregiver.

Check "yes" or "no" to determine if you can immediately locate the document when needed. Every "no" answer should immediately go on a to-do list so that you can locate, create, or revise these important documents.

Caregiver's Checklist provided by:

Ingle Law
9 Main Street
Southborough, MA 01772

Website: Inglelaw.com
Phone: 508-281-7900

Personal Records

Your loved one's current name: _____

Maiden or other names: _____

Faith/Denomination: _____

Place of worship: _____

Spiritual leader's name/phone: _____

Family list Yes No

This list includes the name(s) of all current/former spouses, names and addresses of children and grandchildren.

Document location: _____

Personal contacts list Yes No

This could be the recipient's personal address book.

Document location: _____



Personal Records – Continued

Plan for care of pets Yes No

Document location: _____

Safety deposit box Yes No

Name of bank: _____

Location of key: _____

Storage units Yes No

Storage unit company name/phone: _____

Unit number: _____

Location of key/lock combination: _____

Health care

Personal Medical information and health history Yes No

This includes a listing of the names and numbers of doctors and a summary of the recipient's medical history

Document location: _____

Primary doctor's name/phone: _____

List of Current Medications Yes No

Document location: _____

Pharmacy name/phone: _____

Medical equipment Yes No

List type and model numbers: _____

Military Records

Military Records Yes No

Branch of service: _____

Dates of service: _____

Military ID number: _____

Discharge certificate: _____

Location of documents: _____

Identification

Identity records folder Yes No

Identification numbers should be carefully guarded and only given out when the situation demands it. But, there are some situations when the primary caregiver must have proof of the recipient's identity. To be prepared, make copies of the following documents and put them in a folder located in a safe or other protected location.

Folder location: _____

Social security card Yes No

Driver's license Yes No

Birth certificate Yes No

Passport Yes No

Marriage certificate(s) Yes No

Divorce records Yes No

Spouse's death certificate Yes No

Adoption certificate Yes No

Financial

Financial assets inventory Yes No

This is a list of the recipient's assets including account numbers and types, name and location of the financial institutions, and contact names and phone numbers. Also include a list of property owned and any sources of income.

Inventory location: _____

Checking accounts Yes No

Can take the form of standard checking or money market accounts.

Savings accounts Yes No

Includes regular savings accounts, certificates of deposit, and savings bonds.

Online accounts Yes No

PayPal, Google Wallet, Apple Pay, etc.

Investments Yes No

Includes publicly traded stocks and bonds, mutual funds, IRAs, Keogh plans, and 401(k) plans.

Sources of revenue Yes No

Could include any funds coming from an employer from wages or a retirement plan, social security, pension plans, annuity contracts, military retirement benefits, other government programs, tax refunds, insurance claims, or settlements.

Real estate owned Yes No

Includes independent or joint ownership of a residence or vacation property.

Personal property owned Yes No

This includes automobiles and other vehicles, collections, antiques, and jewelry.

Inventory of money owed Yes No

This is a list of any debts listing the account number, the name and location of the financial institution, and a contact name and phone number. This inventory might include mortgages, home equity loans, auto loans or leases, other secured loans, business loans, unsecured loans, and credit card debt.

Financial – Continued

Deed to house or other property Yes No

Document location: _____

Automobile titles Yes No

Document location: _____

Loan agreements Yes No

Document location: _____

Personal property appraisals Yes No

For jewelry, antiques, etc.

Document location: _____

Tax records Yes No

Document location: _____

CPA/Accountant's name/phone:

Veteran's benefits documentation Yes No

Document location: _____

Contact name/phone: _____

Blank checks/debit cards/credit cards Yes No

Location: _____

Insurance

Insurance coverage worksheet Yes No

This is a list of recipient's insurance coverage showing the number of each policy, the amount of coverage, the name and location of the company including contact name and phone, premium amount and due dates, and beneficiary information.

Document location: _____

Life insurance Yes No

Health insurance Yes No

Medicare Yes No

Medicaid Yes No

Disability insurance Yes No

Long-term care insurance Yes No

Homeowner's or Renter's insurance Yes No

Vehicle insurance Yes No

Liability insurance Yes No

End-of-Life Planning

Last Will and Testament/Trust Yes No

Document location: _____

Attorney's name/phone: _____

Advanced medical directives Yes No

Document location: _____

Burial Policy/Ownership for cemetery plot Yes No

Document location: _____

