Checklist for Family Caregivers

A Guide to Making It Manageable

Sally Balch Hurme
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Sally Balch Hurme
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CHAPTER 1
WHAT I NEED TO KNOW

You’ve probably already realized that as you carry out your caregiver responsibilities, you need a lot of pertinent information about the person you are caring for. Some information you already know and carry around in your head; maybe you’ve known each other your whole life and possibly even lived together for many years. But putting down in one place all those details makes it very handy for you to quickly access information when you need it.

You may need to dig around to find phone numbers for all the relatives or the blood type of the person you’re caring for, but at some point in the future you’ll be glad you did. I recently realized I didn’t know my own blood type; I’ll find out the next time I see my doctor so I can write it down in case my family needs it in an emergency.

In addition to those basic facts, you also need to be sure you understand who the person is, including strengths, wishes, and abilities. You might also want to take this opportunity to look at safety and security.

Finally, turn the spotlight around. To help another person, you’ll need to first take care of yourself.

This chapter walks you through gathering all this preliminary information. As with all the chapters in this book, you’ll first find the to-do checklists, with why and how to gather what you need. Then you’ll find the action checklists, where you record what you know, have observed, have done, or need to do. If there’s a detail that doesn’t apply, just skip it. I’ve given you plenty of spaces to record information; use as much as you need.
## My To-Do Checklist

<table>
<thead>
<tr>
<th>Done</th>
<th>Need to Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑</td>
<td>❑ Gather details about the basics</td>
</tr>
<tr>
<td>❑</td>
<td>❑ Talk about goals, needs, interests, likes, and dislikes</td>
</tr>
<tr>
<td>❑</td>
<td>❑ Assess activity levels—what can be done with and without help</td>
</tr>
<tr>
<td>❑</td>
<td>❑ Identify difficulties managing finances</td>
</tr>
<tr>
<td>❑</td>
<td>❑ Know the signs of financial exploitation</td>
</tr>
<tr>
<td>❑</td>
<td>❑ Make sure the residence is safe</td>
</tr>
<tr>
<td>❑</td>
<td>❑ Prepare for an emergency</td>
</tr>
<tr>
<td>❑</td>
<td>❑ Take care of myself</td>
</tr>
</tbody>
</table>

**✓ Gather details about the basics**

To get started, you can use the Personal History Checklist to record information you may be called upon to know. You’ll want things like Social Security and driver’s license numbers, which you’ll need if a wallet is lost or stolen. If the person was in the U.S. military, you’ll need to know the service serial number. I think I know my husband’s serial number by heart, but I also have written it down just in case I forget it.

**✓ Talk about goals, needs, interests, likes, and dislikes**

Now let’s move to the next step, the Getting to the Heart of Things Checklist, which is a lot more personal. Moving beyond names and numbers, you can use this checklist to jot down what you know about the person’s heart and soul. What’s important to him now and in the future? What are his talents, values, and goals? What does he really like? It could be lobster, the sunshine, or jazz music. Special dislikes might be cauliflower and not receiving thank-you notes. If you’re not sure, take the time to find out. These conversations may not happen right away, but you do want to learn more to increase your awareness of what makes him happy, frustrated, content, or upset. You’ll keep this information uppermost in mind as you make sure he receives the kind of care he wants and has the quality of life that’s important to him.

**✓ Assess activity levels—what can be done with and without help**

You may be helping with just a few things like going to appointments or shopping for groceries, or you may be heavily involved in day-to-day activities. What you are doing now and what you may need to do in the future depend primarily on his needs. The Activities Checklist is a quick way to identify what he can do with no problems and what you need to help with.
At some point, he may need a more structured assessment of what he can do on a daily basis. This would be an assessment by a professional of activities of daily living, called ADLs:

- Feeding
- Toileting
- Selecting proper attire
- Grooming
- Maintaining continence
- Putting on clothes
- Bathing
- Walking and transferring (such as moving from bed to wheelchair)

The assessment would also include what are called instrumental activities of daily living (IADLs):

- Managing finances
- Handling transportation (driving or navigating public transit)
- Shopping
- Preparing meals
- Using the telephone and other communication devices
- Managing medications
- Performing housework and basic home maintenance

Doctors, rehabilitation specialists, and geriatric social workers are just a few of the professionals who can conduct these functional assessments.

✓ Identify difficulties managing finances

One area of concern may be around managing finances. The person you care for may have expressed frustration over, for example, deciphering medical bills or keeping track of what bills need to be paid.

To be sure, many of us share the same feeling from time to time. Some of us may never have been comfortable navigating financial waters and have gotten in over our heads with tricky transactions. I long ago gave up trying to reconcile my bank statement to the penny every month because the task caused more anxiety than reassurance about my bank balance.

The person you care for may just need some reassurance that he is managing money just fine. On the other hand, he may not be interested in your help and think he has no problems. You want to make sure there’s no financial crisis such as overdue bills, a utility shut-off, or a foreclosure notice that could be avoided with some better organization or oversight. Use the Signs of Difficulties Managing Finances Checklist to be alert for indications
that there might be problems taking care of money. If you are observing some problems, talk with him about what assistance he needs.

You can do a number of things to help with money management. You could sit down together to sort through the mail and explain bills or insurance claims. Together you can set up a filing system to match doctor bills with Medicare Summary Notices and put routine bills for utilities, cable, rent, or telephone on autopay to avoid writing checks every month. If you don’t have the time or skill to do some of these things, he may want to engage a daily money manager to take care of these tasks. You can find a list of daily money managers at the American Association of Daily Money Managers, www.aadmm.com. Beyond these steps, he may want to give you the authority to be a financial agent by signing a financial power of attorney. Read about this in Chapter 4, Making Decisions for Someone Else.

✓ **Know the signs of financial exploitation**

Every day, hundreds of people—folks just like you and me—fall for scams. I know it all too well. My husband got a call one day from someone pretending to be our daughter, claiming to need $3,000 to get out of jail. With a well-rehearsed script and fancy acting, she convinced my husband to wire the money. Needless to say, our daughter was just fine, and the money was forever gone.

Scammers have dozens of tricks they use to con people out of their money. Most pitches have been around for decades, such as “Congratulations, you have won . . .” promising a fantastic sum of money if you’ll just pay a fee to claim your winnings. Realistic-looking websites for fake charities raising money for disaster relief, starving children, and homeless dogs tug at heartstrings as they steal money. It’s well known that consumers who fall for a scam or give to a fake website are bound to be contacted again and again.

You can be sure that my husband now is extremely alert and cautious about any questionable telephone call or email because I’ve made sure he knows about scammers’ tactics. Unfortunately, too many people don’t know that they’ve been scammed; if they did, the tricks wouldn’t be so successful time and time again. You need to watch for the signs of scams, such as many calls from telemarketers, sweepstakes mail, or boxes of trinkets, greeting cards, or small prizes that can be part of a money-stealing gimmick.

Scammers’ favorite weapons are the telephone, email, or mail, pretending to be their prey’s best friend. On the other hand, people who exploit work behind closed doors because they most likely are the victim’s friend or even a family member. Exploiters isolate potential victims by cutting them off from their usual social network, frequently by saying they, the exploiter, can be trusted more or love them more than others. To be successful, exploiters need to do two things: create a false sense of trust and do it in secret. By cultivating trust, they are able to convince their victim that they should be given access to the victim’s money or property, use his automated teller machine (ATM) card, or be added to bank accounts, be deeded property, or be named in a will. They have to try to hide what they are doing from others—including the victim—or set up smoke screens of deception so that what they are doing won’t be discovered. Use the Signs of Financial Exploitation Checklist to watch for these signs. Learn more about avoiding fraud at www.aarp.org/fraudwatchnetwork.
If the person you care for is in immediate danger, call 911. Report possible scam activity to the police, your state attorney general’s office (www.naag.org at the Who’s My AG? link), the Federal Trade Commission (www.ftc.gov/complaint), and the Consumer Financial Protection Bureau (www.cfpb.gov/complaint). Contact the local Adult Protective Services to report suspected elder abuse or financial exploitation. The elder care locator at www.eldercare.gov or 800-677-1116 can give you the local number to call. If your loved one is in a skilled nursing facility, the person to contact is the long-term care ombudsman. You can find the number to call at www.ltcombudsman.org.

✓ Make sure the residence is safe

You should also assess whether the current residence is safe. Just about all of us want to stay in our homes just as long as we can safely do so. AARP research consistently finds that the vast majority of people age 50 and older want to stay in their homes and communities for as long as possible. Some simple and often affordable changes—handrails, grab bars, night lights, and adjustable shower seats, to name a few—can make a home safer as well as more comfortable for people of all ages and abilities. Use the Home Safety Checklist in this chapter as you walk through rooms to spot safety hazards and reduce the chance for falls. For more detailed home safety checklists, tips on do-it-yourself fixes, and resources for improvements that may take a trained professional, use the AARP Home Fit Guide at www.aarp.org/homefit or see the AARP Guide to Revitalizing Your Home, available in bookstores.

✓ Prepare for an emergency

No matter where the person you care for lives, you want to make sure she is safe from natural disasters such as hurricanes, flooding, or fires. If she is in an assisted living facility or nursing home, check with the administrators to make sure they have in place carefully thought-out and practiced emergency evacuation procedures. If she lives on her own or with you, it’s essential that you have an emergency evacuation plan and an emergency preparedness kit. Use the Emergency Preparedness Checklist, based on guidance from the Federal Emergency Management Agency (FEMA), to do both. Go over the plan together to make sure she can stay calm in any emergency and know what to do to be safe. Your plan should pay particular attention to any special needs, including an escape chair that can be used to get down stairs for someone who uses a wheelchair or walker, extra hearing aid batteries, food for a service dog, backup power for oxygen units, and copies of all drug prescriptions.

Before the emergency happens, find and review any insurance policies to see what would be covered in the case of a natural disaster (see Chapter 10). Go over the policy with the insurance agent. Don’t wait until after the disaster; then it is too late to get needed coverage. Depending on where the home is located, flood insurance may not be available or covered only with special policies. The federal government offers National Flood Insurance for people who live in areas where flooding is common. You can get information about these policies at www.fema.gov/information-property-owners. Read FEMA’s Answers to Questions about the National Flood Insurance Program that you can download at that same site.
✓ Take care of myself

Whether you are suddenly thrust into a caregiving role or gradually take on increasing responsibilities, it’s crucial that you take the time to take care of yourself. As rewarding as caregiving can be, it can also be draining physically and emotionally. If you don’t take care of yourself, you will not be as good at taking care of someone else as you could be. You need to understand the wide range of emotions that family caregivers feel, recognize how stress affects you, and plan how you’ll manage to stay healthy. Are you getting enough sleep, eating a balanced diet, getting some exercise? Lack of sleep and poor nutrition are prime stepping-stones to overall poor health, lowered resistance to illnesses, and reduced energy. You know all that, but taking care of yourself can be challenging when your caregiving responsibilities are added to all the other things you do. Take a few minutes to go through the Taking Care of Myself Checklist to see how you are doing. Come back to this checklist frequently to note your progress in moving checks out of the “needs work” column.
What I Need to Know
Action Checklists

The following Action Checklists are included in Chapter 1:

- Personal History
- Getting to the Heart of Things
- Activity Levels
- Signs of Difficulties Managing Finances
- Signs of Financial Exploitation
- Home Safety
- Emergency Preparedness
- Taking Care of Myself
Personal History

Name: 

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

Name at birth: 

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

Place of birth: 

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Country</th>
</tr>
</thead>
</table>

Date of birth: 

Date of adoption: 

Legal name change: 

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

Legal name change date: 

Legal name change court: 

<table>
<thead>
<tr>
<th>Court</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
</table>

Current address: 

# of years: 

Phone: Cell phone: 

Email: Email: 

Blood type: 

Organ/tissue donor: 

Yes ❑ No ❑ 

Citizenship: 

By birth ❑ By naturalization ❑
Chapter 1: What I Need to Know

Naturalization date: ________________________________
Naturalization place: ________________________________

City          State          Country

Military veteran:
☐ Yes
☐ No

Branch of service: ________________________________
Dates of service: ________________________________
Serial #: ________________________________ Rank: ________________________________
Type of discharge: ________________________________
Social Security #: ________________________________
Passport #: ________________________________ Expiration: ________________________________
Country of issue: ________________________________
Driver’s license #: ________________________________ Expiration: ________________________________
State identification card #: ________________________________
State of issue: ________________________________
Registered to vote at precinct: ________________________________ County: _________ State: _________
Faith/Denomination: ________________________________
Place of worship: ________________________________
Address: ________________________________
Pastor/Priest/Rabbi/Spiritual leader: ________________________________
Phone #: ________________________________
Email: ________________________________

Marital Status:
☐ Divorced
☐ Married
☐ Never married
☐ Widowed
Checklist for Family Caregivers

First spouse
Name of spouse: ____________________________
Date of birth: ____________________________
Place of birth: ____________________________
Date of marriage: ____________________________
Date of divorce: ____________________________
Date of death: ____________________________
Spouse is buried at: ____________________________
Phone: ____________________________ Email: ____________________________
Address: ____________________________

Second spouse
Name of spouse: ____________________________
Date of birth: ____________________________
Place of birth: ____________________________
Date of marriage: ____________________________
Date of divorce: ____________________________
Date of death: ____________________________
Spouse is buried at: ____________________________
Phone: ____________________________ Email: ____________________________
Address: ____________________________

Children
Name of first child: ____________________________
Phone: ____________________________ Email: ____________________________
Address: ____________________________
### Checklist for Family Caregivers

Name of grandchild: ____________________________  
Phone: ____________________________  Email: ____________________________  
Address: ____________________________

Name of grandchild: ____________________________  
Phone: ____________________________  Email: ____________________________  
Address: ____________________________

Name of grandchild: ____________________________  
Phone: ____________________________  Email: ____________________________  
Address: ____________________________

Name of grandchild: ____________________________  
Phone: ____________________________  Email: ____________________________  
Address: ____________________________

Name of third child: ____________________________  
Phone: ____________________________  Email: ____________________________  
Address: ____________________________

Name of spouse: ____________________________  
Phone: ____________________________  Email: ____________________________  
Address: ____________________________

Name of grandchild: ____________________________  
Phone: ____________________________  Email: ____________________________  
Address: ____________________________
Chapter 1: What I Need to Know

Name of grandchild: ____________________________
Phone: ____________________________ Email: ____________________________
Address: ____________________________

Name of grandchild: ____________________________
Phone: ____________________________ Email: ____________________________
Address: ____________________________

Name of grandchild: ____________________________
Phone: ____________________________ Email: ____________________________
Address: ____________________________

Name of fourth child: ____________________________
Phone: ____________________________ Email: ____________________________
Address: ____________________________

Name of spouse: ____________________________
Phone: ____________________________ Email: ____________________________
Address: ____________________________

Name of grandchild: ____________________________
Phone: ____________________________ Email: ____________________________
Address: ____________________________

Name of grandchild: ____________________________
Phone: ____________________________ Email: ____________________________
Address: ____________________________
Checklist for Family Caregivers

Name of grandchild: ________________________________
Phone: ___________________________ Email: ________________________________
Address: __________________________________________

Name of grandchild: ________________________________
Phone: ___________________________ Email: ________________________________
Address: __________________________________________
Getting to the Heart of Things

Personality:

Values:

Religious beliefs or practices:

Skills and talents:
Checklist for Family Caregivers

Short-term goals:

Long-term goals:

Interests and activities:

Special likes:
Chapter 1: What I Need to Know

Special dislikes:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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# Activity Levels

<table>
<thead>
<tr>
<th>Activity</th>
<th>Can Do Independently</th>
<th>Needs Some Help</th>
<th>Needs Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get in and out of shower/tub</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wash hair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Style hair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dress</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brush teeth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trim fingernails</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trim toenails</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control bladder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manage incontinence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare meals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grocery shop</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feed self</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Select appropriate foods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chew</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swallow</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Make medical appointments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get to appointments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule tests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow doctor’s instructions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take medications on time/correct dosage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>React to an emergency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicate needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get into/out of a chair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get into/out of a bed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drive</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Chapter 1: What I Need to Know

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<table>
<thead>
<tr>
<th>Activity</th>
<th>Can Do Independently</th>
<th>Needs Some Help</th>
<th>Needs Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use public transportation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do household chores</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use checkbook</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use ATM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manage personal expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manage investments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use telephone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use computer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use personal emergency response unit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take care of pets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stay safe from falls</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Signs of Difficulties Managing Finances

- I have observed the following difficulties managing finances:
  - Unopened mail
  - Late payment of bills
  - Repeat payments of bills
  - Unusual spending patterns
  - Mounting credit card debt
  - Calls from debt collection agencies
  - Utility shutoff
  - Foreclosure or eviction notice
  - Confusion about how to interpret an invoice, statement, or letter
  - Inability to write checks
  - Difficulty balancing checking account
  - Stress and confusion over paperwork
  - Disorganization of paperwork
  - Loss of ability to manage email or computer
  - Excessive telemarketing callers
  - Victimized by scammer
  - Multiple payments to charities
  - Trinkets and prizes
  - Sweepstakes mail
Signs of Financial Exploitation

I have observed the following signs of possible financial exploitation:

- Excessive telemarketing callers
- Multiple payments to charities
- Significant change in spending pattern
- Unusual activity in bank accounts
- Financial transactions that can’t be explained
- Use of credit card or ATM card by others
- Bank statements no longer being received
- Checks made out to cash
- Wire transfers to nonfamily members
- New “best friend”
- Exclusion from usual circle of friends or social activities
- Someone new making financial transactions or decisions
- Missing money or property
- Change in names on bank accounts, deeds
- Change in power of attorney or will
- Change in beneficiaries on life insurance, retirement accounts
- Suspicious signatures on checks or documents
Checklist for Family Caregivers

Home Safety

Steps, Stairways, and Walkways

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Floor Surfaces

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Driveway and Garage

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Chapter 1: What I Need to Know

Appliances, Kitchen, and Bath

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Lighting and Ventilation

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Emergency Preparedness

Preparation Steps

❑ Check insurance policies for wind, flooding, fire, or other storm damage coverage
❑ Determine evacuation plan
  ❑ Plan for special assistance if mobility is an issue
  ❑ Register with local fire department
  ❑ Have an escape chair if in a high-rise building
  ❑ Register with utility company if using electrical medical equipment
  ❑ Have backup supply of oxygen
  ❑ Store cold packs for medication that needs refrigeration
  ❑ Prepare food for special dietary needs
  ❑ Pack food for service dogs
  ❑ Maintain a supply of water
❑ Prepare emergency kit
  ❑ Adult diapers
  ❑ Cash and coins
  ❑ Cell phone chargers
  ❑ Contact lens solution
  ❑ Credit/debit/ATM cards
  ❑ Directions to shelter or evacuation route
  ❑ Extra pair of glasses
  ❑ Extra prescription drugs
  ❑ Flashlight and extra batteries
  ❑ First aid kit and manual
  ❑ Hearing aid batteries
  ❑ Map of area
  ❑ Matches in waterproof container
  ❑ Moist towelettes
  ❑ Personal medication record
Chapter 1: What I Need to Know

- Portable battery-powered TV or radio
- Toilet paper
- Copies of important papers in waterproof/fireproof box
  - Birth certificate
  - Blank checks
  - Passport
  - Driver’s license
  - Health insurance cards
  - Insurance policies
  - List of bank accounts
  - List of credit/debit/ATM card numbers
  - List of type and model numbers of medical equipment
  - Marriage certificate
  - Medical records
  - Medicare card
  - Personal property inventory
  - Social Security card
  - Printout of the checklists in this book
- Telephone tree of emergency contacts
  - Designate an out-of-state person to be a point of contact
- Plan for care of pets
## Taking Care of Myself

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<td>I sleep enough</td>
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<td></td>
<td>I get adequate exercise</td>
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<td></td>
<td></td>
<td>I take breaks</td>
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<td></td>
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<td>I pursue my hobbies</td>
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<td>I have a network of friends and family I can rely on</td>
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<td>I have people I can talk to</td>
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<td></td>
<td></td>
<td>I take time to have fun</td>
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<tr>
<td></td>
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<td>I ask for help when I need to</td>
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<td></td>
<td></td>
<td>I take steps to manage stress and difficult emotions</td>
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<tr>
<td></td>
<td></td>
<td>I’m gentle with myself when things go wrong</td>
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<tr>
<td></td>
<td></td>
<td>I recognize what I can’t or don’t have time to do</td>
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<tr>
<td></td>
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<td>My finances are in order</td>
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<tr>
<td></td>
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<td>I get annual physicals</td>
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<tr>
<td></td>
<td></td>
<td>I visit the dentist twice a year</td>
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<tr>
<td></td>
<td></td>
<td>My employer knows about my caregiving responsibilities</td>
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CHAPTER 3
KNOW WHERE IT IS

As a caregiver, you’ll be accumulating piles of papers, documents, utility bills, bank statements, medical records, applications, insurance policies, contracts, and more. Not only do you have to keep your own life in order, but you also need to take care of many details for someone else. To keep from being overwhelmed, off and online, you should set up a system to manage the paperwork so you can keep your personal stuff separate and put your hands on that one document when you need it. Your time is at a premium, so you don’t want to waste any of it searching for that bit of information you need right now.

You may also have to help organize papers and personal items collected over the years or even over a lifetime. The home may need significant decluttering to make space for a live-in housekeeper or nurse. You may have to help with downsizing or moving to an independent or assisted living facility. As you help go through the closets, boxes, and even storage units, inventory what’s there and watch out for what to save. You don’t want to throw out something only to learn later on that you need it. For guidance, refer to the section below on how long to keep documents.

One place to store the most important items is a safe deposit box. Obviously, not everything can, or should, be stored there. Many items wouldn’t even fit, and important papers such as advance directives, powers of attorney, medication records, medical records, and insurance cards don’t go there. You want those ready at hand, accessible at any time.

Digital records are becoming even more important than paper files. So much of everyone’s lives is now online. You’ll need a list of all the accounts and the user IDs, passwords, PINs, and access codes. I’ll touch on two big issues with digital records: keeping this information secure and privacy laws. You’ll also find in this chapter a place to record rewards programs and available balances so reward points don’t expire.

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To order the complete book, click here: AARP.org/ChecklistCaregivers
Checklist for Family Caregivers

My To-Do Checklist

Done Need to Do
❑ ❑ Locate important information and note where it is
❑ ❑ Shred papers that contain personal information
❑ ❑ Know how long to keep records
❑ ❑ Know where the safe deposit box is, what’s in it, and who has access
❑ ❑ Keep track of online assets and keep them secure
❑ ❑ Check on rewards programs

✓ Locate important information and note where it is

For each document or item on the Where to Find It Checklist, indicate where it is: in a safe deposit box, a fireproof box, a filing cabinet, an electronic file, the emergency preparedness kit, or this book. There might be information on this checklist that you didn’t even know you’d need. If you’re not sure where something is located, now might be a good time to locate it. As always in this book, just ignore any box on the checklist that doesn’t apply.

✓ Shred papers that contain personal information

As you sort through old papers and documents and as new paperwork comes in, you need to know what to keep and what to save. The section on how long to keep records can help. If there’s something you don’t need to hang onto, don’t just throw it in the trash. Identity thieves lurk in trash cans for anything with personal information they can use to open new accounts. These thieves value canceled checks or bank statements with bank account numbers, anything with a Social Security number or credit card information, utility bills, old credit cards, driver’s licenses, and any card with a picture identification. Invest in a paper shredder that’s strong enough to handle your load.

✓ Know how long to keep records

You’ll want to save some records. Here are some guidelines for how long to do so.

Probably Forever

These documents should be safely stored forever:

• Academic records, if needed for employment applications
• Adoption papers
• Baptismal certificates
• Birth certificates
• Death certificates (may be needed for tax purposes or applying for survivor benefits)

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• Employment records (any agreements, disciplinary files, and performance reviews)
• Health care power of attorney
• Marriage certificates
• Medical records
• Military records (DD-214)
• Citizenship papers
• Passports
• Power of attorney for finances
• Retirement and pension records
• Social Security card
• Wills and codicils

It Varies

The storage life of the following documents depends on their purpose:

• **Bank statements**: One year or until after tax return filed
• **Bills**: For high-value items, as long as the person has the item to prove value for insurance purposes; one year for anything tax or warranty related; all other bills should be shredded as soon as they have been paid
• **Credit card statements**: If tax-related, seven years; otherwise, statements should be shredded immediately when paid
• **Home improvement receipts**: Until home is sold
• **Home insurance policy**: As long as the home is owned
• **Investment records/IRA statements/brokerage statements**: For quarterly statements, until compared against the annual statement; for annual statements, seven years after the account has been closed or the security has been sold
• **Leases**: Until the tenant has moved and received the deposit back from the landlord
• **Life insurance policy**: The life of policy plus three years
• **Mortgage statements**: The life of the mortgage plus seven years
• **Paychecks/pay stubs**: One year or until the W-2 is received
• **Sales receipts**: The life of the warranty on major purchases such as appliances and electronics; otherwise, toss after compared against the credit card statement or when you’re sure it won’t be needed for a return
• **Tax documents** (including annual returns and all accompanying documents such as W-2s and charitable and medical receipts): Seven years
• **Utility bills**: Three months unless needed for tax purposes
• **Vehicle records**: Until boat, car, motorcycle, or RV is sold
✓ Know where the safe deposit box is, what’s in it, and who has access

Safe deposit boxes provide an affordable place for storing valuables and documents. Safe deposit boxes can protect stocks, bonds, gold, silver, and other valuables from both burglary and fire damage. Other things to store in a safe deposit box are important papers such as a marriage license, deeds to real estate, car titles, and life insurance policies. Documents that need to be readily available or frequently updated, including advance directives and digital passwords, probably shouldn’t be kept in a bank box. Use the Safe Deposit Box Checklist to inventory what’s in the box.

To protect the property in a safe deposit box, banks restrict who can get into the box as well as when and how they can do so. Safe deposit boxes come with a key. When box owners want to store items or access items, they must use both their key and a bank key simultaneously. For safety precautions, neither key alone will open the box. For further protection, the owner must also provide a signature and identification each time before being allowed to access the box. If the person you care for has a safe deposit box and wants to give you access, he or she will need to go to the bank with you to have your name added to the rental agreement and the signature card. Without authorization from the owner and your signature, you will not be allowed to enter the box.

A safe deposit box, like a bank account, may be owned individually or with another person. Joint or co-ownership gives someone else the authority to access the box. Although co-owners of a safe deposit box have equal access to the box, access does not mean they both own the contents of the box. Putting a diamond ring into a safe deposit box doesn’t change the ring’s owner or make a gift of the ring to the co-owner of the box. If you have any questions about the rights of a co-owner to a safe deposit box, check with the bank or your attorney.

✓ Keep track of online assets and keep them secure

Be sure not to overlook the Digital Assets Checklist and the Rewards Programs for Airlines, Hotels, and Rental Cars Checklist in this chapter. In our digital age, just about any service on the Internet requires a username, password, or other personal identifier to gain access. We need a code just to unlock a computer or answer a cell phone. User IDs and their associated passwords are essential to gain access to email, electronic banking, online bill paying, bitcoins, iTunes files, e-books, games, Facebook, LinkedIn, Twitter, blog posts, movies, videos, digital photo storage, and shopping sites, to name just some of the most obvious. Similarly, MyMedicare.gov and MySocialSecurity.gov require usernames and passwords to access benefit information. Many other personal records and files may be found or stored online. Even the forms in this book are online at http://ambar.org/caregivers so you can access, update, and store the checklists on your computer.

You need to be aware that you may not have ready access to digital files you’re aware of. Even with a log-on and password, you’re not always free to access or control the account. When I tried to check on an online payment of our home utility bill, I couldn’t get access because the account was only in my husband’s name. Most websites and social media, as well as federal and state privacy and computer fraud laws, make it very difficult
for anyone other than the account owner to have access to any digital accounts and records. We all recognize the importance of those privacy protections, but in an emergency, they can be huge barriers to you as a caregiver. Most current laws now criminalize, or at least penalize, unauthorized access of computers and digital accounts. Many digital providers are prohibited from disclosing most account information to anyone without the account holder’s consent, and most sites aren’t very clear, or are silent, about how to go about giving consent to someone else.

What can you do? You can read the privacy or access policies of the websites to learn what they allow. Each site may have different procedures and steps you or the person you care for needs to take to gain access to use or manage the account. What you’ll be able to do with one account may be totally different with another. Currently, only a few states have laws permitting an account owner to authorize giving access to a designated agent, but more states are considering such legislation. If you’re in one of those states with laws in place, the person you care for may want to authorize you to have access to online accounts in a durable power of attorney.

A word of caution: Be sure to have a secure list of all online accounts with usernames and passwords, and keep it up to date. We all need to change passwords frequently to keep them secure. As valuable as this information is going to be to you, it is a gold mine for identity thieves! Keep this checklist in a very secure place. For more on this topic, see AARP’s *Protecting Yourself Online for Dummies*, at AARP.org/ProtectingYourselfOnline.

✓ **Check on rewards programs**

There’s one more place to look that you may not have thought about: frequent traveler programs. Some rewards programs also allow the owner to transfer miles to another traveler. Those miles might be used to have a child or grandchild come for a visit. Hotel or car rental rewards could be used to travel out of town for medical treatment. Read the fine print on the program’s website to find out how to transfer miles to another family member. Use available rewards so they don’t expire. If the points aren’t going to be needed, some programs let you donate them to a worthy cause. On the Rewards Programs for Airlines, Hotels, and Rental Cars Checklist, note how many rewards are in the account and when they expire.
Know Where It Is
Action Checklists

The following Action Checklists are included in Chapter 3:

- Where to Find It
- Safe Deposit Boxes
- Storage Units
- Digital Assets
- Rewards Programs for Airlines, Hotels, and Rental Cars

To order the complete book, click here: AARP.org/ChecklistCaregivers
## Where to Find It

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## Checklist for Family Caregivers

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<td>Certificates of deposit</td>
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</tr>
<tr>
<td>Savings bonds</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Real estate</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Deeds</td>
<td></td>
</tr>
<tr>
<td>Home improvement records</td>
<td></td>
</tr>
<tr>
<td>Leases</td>
<td></td>
</tr>
<tr>
<td>Mortgages</td>
<td></td>
</tr>
<tr>
<td>Reverse mortgage</td>
<td></td>
</tr>
<tr>
<td>Tax records</td>
<td></td>
</tr>
<tr>
<td>Time-share agreements and records</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Other assets and debts</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Business records</td>
<td></td>
</tr>
<tr>
<td>Computers</td>
<td></td>
</tr>
<tr>
<td>Heirlooms and collectibles</td>
<td></td>
</tr>
<tr>
<td>Credit card contracts</td>
<td></td>
</tr>
<tr>
<td>Jewelry appraisals</td>
<td></td>
</tr>
<tr>
<td>Jewelry inventory</td>
<td></td>
</tr>
<tr>
<td>Jewelry of value</td>
<td></td>
</tr>
<tr>
<td>Judgments</td>
<td></td>
</tr>
<tr>
<td>Loans</td>
<td></td>
</tr>
<tr>
<td>Vehicle certificates of title</td>
<td></td>
</tr>
<tr>
<td>Warranties</td>
<td></td>
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</tbody>
</table>
## Checklist for Family Caregivers

<table>
<thead>
<tr>
<th>Record Type</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Estate planning</strong></td>
<td></td>
</tr>
<tr>
<td>Durable power of attorney</td>
<td></td>
</tr>
<tr>
<td>Trust agreement</td>
<td></td>
</tr>
<tr>
<td>Will and codicils</td>
<td></td>
</tr>
<tr>
<td><strong>Final wishes</strong></td>
<td></td>
</tr>
<tr>
<td>Advance directives</td>
<td></td>
</tr>
<tr>
<td>Body bequeathal papers</td>
<td></td>
</tr>
<tr>
<td>Celebration of life prearrange-</td>
<td></td>
</tr>
<tr>
<td>Cemetery deed</td>
<td></td>
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<tr>
<td>Cremation prearrangement</td>
<td></td>
</tr>
<tr>
<td>Ethical will/legacy documents</td>
<td></td>
</tr>
<tr>
<td>Funeral prearrangement agreement</td>
<td></td>
</tr>
<tr>
<td>Health care power of attorney</td>
<td></td>
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<tr>
<td>Legacy information</td>
<td></td>
</tr>
<tr>
<td>Living will</td>
<td></td>
</tr>
<tr>
<td>Medical records</td>
<td></td>
</tr>
<tr>
<td>Obituary</td>
<td></td>
</tr>
<tr>
<td>People to contact</td>
<td></td>
</tr>
<tr>
<td>Pet continuing care</td>
<td></td>
</tr>
<tr>
<td>Physician orders for life sustain-</td>
<td></td>
</tr>
<tr>
<td>Uniform organ donor card</td>
<td></td>
</tr>
</tbody>
</table>
Safe Deposit Boxes

☐ The person I care for has the following safe deposit boxes:

Name of institution: ________________________________
Phone: ______________________ Fax: ______________________
Address: __________________________________________

Email: __________________________ Website: ______________________
Box #: __________________________ Box rent: ______________________
Key location: ______________________ People who have access to the safe deposit box: ______________________
Items stored in this box:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Name of institution: ________________________________
Phone: ______________________ Fax: ______________________
Address: __________________________________________

Email: __________________________ Website: ______________________
Box #: __________________________ Box rent: ______________________
Key location: ______________________ People who have access to the safe deposit box: ______________________
Checklist for Family Caregivers

Items stored in this box:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Name of institution: ______________________________________________________
Phone: _______________________ Fax: _______________________
Address: ________________________________________________________________
________________________________________________________________________
Email: ________________________ Website: _________________________________
Box #: ________________________
Key location: ____________________________________________________________
Box rent: ______________________________________________________________
People who have access to the safe deposit box: _____________________________
Items stored in this box:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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### Storage Units

- The person I care for has the following public storage units:

  - Storage company: ________________________________
  - Address: ________________________________
  - Unit #: ________________________________
  - Website: ________________________________
  - Username: __________________ Password/PIN: __________________
  - Monthly rent: __________________ Autopay: Yes No
  - Location of the key or lock combination: __________________

  - Storage company: ________________________________
  - Address: ________________________________
  - Unit #: ________________________________
  - Website: ________________________________
  - Username: __________________ Password/PIN: __________________
  - Monthly rent: __________________ Autopay: Yes No
  - Location of the key or lock combination: __________________

  - Storage company: ________________________________
  - Address: ________________________________
  - Unit #: ________________________________
  - Website: ________________________________
  - Username: __________________ Password/PIN: __________________
  - Monthly rent: __________________ Autopay: Yes No
  - Location of the key or lock combination: __________________
Digital Assets

❑ The person I care for has designated ________________________________ to serve as agent to have access to digital assets.

❑ Usernames and passwords:

Facebook profile name: ____________________________________________
Twitter profile name: ____________________________________________
MySpace profile name: ____________________________________________
Instagram profile name: ____________________________________________
Computer password: ____________________________________________
Smartphone password: ____________________________________________
Tablet password: ____________________________________________
Website: ____________________________________________
Username: ________________ Password: ________________
Website: ____________________________________________
Username: ________________ Password: ________________
Website: ____________________________________________
Username: ________________ Password: ________________
Website: ____________________________________________
Username: ________________ Password: ________________
Website: ____________________________________________
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Website: ____________________________________________
Username: ________________ Password: ________________
Website: ____________________________________________
Username: ________________ Password: ________________
Website: ____________________________________________
Username: ________________ Password: ________________
Website: ____________________________________________
Username: ________________ Password: ________________

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Rewards Programs for Airlines, Hotels, and Rental Cars

☐ The person I care for has the following rewards programs:

Airline: ________________________________
Website: ________________________________
Frequent flyer #: __________________________
Username: ____________________________ Password/PIN: ____________________________
Date miles expire: __________________________
Current balance: __________________________

Airline: ________________________________
Website: ________________________________
Frequent flyer #: __________________________
Username: ____________________________ Password/PIN: ____________________________
Date miles expire: __________________________
Current balance: __________________________

Airline: ________________________________
Website: ________________________________
Frequent flyer #: __________________________
Username: ____________________________ Password/PIN: ____________________________
Date miles expire: __________________________
Current balance: __________________________

Airline: ________________________________
Website: ________________________________
Frequent flyer #: __________________________
Username: ____________________________ Password/PIN: ____________________________
Date miles expire: __________________________
Current balance: __________________________
Chapter 3: Know Where It Is

Hotel: __________________________________________
Website: _______________________________________
Rewards #: ______________________________________
Username: ________________________ Password/PIN: ________________________
Date rewards expire: _____________________________
Current balance: ________________________________________

Hotel: __________________________________________
Website: _______________________________________
Rewards #: ______________________________________
Username: ________________________ Password/PIN: ________________________
Date rewards expire: _____________________________
Current balance: ________________________________________

Hotel: __________________________________________
Website: _______________________________________
Rewards #: ______________________________________
Username: ________________________ Password/PIN: ________________________
Date rewards expire: _____________________________
Current balance: ________________________________________

Rental company: __________________________________
Website: _______________________________________
Rewards #: ______________________________________
Username: ________________________ Password/PIN: ________________________
Date rewards expire: _____________________________
Current balance: ________________________________________
Checklist for Family Caregivers

Rental company: ____________________________
Website: ________________________________
Rewards #: _______________________________
Username: _____________________ Password/PIN: _____________________
Date rewards expire: __________________________
Current balance: __________________________