Caregiver’s Document Organizer

A form that will help you identify, locate, and organize the important documents you will need as a primary caregiver.

Check “yes” or “no” to indicate whether or not you can put your hands on the document when needed. For every “no,” (or if you know that the particular document needs to be updated), write its name on a to-do list and work to locate, create, or revise these important papers.

Personal Records

Your loved one’s current name: ________________________________

Maiden or other names: ________________________________

Health Care

☐ Yes ☐ No Personal Medical Information and Health History

This includes a listing of the names and numbers of doctors, a summary of the care recipient’s medical history, and information about the health of immediate family members.

Document Location:

______________________________

Doctor’s Name/Phone:

______________________________

☐ Yes ☐ No List of Current Medications

For each medication, include the name, dosage, frequency and time of day, special instructions, prescription number, and physician.

Document Location:

______________________________

Pharmacy Name/ Phone:

______________________________

Military Records

For additional tools for caregiving or aging, visit www.CaregiversLibrary.org
Military Records

Military ID Number: ______________________________

Discharge Certificate: ______________________________

Location of Documents: ______________________________

Identification

Identity Records Folder

Identification numbers should be guarded and given out only when the situation demands it. However, there may be circumstances when the primary caregiver must have proof of the care recipient's identity. Gather photocopies of the following documents in a single, protected location.

Folder Location: ______________________________________

Social Security Card Number: ___________________________

Driver’s License Number: ______________________________

Birth Certificate

Marriage License(s)

Divorce Record(s)

Spouse’s Death Certificate

Adoption Certificate

Naturalization Papers

Financial

Financial Assets Inventory

This is a master listing of the care recipient’s assets showing account number and type, name and location of the financial institution, and contact name and phone numbers. This inventory should also account for property owned and any sources of income due the care recipient.

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Inventory Location:

☐ Yes ☐ No  Checking Accounts
These may be held by banks, credit unions, or brokerage houses and can take the form of standard checking or Money Market accounts.

☐ Yes ☐ No  Savings Instruments
There are multiple types of savings instruments including regular savings accounts, Certificates of Deposit, and savings bonds.

☐ Yes ☐ No  Investments
Investment vehicles include publicly traded stocks and bonds, shares of mutual funds, IRAs, Keogh plans, and 401-K plans.

☐ Yes ☐ No  Sources of Revenue
The care recipient may have funds coming from an employer (or business if self-employed) from wages or a retirement plan, from Social Security, pension plans, annuity contracts, military retirement benefits, other government programs, tax refunds, insurance claims or settlements, and the like.

☐ Yes ☐ No  Real Estate Owned
Includes independent or joint ownership of a primary or secondary residence, vacation property (or time share), real property, or vacant land.

☐ Yes ☐ No  Personal Property Owned
Includes automobiles or other vehicles, antiques and collections, and jewelry.

☐ Yes ☐ No  Inventory of Money Owed
This is a master listing of the care recipient’s debts showing the account number, the name and location of the financial institution, and a contact name and phone number. A checklist of items that go into this inventory includes:

- Mortgages
- Home Equity Loans
- Automobile Loans or Leases
- Other Secured Loans
- Business Loans (if self-employed)
- Unsecured Loans
- Credit Card Debt

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☐ Yes ☐ No  Deed to House/Other Property

Document Location: ________________________________

☐ Yes ☐ No  Automobile Title(s)

Document Location: ________________________________

☐ Yes ☐ No  Loan Agreements

Document Location: ________________________________

☐ Yes ☐ No  Personal Property Appraisals (jewelry, antiques, collections)

Document Location: ________________________________

☐ Yes ☐ No  Tax Records

Document Location: ________________________________

Accountant’s Name/Phone: __________________________

☐ Yes ☐ No  Veterans Benefits Documentation

Document Location: ________________________________

Contact Name/Phone: ______________________________

### Insurance

☐ Yes ☐ No  Insurance Coverage Worksheet

This is a master listing of all of the care recipient’s insurance coverage, which shows the number of each policy, the amount of coverage, the name and location of the company, and contact name and phone numbers, premium amount and due dates, and beneficiary.

Document Location: ________________________________

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### Life Insurance
Includes multiple policies and different types of insurance (group, whole life, term life, universal life, etc.)

- [ ] Yes  [ ] No

### Health Insurance
Multiple sources of coverage are common, including a health insurance supplement, Medigap policy, or major medical benefits.

- [ ] Yes  [ ] No

### Disability Insurance

- [ ] Yes  [ ] No

### Long-Term Care Insurance
- [ ] Yes  [ ] No

### Homeowner’s/Renter’s Insurance

- [ ] Yes  [ ] No

### Vehicle Insurance
Includes policies for all automobiles, as well as RVs, campers, boats, and other recreational vehicles. Be sure to account for each.

- [ ] Yes  [ ] No

### Liability Insurance (personal, business, or professional)

- [ ] Yes  [ ] No

### End-of-Life Planning

#### Last Will and Testament and Final Instructions
Have circumstances changed? Does the care recipient want to make any revisions?

- [ ] Yes  [ ] No

- Document Location:

- Attorney’s Name/Phone:

#### Advance Medical Directives
Has the care recipient signed a living will or other medical directive?

- [ ] Yes  [ ] No

- Document Location:

#### Burial Policy/Ownership Certificate for Cemetery Plot

- [ ] Yes  [ ] No

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