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.

For additional tools for caregiving or aging, visit www.CaregiversLibrary.org
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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Yes  No  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)

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**End-of-Life Planning**

Yes  No  Last Will and Testament and Final Instructions
Have circumstances changed? Does the care recipient want to make any revisions?

Document Location:

____________________________________________

Attorney’s Name/Phone:

_________________________________________

Yes  No  Advance Medical Directives
Has the care recipient signed a living will or other medical directive?

Document Location:

_________________________________________

Yes  No  Burial Policy/Ownership Certificate for Cemetery Plot

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