



Caregiver Plan

Providing for your loved one's care is a major focus of your life. A lot of situations are handled as the needs arise. It can make a huge difference to all concerned to plan ahead and methodically consider what could and should happen when needs or resources change. It will be important for your loved one to participate in this planning to the extent possible.

CURRENT PLAN: What is happening now, and what is expected to happen in the near future.

CRISIS PLAN: What needs to happen when the caregiver becomes unavailable – “If something suddenly happens to me, then...” It is a road map to direct those who step in.

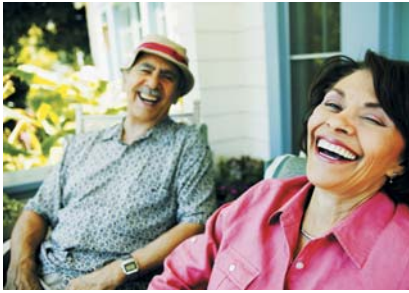
LONG TERM PLAN: For you and your loved one – “If I had my way, when things change, this is what I want to happen.” This is what your loved one's care (and possibly your own) should look like in the future.

OTHER IMPORTANT INFORMATION: Identifies who has the authority to do what, and where the documents and other important information are located.

MEDICATION INFORMATION: What are the current medications and how are they to be taken. This needs to be updated as often as changes are made.

WHAT TO DO WITH THESE COMPLETED DOCUMENTS: These documents are meant to be shared. You may wish to put a copy of them with your important papers such as your Trust or Will. It is important to also give copies to those who are most likely to be notified first of your inability to care for your loved one (local family members, neighbors, power of attorney, etc.)

*This Caregiver Plan is available on the Continuing Care Services web site at:
<http://continuingcare-sandiego.kp.org>
To view or print these forms, click on Web Site Handouts and then on Caregiver Plan.*



Current Plan

What is happening now, and what is expected to happen in the near future.

Who is caring for your loved one? You? Someone else? Does the primary caregiver get respite (a break from caregiving) as needed? Does the person providing the respite care know what to do and who to call in case of an emergency?

By listing the people currently involved with your loved one's care, you won't have to search for a name or phone number. If a crisis occurs, anyone stepping in can immediately know what the current plan is and who to contact about it.

Reviewing this plan also helps you to look at all these different aspects. Have you considered changing who provides care, or where it is provided? Do you need to?

PLEASE NOTE: This document is only useful if someone knows it exists and knows where to find it!

For _____ Medical Record # _____

Primary Caregiver

Primary Diagnoses

Primary Physician

1-800-290-5000

Other Physician:

Other Physician:

Responsible Person (conservator, health care agent, spouse, etc.)

Alternate:

Respite Provided By

Name/Agency	Phone
Name/Agency	Phone

In-Home Help

Name/Agency	Phone
Name/Agency	Phone

Other Care (Adult Day Health Care, Etc.)

Name/Agency	Phone
Name/Agency	Phone

Transportation

Name/Agency	Phone
Name/Agency	Phone

Housing Alternative Assisted Living Board & Care Nursing Home/SNF

Facility Name	Phone
Address	City/State
Facility Name	Phone
Address	City/State
Facility Name	Phone
Address	City/State

Paying for the care Private Pay LTC Insurance Medi-Cal IHSS

Name/Worker	Policy/Account#	Phone
Name/Worker	Policy/Account#	Phone



Crisis Plan

What needs to happen when the caregiver becomes unavailable – “If something suddenly happens to me then...” It is a road map to direct those who step in.

This plan needs to be detailed and explicit so anyone can understand and follow it. The more specific it is the better. It also needs to be easy to find for emergency personnel, a neighbor, or whoever becomes aware of the situation first. Giving a copy of the Crisis Plan to the person you have designated to take over is also a good idea.

Key questions that the Crisis Plan addresses include: **How** does one need to take care of your loved one including diet, medications, safety issues (e.g., “must have assistance with transfers,” “deadbolt the front door at night”)? **Who** will become responsible for making decisions? Paying bills? Providing transportation? Providing care/supervision? Is there an alternate Power of Attorney for Health Care? Other questions to be addressed include—**Where** will the money to pay for care come from? **Where** will the care be provided?

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For _____ **Medical Record #** _____

Care will be provided at:

Home with Caregiver

Name/Agency Phone #

Alternate Phone #

Name/ Agency Phone #

Alternate Phone #

Name/ Agency Phone #

Alternate Phone #

Housing Alternative Assisted Living Board & Care Nursing Home/SNF

Facility Name Phone

Address City/State

Housing Alternative continued

Facility Name _____ Phone _____

Address _____ City/State _____

Facility Name _____ Phone _____

Address _____ City/State _____

Immediate Needs

Nutrition – Specific Diet _____

Safety - including equipment needs _____

Designated Alternate Decision Maker(s):

Name _____ Home # _____

Work # _____

Address _____ Mobile # _____

Name _____ Home # _____

Work # _____

Address _____ Mobile # _____

Respite Provided By

_____ Name _____ Phone _____

_____ Name _____ Phone _____

Please notify these people of this crisis:

_____ Name _____ Phone _____

_____ Name _____ Phone _____

_____ Name _____ Phone _____

_____ Name _____ Phone _____



Long Term Plan

For you and your loved one – “If I had my way, when things change, this is what I want to happen.” This is what your loved one’s care (and possibly your own) should look like in the future.

This section is to encourage you to think about and consider the future. When you are no longer able to manage your loved one’s care, then what? When keeping up your house and yard is too much, what then? What happens if both you and your loved one need assistance?

Of course, the follow-up to thinking about and creating a Long Term Plan is – “What do I need to do **now** to make this Long Term Plan a realistic one?”

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For _____ Medical Record # _____

Respite Provided By

_____	_____
Name	Phone
_____	_____
Name	Phone

In-Home Help

_____	_____
Name/Agency	Phone
_____	_____
Name/Agency	Phone

Adult Day Health Care

_____	_____
Name	Phone
_____	_____
Name	Phone

Transportation Resources

_____	_____
Name	Phone
_____	_____
Name	Phone
_____	_____
Name	Phone

Housing Alternative:
Assisted Living/Board & Care

Facility Name

Phone

Address

City/State

Facility Name

Phone

Address

City/State

Facility Name

Phone

Address

City/State

Nursing Home/Skilled Nursing Facility

Facility Name

Phone

Address

City/State

Facility Name

Phone

Address

City/State

Facility Name

Phone

Address

City/State



Other Important Information

Advance Health Care Directive, conservatorship, will, trust, authorizations and finances. Identifies who has the authority to do what, and where the documents and accounts are.

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For _____ **Medical Record #** _____

Legal

Advance Health Care Directive

_____ Agent _____ Phone _____

_____ Alternate Agent _____ Phone _____

Location of form _____

Conservatorship

_____ Conservator _____ Phone _____

Location of form _____

Will, Trust

_____ Executor _____ Phone _____

Location of form _____

Signed Authorization for release and/or disclosure of medical information

Location of form _____

Financial

Who can pay the bills? (DPOA finance, Fiduciary, Lawyer)

_____ Name _____ Relationship _____ Home # _____

_____ Work# _____ Mobile # _____

Where to find bills, account #'s, etc. _____

Case Management

N/A

Name/Agency

Relationship

Phone #

Alternate Phone #

Funeral Arrangements

Name/Agency

Phone #

Alternate Phone #

Important Information/Notes:
