



Serving Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care  
Connect, and Indiana PathWays for Aging



[anthem.com/inmedicaid](https://anthem.com/inmedicaid)

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# Caregiver Organizer

This organizer is intended to help you or a loved one keep healthcare information in one place and share it with healthcare professionals, family members, and others who might need it. It's also an easy and convenient way to share abilities, strengths, and preferences to ensure you or your loved one is respected, heard, and understood.

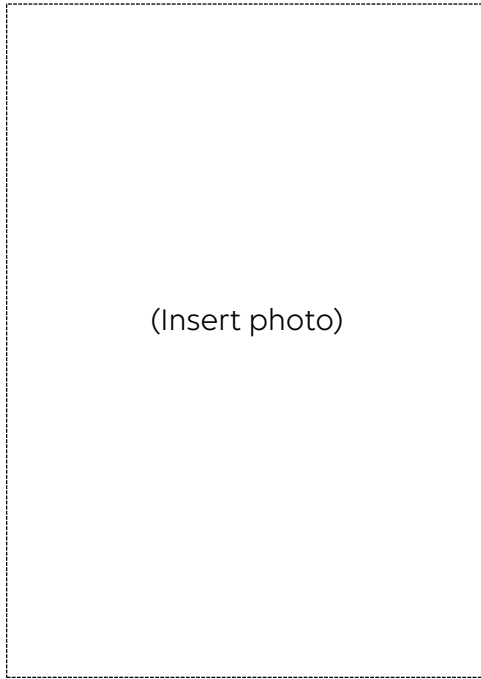
Note: We encourage you to keep this binder in a safe, secure place to protect personal information. Call Anthem at **833-621-3782 (TTY 711)** Monday through Friday, 8 a.m. to 8 p.m. Eastern time to request replacement forms for this packet.

## Contents:

- Important information
- Medical profile
- Routine care and support
- Appointment card organizer
- Additional tools
  - Person-centered description
  - Emergency ID cards
  - Prepare for their doctor visit
  - Home and finance
  - Notes



Scan this QR code or visit [anthem.com/in/member-resources/caregiver-resources.html](https://anthem.com/in/member-resources/caregiver-resources.html) to find more resources to help you take care of your loved one and yourself.



## How to best care for:

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(Preferred name or nickname)

PERSONAL INFO (THE PERSON YOU CARE FOR)	
<b>Full name:</b> (including other names used)	
<b>Address:</b>	
<b>Phone numbers:</b>	Home: Cell: Work: Other:
<b>Email:</b>	
<b>Date of birth:</b>	
<b>Preferred language/ Mode of communication</b>	
<b>Medicaid ID:</b>	
<b>Medicare ID:</b>	
<b>Military ID:</b>	
<b>Other:</b>	
<b>Legally Authorized Representative/ Healthcare Proxy/ Guardian?*</b>	

*\* If yes, insert a copy of the related documents into sleeves at the back of this binder.*

*Note: Social Security number, driver's license number, and passport number may also be needed. Please keep these in a safe, different place to protect against identity theft.*

Remember to access your secure Anthem account online (<https://member.anthem.com/public/login>) or through the Sydney Health mobile app, where you can:

- Change your primary medical provider (PMP).
- Print your member ID card.
- Set mailing preferences.
- Manage your prescriptions.
- Access the Benefit Reward Hub.

CAREGIVER INFO (INCLUDING YOURSELF)	
Name:	
Relationship:	
Contact info:	
Name:	
Relationship:	
Contact info:	
Name:	
Relationship:	
Contact info:	

PET INFO (IF APPLICABLE)	
Name:	
Type of animal:	
Medications:	
Microchip or air tag (number and vendor):	
Feeding instructions:	
Daily routine:	
Vet info:	
Special instructions:	
Name:	
Type of animal:	
Medications:	
Microchip or air tag (number and vendor):	
Feeding instructions:	
Daily routine:	

<b>Vet info:</b>	
<b>Special instructions:</b>	
<b>Name:</b>	
<b>Type of animal:</b>	
<b>Medications:</b>	
<b>Microchip or air tag (number and vendor):</b>	
<b>Feeding instructions:</b>	
<b>Daily routine:</b>	
<b>Vet info:</b>	
<b>Special instructions:</b>	

<b>EMERGENCY CONTACTS</b>	
<b>Name:</b>	
<b>Relationship:</b>	
<b>Contact info:</b>	
<b>Notes:</b>	
<b>Name:</b>	
<b>Relationship:</b>	
<b>Contact info:</b>	
<b>Notes:</b>	
<b>Name:</b>	
<b>Relationship:</b>	
<b>Contact info:</b>	
<b>Notes:</b>	

OTHER IMPORTANT CONTACTS	
<b>Name:</b>	
<b>Relationship:</b>	
<b>Contact info:</b>	
<b>Name:</b>	
<b>Relationship:</b>	
<b>Contact info:</b>	
<b>Name:</b>	
<b>Relationship:</b>	
<b>Contact info:</b>	
<b>Name:</b>	
<b>Relationship:</b>	
<b>Contact info:</b>	



## Medical Profile

Keep this in an easy-to-get-to, safe, and separate place with a copy of any advance directive and any medical orders. Clearly label the papers with the words “EMERGENCY MEDICAL INFORMATION.” If more than one person lives in the house, include a photo. Remember to update the info and papers often.

BASIC INFO	
<b>Name:</b>	
<b>Nickname or preferred name:</b>	
<b>Address:</b>	
<b>Home phone:</b>	
<b>Cellphone:</b>	
<b>Date of birth:</b>	
<b>Gender:</b>	
<b>Primary language:</b>	
<b>Primary health insurance:</b>	
<b>ID number:</b>	
<b>Secondary health insurance:</b>	
<b>ID number:</b>	
<b>Is there an advance directive?*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is there a signed Do Not Resuscitate (DNR) order?*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Healthcare proxy?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* If yes, insert a copy of the related documents into sleeves at the back of this binder.

<b>Height:</b>	
<b>Weight:</b>	
<b>Blood type:</b>	
<b>Main doctor:</b>	
<b>Phone:</b>	
<b>Other doctor:</b>	
<b>Phone:</b>	
<b>Preferred hospital:</b>	
<b>Phone:</b>	

HEALTH CONDITIONS	
<input type="checkbox"/> Anxiety <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> COPD <input type="checkbox"/> Depression <input type="checkbox"/> Dementia <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease <input type="checkbox"/> High blood pressure <input type="checkbox"/> Intellectual or developmental disability — please list:  	
<input type="checkbox"/> Muscle disease — please list:  	
<input type="checkbox"/> Mental/behavioral health issue — please list:  	
<input type="checkbox"/> Seizure disorder — please list:  	
<input type="checkbox"/> Swallowing disorder <input type="checkbox"/> Other — please list:  	

ALLERGIES (FOOD, MEDICINE, ETC.)	
Allergic to:	Reaction:

SHOT DATES/HISTORY	
Tetanus: _____	Flu: _____
Pneumonia: _____	Hepatitis: _____
Shingles: _____	COVID-19: _____
Other: _____	
_____	

PAST SURGERIES	
Date:	Type/comments:

OTHER
<p><b>Please check all the following that you have/use:</b></p> <p> <input type="checkbox"/> Glasses   <input type="checkbox"/> Contacts   <input type="checkbox"/> Dental implants   <input type="checkbox"/> Dentures   <input type="checkbox"/> Hearing aid  <input type="checkbox"/> Oxygen   <input type="checkbox"/> Communication device   <input type="checkbox"/> Cane/walker   <input type="checkbox"/> Manual wheelchair  <input type="checkbox"/> Motorized wheelchair/scooter   <input type="checkbox"/> Pacemaker   <input type="checkbox"/> Metal implants   <input type="checkbox"/> Service animal  <input type="checkbox"/> Other — please list: _____            _____            _____         </p>

## Medicine List

List all prescription and over-the-counter drugs, vitamins, and supplements. Be sure to update the list every time medicines change.

Rx#	Medicine name	Dose and instructions <i>(with/without food, blood work, and how often)</i>	Treats	Who prescribes	Pharmacy name, phone, and address
000123 <i>(on the bottle)</i>	Generic: Levothyroxine Brand: Synthroid	123 mg with food in the evenings	Thyroid	Dr. Smith	Main Street Pharmacy 123-456-7890 123 Main St. City, ST ZIP code

<b>Rx#</b>	<b>Medicine name</b>	<b>Dose and instructions</b> <i>(with/without food, blood work, and how often)</i>	<b>Treats</b>	<b>Who prescribes</b>	<b>Pharmacy name, phone, and address</b>

MEDICAL CONTACTS	
<b>Main doctor</b>	
Name:	Phone:
Address:	Email:
<b>Drug store</b>	
Name:	Phone:
Address:	Email:
<b>Dentist</b>	
Name:	Phone:
Address:	Email:
<b>Hospital</b>	
Name:	Phone:
Address:	Email:
<b>Urgent care center</b>	
Name:	Phone:
Address:	Email:
<b>Specialist</b>	
Name:	Phone:
Address:	Email:
<b>Specialist</b>	
Name:	Phone:
Address:	Email:

PERSONAL AND COMMUNITY SUPPORTS	
<b>Family/caregiver</b>	
Name:	Relationship:
Email:	Phone:
Address:	
<b>Family/caregiver</b>	
Name:	Relationship:
Email:	Phone:
Address:	
<b>Transportation</b>	
Name:	Phone:
Address:	Email:
<b>Meal/nutrition</b>	
Name:	Phone:
Address:	Email:
<b>Chore/home repair</b>	
Name:	Phone:
Address:	Email:
<b>In-home support/respite</b>	
Name:	Phone:
Address:	Email:
<b>Day center</b>	
Name:	Phone:
Address:	Email:



PERSONAL AND COMMUNITY SUPPORTS	
<b>Local senior center</b>	
Name:	Phone:
Address:	Email:
<b>Other</b>	
Name:	Phone:
Address:	Email:
<b>Other</b>	
Name:	Phone:
Address:	Email:
<b>Other</b>	
Name:	Phone:
Address:	Email:
<b>Other</b>	
Name:	Phone:
Address:	Email:
<b>Other</b>	
Name:	Phone:
Address:	Email:

## **A CAREGIVER'S GUIDE TO DEVELOPING A PERSON-CENTERED DESCRIPTION**

This guide will help you and your loved one develop a one-page description to help other caregivers understand how best to support your loved one. It describes what's important **to** your loved one to be happy and content as well as what is important **for** them to be healthy and safe.

Please keep in mind that you do not have to develop a perfect, one-page description with your loved one. However, the information you provide in this description can help others to know more about them. You can develop this over time, and you can always add or remove what has been listed on the description. Each one-page description highlights what people like and admire about your loved one, what is important to them, and how best to support them. You can complete this one-page description with help from your loved one and those closest to them.

We have listed a set of questions on the following pages, as well as examples to help you complete the one-page description with your loved ones and others who know them best.

## **What people like and admire about \_\_\_\_\_:**

This is sometimes hard to answer, so you may want to ask other people close to you and your loved one. Consider:

- What are some great things about your loved one?
- What are some things your loved one is good at?
- What compliments do people give your loved one?
- What do people thank your loved one for?

Examples of things people admire:

- George has a nice smile.
- Jenny always remembers birthdays.
- Jenny is good at computer games.
- Alice can hug you with just her eyes.
- Alice has a giggle that makes everyone laugh.
- John has a special way with dogs.
- John has a strong memory.

## **What is important to \_\_\_\_\_:**

Talk with your loved one and other people important in their life. Consider:

- What are the things that make your loved one happy?
- What makes your loved one smile?
- What do they like to do?
- Who are the people closest to your loved one? Favorite people to spend time with?
- What makes a good day? What do they look forward to?
- What makes a bad day? What are the things that bother your loved one?

Examples of things your loved one likes:

- Jane likes to watch her granddaughter play soccer.
- Mike loves to fill the bird feeder every morning, even if it is full, and is grumpy if there is not time to feed the birds.
- Laura likes to look stylish and her best, even at home.
- Laura likes to look stylish and loves to shop for the latest fashions.
- Troy likes his independence and privacy.
- Troy likes to do things for himself and have his own space at home and in the classroom at school.
- Addy loves chatting with anyone who is willing to sit down and talk.
- Addy loves listening to music and playing with musical toys and instruments, like a keyboard or piano.

## How best to support \_\_\_\_\_:

Take the information you've written down and think about how to best support your loved one. Remember to think about what your loved one would think is important. Be sure to also think about things others may not know that if done wrong could make for a bad day, as well as things that could make for a good day when done right. This helps you to both think about what others need to know or do to support your loved one. Consider:

- What does your loved one do without help/support?
- When does your loved one need help/support?
- When things go wrong, what comforts your loved one?

Examples:

- Rose likes it when she's encouraged to work hard at her therapies and likes praise once she's completed her exercises.
- Rose wants to finish her schoolwork on time and likes praise when she is working; Rose wants breaks whenever she starts to get fidgety or frustrated (fidgets with clenched fists).
- James wants you to wait for him to try to do something before helping and wait for him to ask for help.
- Bob wants his daily routine to be the same and he wants to be told ahead of time if there's a change.
- Dory wants you to always keep your promises or say why you can't keep your promise.
- When Jayden is scared, he wants you to look in his eyes, ask to hold his hands, and say everything is okay.
- Johnny likes to go to Target, but he wants to make sure it's during slow business hours; Johnny doesn't like crowds.

## Characteristics of people who support \_\_\_\_\_ best:

Look at what you've written in the other sections and think about people your loved one gets along with, what others like and admire about your loved one, and who they were with the last time they had a good time or day. Guess why; ask your loved one or other people closest to your loved one what is important to them, and then write it down.

Remember, you can change or add information anytime. Consider:

- What are the people like that your loved one gets along with most?
- Are there personality traits common to your loved one's favorite people?
- What are some things that are important to your loved one that need to be considered?
- Are there character traits your loved one finds upsetting or frustrating?

Examples:

- Will go with Jane to her granddaughter's soccer match, and enjoys soccer, too
- Chatty and talkative like Addy
- Loves music like Addy, and likes to play the piano.
- Positive, understanding, and encouraging Rose to keep up the hard work and not give up on her therapy and exercises
- Respectful of routines and honors what's important to Bob; always explains to Bob if a change is going to happen and why, even if it's just once

**What people like and admire about  
\_\_\_\_\_:**

**Things that are important to  
\_\_\_\_\_:**

*Insert  
photo*

**What others need to know/do to best support  
\_\_\_\_\_:**

**Characteristics of people who support  
\_\_\_\_\_ best:**

## EMERGENCY ID CARDS

Fill out the cards below. Then cut them out and place them in each of your wallets in case of emergency.



### Card for the person being cared for:

Emergency Medical ID	
Name: _____	DOB: _____
Address: _____	
City: _____	State: _____
Emergency contacts:	
Name: _____	Phone: _____
_____	_____
Doctor	Phone
_____	_____
Hospital	Phone

Emergency Medical ID
Medical conditions: _____
_____
Allergies: _____
_____
Medicines: _____
_____
_____
_____
_____
_____

## EMERGENCY ID CARDS

Don't list the name and address of the person you care for. If your wallet is stolen, you don't want to alert the wrong people that they're alone and at risk. Instead, list emergency contacts who can then check on them.



### Card for the main caregiver:

<b>IN CASE OF EMERGENCY</b> I AM A CAREGIVER MY NAME IS:  _____	
If I'm injured or unavailable, please contact the caregiver listed on the back of this card. Ask them to check on the person I'm a caregiver for.	
<b>IN CASE OF EMERGENCY</b>	
Name:	Phone:
_____	_____
_____	_____
_____	_____
_____	_____



## PREPARE FOR THEIR DOCTOR VISIT

### **Before the visit:**

- Fill out all questions on the following pages.
- Review their medicine list. Make sure it's up to date and bring it to the appointment.
- Write down a list of any questions — it's easy to forget things when you're sitting with the doctor.
- Talk with the person you support and their other caregivers. Find out if they have questions or concerns for the doctor.
- Think about what's most important to you and the person you support to talk about during the visit.
- Be prepared to discuss health details. For example, "Susan has been complaining that her bowel movements have been a problem lately. Could this be because of the new medicine she's taking?"
- Consider keeping a notebook where you save all doctor visit notes.

### **During the visit:**

- Make sure the person you support speaks for themselves as much as possible.
- When the doctor asks questions, let the person you support answer first. Answer for them only if asked to or needed.
- Take notes. Write down:
  - The doctor's advice and instructions.
  - Any answers to your questions.
- If you don't understand the doctor's words or advice, say so. Ask the doctor to explain it differently.
- Ask for instructions in writing or pamphlets that are condition specific.
- Ask for medical and/or community resources to help you follow up on the doctor's advice.
- The person you support may ask that you stay or leave the room during an exam or procedure — respect their wishes and privacy. The doctor or technician should be willing to let you stay if that is the individual's request or desire.

## DOCTOR VISIT FORM

Doctor's name: \_\_\_\_\_

What's the reason for the visit (illness, injury, yearly checkup)? \_\_\_\_\_

Describe any problem, illness, or injury that worries you and/or the person you support:

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Have they experienced this before? ☐ Yes ☐ No ☐ Not sure

How long has this been going on (a week, month, or longer?) \_\_\_\_\_

Do you know what may have caused it? \_\_\_\_\_

Write down all questions for the doctor. Make sure to list the most important ones first:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Have they had any life changes (changes in routine, ability to do things, a family illness, moving to a new house, etc.)? ☐ Yes ☐ No

If yes, describe:

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Have there been any medicine changes?

☐ Yes ☐ No

If yes, describe: (Don't forget to update the medicine list.)

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As a caregiver, is there anything you need help with? (Someone to talk to, someone to stay with the person you support while you run errands, information about community resources, etc.)

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List any changes or symptoms in their health since the last visit, what may have caused them, and when they started:

☐ Activity level

☐ Movement (Trouble walking, changing positions, etc.)

☐ Sleeping habits

☐ Bone/joint stiffness or pain

☐ Headaches

☐ Other pain

☐ Mood or behavior changes

☐ Shortness of breath

☐ Skin changes

☐ Hearing changes

☐ Vision changes

☐ Memory changes

☐ Other

LIST OTHER HEALTHCARE PROVIDERS THEY SEE:	DATE OF LAST VISIT:	FOR WHAT REASON:

Supporting a loved one or a person with disabilities is challenging and can bring unexpected responsibilities. We know it can be a lot to manage. These helpful home and financial forms will help you gather all the moving pieces.

FINANCIAL AND LEGAL CONTACTS	
<b>Bank</b>	
Name:	Phone:
Account #:	Website:
Address:	Email:
<b>Property/renter's insurance</b>	
Name:	Phone:
Account #:	Website:
Address:	Email:
<b>Life insurance</b>	
Name:	Phone:
Account #:	Website:
Address:	Email:
<b>Burial insurance</b>	
Name:	Phone:
Account #:	Website:
Address:	Email:
<b>Lawyer</b>	
Name:	Phone:
Account #:	Website:
Address:	Email:

*Note: Keep any personal information like logins and passwords in a safe place.*

FINANCIAL AND LEGAL CONTACTS	
<b>Other</b>	
Name:	Phone:
Account #:	Website:
Address:	Email:
<b>Other</b>	
Name:	Phone:
Account #:	Website:
Address:	Email:
<b>Other</b>	
Name:	Phone:
Account #:	Website:
Address:	Email:
<b>Other</b>	
Name:	Phone:
Account #:	Website:
Address:	Email:
<b>Other</b>	
Name:	Phone:
Account #:	Website:
Address:	Email:

*Note: Keep any personal info like the logins and passwords in a safe place.*

ROUTINE BILLS	
<b>Mortgage/rent</b>	
Company:	Phone:
Account #:	Website:
How paid:	Email:
Address:	
<b>Electricity</b>	
Company:	Phone:
Account #:	Website:
How paid:	Email:
Address:	
<b>Gas</b>	
Company:	Phone:
Account #:	Website:
How paid:	Email:
Address:	
<b>Water/sewer</b>	
Company:	Phone:
Account #:	Website:
How paid:	Email:
Address:	

*Note: Keep any personal information like the logins and passwords in a safe place.*

ROUTINE BILLS	
<b>Landlord/rental office</b>	
Company:	Phone:
Account #:	Website:
How paid:	Email:
Address:	
<b>Homeowner's/renter's insurance</b>	
Company:	Phone:
Account #:	Website:
How paid:	Email:
Address:	
<b>Garbage</b>	
Company:	Phone:
Account #:	Website:
How paid:	Email:
Address:	
<b>Phone</b>	
Company:	Phone:
Account #:	Website:
How paid:	Email:
Address:	

*Note: Keep any personal info like the logins and passwords in a safe place.*

ROUTINE BILLS	
<b>Other</b>	
Company:	Phone:
Account #:	Website:
How paid:	Email:
Address:	
<b>Other</b>	
Company:	Phone:
Account #:	Website:
How paid:	Email:
Address:	
<b>Other</b>	
Company:	Phone:
Account #:	Website:
How paid:	Email:
Address:	
<b>Other</b>	
Company:	Phone:
Account #:	Website:
How paid:	Email:
Address:	

*Note: Keep any personal information like the logins and passwords in a safe place.*



ROUTINE HOME UPKEEP	
<b>Task:</b>	
How often:	
Who does it:	
Comment:	
<b>Task:</b>	
How often:	
Who does it:	
Comment:	
<b>Task:</b>	
How often:	
Who does it:	
Comment:	
<b>Task:</b>	
How often:	
Who does it:	
Comment:	
<b>Task:</b>	
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<b>Task:</b>	
How often:	
Who does it:	
Comment:	
<b>Task:</b>	
How often:	
Who does it:	
Comment:	

ROUTINE HOME UPKEEP	
<b>Task:</b>	
How often:	
Who does it:	
Comment:	
<b>Task:</b>	
How often:	
Who does it:	
Comment:	
<b>Task:</b>	
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<b>Task:</b>	
How often:	
Who does it:	
Comment:	
<b>Task:</b>	
How often:	
Who does it:	
Comment:	
<b>Task:</b>	
How often:	
Who does it:	
Comment:	

## NEED-TO-KNOW HOME INFO

### Heating, ventilation, and air conditioning (HVAC)

- Where is the HVAC system located?

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*Note: Replace air filters often.*

Fuel type: \_\_\_\_\_

- Location of all emergency shut off valves:

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- When was the last time the flue was cleaned?

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*Note: If the home uses wood-burning heat, ensure all flues are checked and/or cleaned once per year.*

### Electrical

- Where are the main electrical shutoffs?

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*Notes:*

- Know how and when to use electrical breakers in emergencies.
- Avoid shocks and shortages by replacing cracked cover plates or switches.
- Make sure all appliances are plugged in grounded outlets. (They have three prongs instead of two.)
- Buy surge protectors for major electronics.
- Test outlets in damp areas (beside sinks or in outdoor areas). Cap off outlets not in use.

### Water

- Where is the main water shut off valve?

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### Fire safety

- Where are smoke and/or carbon monoxide alarms?

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*Notes:*

- If the home does not have these, install new devices.
- Check all batteries at least yearly.
- Check expiration dates on all fire extinguishers. Replace if expired.
- Flush dryer ventilation yearly to prevent fires.

**Security**

- Who owns a spare key to the house? (Should be a family member and/or a trusted neighbor.)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_

\_\_\_\_\_  
Phone: \_\_\_\_\_

*Notes:*

- Check that all door and window locks are functional in the home. If not, replace or repair.
- Ensure that garage doors have functioning safety sensors.
- In case a key is lost, keep a spare in a safe place.

HOME SAFETY CHECKLIST	
<b>Phone checklist:</b>	
<input type="checkbox"/>	Make sure the person you support knows how to use all phones, including cellphones.
<input type="checkbox"/>	Program 911, your phone number, and other caregivers' numbers on speed dial.
<input type="checkbox"/>	Post emergency info by the phone(s), on the refrigerator, and other places clearly visible. Include who to call in an emergency, the house address and cross street, medical information, etc.
<b>Emergency planning:</b>	
<input type="checkbox"/>	Check that smoke and carbon monoxide detectors work.
<input type="checkbox"/>	Make a plan for what to do in a power outage, fire, and other emergencies.
<input type="checkbox"/>	Store flashlights by the bed and other easy-to-get-to places.
<b>Prevent falls:</b>	
<input type="checkbox"/>	Remove or tack down loose carpet.
<input type="checkbox"/>	Donate or throw away throw rugs — big and small.
<input type="checkbox"/>	Fix loose floorboards and remove thresholds in doorways.
<input type="checkbox"/>	Clear pathways of clutter, small furniture, electrical cords, etc.
<input type="checkbox"/>	Install handrails along stairs and hallways (one on each side of a stairwell).
<input type="checkbox"/>	Install grab bars in bathrooms and near the bed and closet.
<input type="checkbox"/>	Get rid of wobbly chairs, tables, or other unstable furniture.
<input type="checkbox"/>	Use nonslip treads and/or mark the edges of steps with bright tape.
<input type="checkbox"/>	Use rubber mats and nonslip strips on floors that might be wet (in bathrooms and kitchen).
<b>Lighting and visibility:</b>	
<input type="checkbox"/>	Check that lighting is bright in all areas in the home.
<input type="checkbox"/>	Add nightlights along any path used at night.
<input type="checkbox"/>	Be sure light switches are easy to find and use.
<input type="checkbox"/>	Clearly mark stove dials, especially the OFF position, with red tape or nail polish.
<input type="checkbox"/>	Clearly mark hot and cold water taps.
<input type="checkbox"/>	Be sure all medicines are clearly labeled so they can be read easily.
<b>Accessibility:</b>	
<input type="checkbox"/>	Switch to lever-style handles and doorknobs.
<input type="checkbox"/>	Place frequently used items on shelves that are within reach.
<input type="checkbox"/>	Research products that will help make the home safer and easier to navigate (reachers/grabbers, portable toilets, stair chairs, ramps, etc.).
<input type="checkbox"/>	Consider a raised toilet seat.
<b>Other:</b>	
<input type="checkbox"/>	Set the hot water heater to 120 degrees.
<input type="checkbox"/>	Throw away medicines that are no longer needed.
<input type="checkbox"/>	Note food expiration dates.
<input type="checkbox"/>	Review basic food safety tips.

KEY DOCUMENT CHECKLIST	
<b>Legal documents:</b>	
<input type="checkbox"/>	Certificates of birth, marriage, divorce/separation, spousal death, citizenship, etc.
<input type="checkbox"/>	Passport
<input type="checkbox"/>	Will and any will amendments
<b>Financial documents:</b>	
<input type="checkbox"/>	Credit, debit, and other banking cards
<input type="checkbox"/>	Checkbooks, registers, and savings passbooks
<input type="checkbox"/>	Mortgage and loan agreements
<input type="checkbox"/>	Titles to real estate, cars, boats, or other vehicles
<input type="checkbox"/>	Insurance policies (life, home, etc.)
<input type="checkbox"/>	Personal property appraisals
<input type="checkbox"/>	Receipts for property tax and other recent purchases
<input type="checkbox"/>	Copies of federal and state tax returns from the past 3-5 years
<b>Healthcare:</b>	
<input type="checkbox"/>	Medical records
<input type="checkbox"/>	Copy of the plan of care (if in Case Management)
<input type="checkbox"/>	Advance directive healthcare proxy and/or durable power of attorney
<input type="checkbox"/>	DNR or other medical orders
<b>Job records:</b>	
<input type="checkbox"/>	List of recent employers, dates of employment, and terms of employment
<input type="checkbox"/>	Military records
<b>Special instructions:</b>	
<input type="checkbox"/>	Internet passwords, access codes, PINs
<input type="checkbox"/>	Combinations to any safe or lock
<input type="checkbox"/>	Burial, cremation, and/or funeral instructions, if any
<input type="checkbox"/>	Instructions how to care for a pet, plants, house, or dependent
<b>Other:</b>	
<input type="checkbox"/>	Keys to house, office, safe-deposit box, post office box, etc.
<input type="checkbox"/>	Jewelry and other valuables

You, another caregiver, or a family member should be the sole keeper of all important documents. Store them in one secure location. All caregivers should be able to either access them or contact the keeper, when needed.

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across the entire width of the page, providing a guide for handwriting or typing. The background is a solid off-white color.